

Managed Dental Guard

MDG CODE ++	Covered Services	Plan Schedules – Patient Charges
		3NY
	Appointments and Diagnostic Services	
0101 *	Office visit – during regular hours – participating general dentist only	5
0102	Broken appointment (without 24 hours notice)	20
0120/0140/0150	Oral evaluation	0
0460	Pulp vitality tests	0
0470	Diagnostic casts	0
9310	Consultation (by dentist other than practitioner providing treatment)	30
9430	Office visit for observation – regular hours – no other service performed	0
9440	Emergency office visit – after regularly scheduled office hours	20
	Radiographs	
0210	Intraoral – complete series (including bitewings)	0
0220/0230/0240	Intraoral – periapical or occlusal – single film	0
0270/0272/0274	Bitewings	0
0330	Panoramic film	0
	Preventive and Space Maintenance	
1110/1120	Prophylaxis	0
1201/1203	Topical application of fluoride (may include prophylaxis) – child	0
1310	Nutritional counseling for control of dental disease	0
1330	Oral hygiene instruction	0
1351	Sealant – per tooth	8
1510	Space maintainer – fixed – unilateral	54
1515	Space maintainer – fixed – bilateral	72
1550	Recementation of space maintainer	12
	Restorative	
2110	Amalgam – one surface – primary	15
2120	Amalgam – two surfaces – primary	19
2130	Amalgam – three surfaces – primary	23
2131	Amalgam – four or more surfaces – primary	28
2140	Amalgam – one surface – permanent	17
2150	Amalgam – two surfaces – permanent	22
2160	Amalgam – three surfaces – permanent	26
2161	Amalgam – four or more surfaces – permanent	32
2210	Silicate cement – per restoration	15
2330	Resin/composite – one surface, anterior	20
2331	Resin/composite – two surfaces, anterior	26
2332	Resin/composite – three surfaces, anterior	32
2335	Resin/composite – four or more surfaces or incisal angle, anterior	38
2336	Composite resin crown, anterior – primary	95
2380	Resin/composite – one surface, posterior – primary	55
2381	Resin/composite – two surfaces, posterior – primary	65
2382	Resin/composite – three surfaces, posterior – primary	80
2385	Resin/composite – one surface, posterior – permanent	56
2386	Resin/composite – two surfaces, posterior – permanent	75
2387	Resin/composite – three or more surfaces, posterior – permanent	95
	Crown, Bridge and Other Cast Restorations	
2510	Inlay – metallic – one surface**	280
2520/6520	Inlay – metallic – two surfaces**	320
2530/6530	Inlay – metallic – three surfaces**	370
2543/6543	Onlay – metallic – three surfaces**	380
2544/6544	Onlay – metallic – four or more surfaces**	395
2702	Crown supporting existing partial denture, in addition to crown	125
2703	Multiple crown and bridge unit treatment plan – per unit	125
2740	Crown – porcelain/ceramic substrate	395
2750-2752	Crown – porcelain fused to metal**	395
2790-2792	Crown – full cast metal**	395
2810/6780	Crown – 3/4 cast metallic**	395
6210-6212	Pontic – cast metal**	385
6240-6242	Pontic – porcelain fused to metal**	385
6750-6752	Crown – abutment – porcelain fused to metal**	395
6790-6792	Crown – abutment – full cast metal**	395
	Other Restorative Services	
2910/2920	Recement inlay, crown, bridge	18
2930/2931	Prefabricated stainless steel crown	110
2932	Prefabricated resin crown	135
2940	Sedative filling	17
2950/6973	Core buildup, including any pins	100
2951	Pin retention – per tooth, in addition to restoration	22
2952/6970	Cast post and core	155
2954/6972	Prefabricated post and core	125
2960	Labial veneer (laminare) – chairside	295

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan booklet and the Manual (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.

** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

* The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the Eligibility Report is an "M". Guardian will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the Eligibility Report is a "G".

