

Managed DentalGuard

Plan Schedule 35-M
Orthodontic Plan Schedule 1

MDG Codes++	Covered Services	Patient Charge
	Appointments & Diagnostic Services	
0120	Periodic oral evaluation, participating general dentist	No Charge
0120	Periodic oral evaluation, participating specialty care dentist	\$10.00
0140	Limited oral evaluation - problem focused, participating general dentist	No Charge
0140	Limited oral evaluation - problem focused, participating specialty care dentist	\$25.00
0150	Comprehensive oral evaluation, participating general dentist	No Charge
0150	Comprehensive oral evaluation, participating specialty care dentist	\$25.00
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
0999	Office visit - during regular hours - participating general dentist only	\$5.00
9310	Consultation (by dentist other than practitioner providing treatment), participating general dentist	\$30.00
9310	Consultation (by dentist other than practitioner providing treatment), participating specialty care dentist	\$45.00
9430	Office visit for observation - regular hours - no other service performed	No Charge
9440	Emergency office visit - after regularly scheduled office hours	\$50.00
	Radiographs	
0210	Intraoral - complete series (including bitewings)	\$5.00
0220	Intraoral - periapical - single film	No Charge
0230	Intraoral - periapical - each additional film	No Charge
0240	Intraoral - occlusal - each film	No Charge
0270	Bitewing - single film	No Charge
0272	Bitewings - two films	No Charge
0274	Bitewings - four films	No Charge
0330	Panoramic film	\$5.00
	Preventive & Space Maintenance	
1110	Prophylaxis - adult (first 2 services in any 12 month period) +	No Charge
1120	Prophylaxis - child (first 2 services in any 12 month period) +	No Charge
1999	Prophylaxis - adult or child (with or without fluoride)(each additional service in same 12 month period) +	\$60.00
1201	Topical application of fluoride (including prophylaxis) - child (first 2 services in any 12 month period) +	No Charge
1203	Topical application of fluoride (prophylaxis not included) – child (first 2 services in any 12 month period) +	No Charge
1204	Topical application of fluoride (prophylaxis not included) – child (each additional service in same 12 month period) +	\$20.00
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instruction	No Charge
1351	Sealant - per tooth - molars only	\$10.00
9999	Sealant - per tooth - non-molars only	\$35.00
1510	Space maintainer - fixed - unilateral	\$65.00
1515	Space maintainer - fixed - bilateral	\$110.00
1550	Recementation of space maintainer	\$15.00
	Restorative	
2110	Amalgam - one surface - primary	\$10.00
2120	Amalgam - two surfaces - primary	\$10.00
2130	Amalgam - three surfaces - primary	\$15.00
2131	Amalgam - four or more surfaces - primary	\$15.00
2140	Amalgam - one surface - permanent	\$8.00
2150	Amalgam - two surfaces - permanent	\$12.00

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	Restorative (cont.)	
2160	Amalgam - three surfaces - permanent	\$14.00
2161	Amalgam - four or more surfaces - permanent	\$17.00
2210	Silicate cement - per restoration	\$15.00
2330	Resin/composite - one surface, anterior	\$20.00
2331	Resin/composite - two surfaces, anterior	\$25.00
2332	Resin/composite - three surfaces, anterior	\$30.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$45.00
2336	Composite resin crown, anterior - primary	\$45.00
2380	Resin/composite - one surface, posterior - primary	\$30.00
2381	Resin/composite - two surfaces, posterior - primary	\$35.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$40.00
2385	Resin/composite - one surface, posterior - permanent	\$35.00
2386	Resin/composite - two surfaces, posterior - permanent	\$50.00
2387	Resin/composite - three or more surfaces, posterior - permanent	\$70.00
	Crown, Bridge & Other Cast Restorations	
2510	Inlay - metallic - one surface ^ **	\$180.00
2520	Inlay - metallic - two surfaces ^ **	\$235.00
2530	Inlay - metallic - three or more surfaces ^ **	\$235.00
2543	Onlay - metallic - three surfaces ^ **	\$250.00
2544	Onlay - metallic - four or more surfaces ^ **	\$260.00
2740	Crown - porcelain/ceramic substrate ^	\$250.00
2750	Crown - porcelain fused to high noble metal ^ **	\$230.00
2751	Crown - porcelain fused to predominantly base metal ^	\$230.00
2752	Crown - porcelain fused to noble metal ^	\$250.00
2790	Crown - full cast high noble metal ^ **	\$230.00
2791	Crown - full cast predominantly base metal ^	\$230.00
2792	Crown - full cast noble metal ^	\$250.00
2810	Crown - 3/4 cast metallic ^ **	\$240.00
2999	Crown supporting existing partial denture, in addition to crown	\$125.00
6199	Dental lab service - per inlay, onlay, crown or bridge unit	\$75.00
6210	Pontic - cast high noble metal ^ **	\$230.00
6211	Pontic - cast metal predominantly base metal ^	\$230.00
6212	Pontic - cast noble metal ^	\$250.00
6240	Pontic - porcelain fused to high noble metal ^ **	\$230.00
6241	Pontic - porcelain fused to predominantly base metal ^	\$230.00
6242	Pontic - porcelain fused to noble metal ^	\$250.00
6520	Inlay - abutment - metallic - two surfaces ^ **	\$260.00
6530	Inlay - abutment - metallic - three or more surfaces ^ **	\$265.00
6543	Onlay - abutment - metallic - three surfaces ^ **	\$275.00
6544	Onlay - abutment - metallic - four or more surfaces ^ **	\$290.00
6750	Crown - abutment - porcelain fused to high noble metal ^ **	\$230.00
6751	Crown - abutment - porcelain fused to predominantly base metal ^	\$230.00
6752	Crown - abutment - porcelain fused to noble metal ^	\$250.00
6780	Crown - abutment - 3/4 cast metallic ^ **	\$230.00
6790	Crown - abutment - full cast high noble metal ^ **	\$230.00
6791	Crown - abutment - full cast predominantly base metal ^	\$230.00
6792	Crown - abutment - full cast noble metal ^	\$250.00
6999	Multiple crown and bridge unit treatment plan - per unit	\$125.00