Managed Dental Guard

MDG CODE ++	Covered Services	Plan Schedules – Patient Charges
		3NY
	Endodontics	
3110/3120	Pulp cap (excl rest)	10
3220	Therapeutic pulpotomy (excl rest)	25
3310	Root canal – anterior (excl final rest)	120
3320	Root canal – bicuspid (excl final rest)	145
3330	Root canal – molar (excl final rest)	370
3346	Root canal – retreatment – anterior	315
3347	Root canal – retreatment – bicuspid	370
3348	Root canal – retreatment – molar	445
3410	Apicoectomy/periradicular surgery – anterior	265
3421	Apicoectomy/periradicular surgery – bicuspid – first root	300
3425	Apicoectomy/periradicular surgery – molar – first root	350
3426	Apicoectomy/periradicular surgery – each additional root	110
3430	Retrograde filling – per root	80
	Periodontics	
4210	Gingivectomy or gingivoplasty – per quadrant	235
4211	Gingivectomy or gingivoplasty – per tooth	60
4240	Gingival flap procedure – including root planing – per quadrant	275
4249	Crown lengthening – hard tissue	275
4260	Osseous surgery – including flap entry, closure – per quadrant – five to eight teeth	392
4261	Osseous surgery – including flap entry, closure – per quadrant – one to four teeth	235
4270	Pedicle soft tissue graft procedure	290
4271	Free soft tissue graft procedure (including donor site surgery)	298
4341	Periodontal scaling/root planing – per quadrant	40
4355	Full mouth debridement to enable evaluation and diagnosis	24
4910	Periodontal maintenance procedures (following active therapy)	22
4920	Unscheduled dressing change (other than by treating dentist)	19
9951	Occlusal adjustment – limited – per visit	20
	Prostodontics (Removable)	
5110/5120	Complete denture (including routine post delivery care)	452
5130/5140	Immediate denture (including routine post delivery care)	492
5211	Upper partial denture, resin base, including clasps, rests, teeth	381
5212	Lower partial denture, resin base, including clasps, rests, teeth	443
5213/5214	Cast metal framework with resin base – including clasps, rests, teeth	500
	Repairs and Adjustments:	
5410/11/21/22	Denture adjustments	25
5510	Repair broken base, complete denture	50
5520/5640	Replace missing or broken teeth – per tooth	45
5610	Repair resin saddle or base	55
5630	Repair or replace clasp	70
5650	Add tooth to existing partial	65
5660	Add clasp to existing partial	80
5710/11/20/21	Rebase denture	200
5730/31/40/41	Reline denture (chairside)	110
5750/51/60/61	Reline denture (laboratory)	150
5820/5821	Interim partial denture (stayplate)	175
5850/5851	Tissue conditioning	45
	Oral Surgery	
7110/7120	Extraction – single tooth	22
7130	Root removal – exposed roots	30
7210	Surgical removal of erupted tooth	90
7220	Removal of impacted tooth – soft tissue	115
7230	Removal of impacted tooth – partially bony	150
7240	Removal of impacted tooth – completely bony	180
7241	Removal of impacted tooth – completely bony, with unusual surgical complications	225
7250	Surgical removal of residual tooth roots (cutting procedure)	95
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	210
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	230
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	195
7285	Biopsy of oral tissue – hard	125
7286	Biopsy of oral tissue – soft	85
7310	Alveoplasty in conjunction with extractions – per quadrant	105
7320	Alveoplasty not in conjunction with extractions – per quadrant	140
7450	Removal of odontogenic cyst/tumor, up to 1.25cm.	350
7451	Removal of odontogenic cyst/tumor, over 1.25cm.	540
7470	Removal of exostosis – maxilla or mandible	450
7510	Incision and drainage of intraoral abscess	105
7960	Frenulectomy (separate procedure)	230
	Miscellaneous Services	
9110	Palliative (emergency) treatment – per visit	20
9215	Local anesthesia	0

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member’s Plan booklet and the Manual (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.

+ These plans have been filed with the applicable state regulatory agencies and are pending approval.

** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

* The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the Eligibility Report is an “M”. Guardian will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the Eligibility Report is a “G”.