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	Other Restorative Services	
2910	Recement inlay	\$20.00
2920	Recement crown	\$20.00
2930	Prefabricated stainless steel crown	\$60.00
2931	Prefabricated stainless steel crown - permanent tooth	\$60.00
2932	Prefabricated resin crown	\$90.00
2940	Sedative filling	\$15.00
2950	Core buildup, including any pins	\$50.00
2951	Pin retention - per tooth, in addition to restoration	\$15.00
2952	Cast post & core	\$95.00
2954	Prefabricated post & core	\$85.00
2960	Labial veneer (laminare) - chairside	\$235.00
6930	Recement bridge	\$15.00
6970	Cast post & core, in addition to abutment	\$95.00
6972	Prefabricated post & core, in addition to abutment	\$85.00
6973	Core buildup for abutment, including any pins	\$55.00
	Endodontics	
3110/3120	Pulp cap	\$10.00
3220	Therapeutic pulpotomy	\$30.00
3310	Root canal - anterior	\$95.00
3320	Root canal - bicuspid	\$160.00
3330	Root canal - molar	\$170.00
3346	Root canal - retreatment - anterior	\$310.00
3347	Root canal - retreatment - bicuspid	\$370.00
3348	Root canal - retreatment - molar	\$445.00
3410	Apicoectomy/periradicular surgery - anterior	\$135.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$145.00
3425	Apicoectomy/periradicular surgery - molar - first root	\$155.00
3426	Apicoectomy/periradicular surgery - each additional root	\$80.00
3430	Retrograde filling - per root	\$35.00
	Periodontics	
4210	Gingivectomy or gingivoplasty - per quadrant	\$80.00
4211	Gingivectomy or gingivoplasty - per tooth	\$25.00
4220	Gingival curettage, surgical - per quadrant - by report	\$45.00
4240	Gingival flap procedure-including root planing - per quadrant	\$190.00
4249	Clinical crown lengthening - hard tissue	\$170.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$255.00
4270	Pedicle soft tissue graft procedure	\$185.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
4341	Periodontal scaling & root planing - per quadrant	\$30.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$35.00
4910	Periodontal maintenance procedures (following active therapy)	\$30.00
4920	Unscheduled dressing change (by other than treating dentist)	\$25.00
4999	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$155.00
9951	Occlusal adjustment - limited - per visit	\$20.00

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MDG Codes++	Covered Services	Patient Charge
	Prosthodontics (Removable)	
5110/5120	Complete denture (including routine post delivery care) ^ ^	\$345.00
5130/5140	Immediate denture (including routine post delivery care) ^ ^	\$345.00
	Partial dentures (including routine post delivery care):	
5211/5212	Resin base - including clasps, rests, teeth ^ ^	\$310.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth ^ ^	\$355.00
	Repairs & adjustments:	
5410/11/21/22	Denture adjustments	\$20.00
5510/5610	Repair denture base ^ ^ ^	\$45.00
5520/5640	Replace missing or broken teeth - per tooth ^ ^ ^	\$35.00
5630	Repair or replace clasp ^ ^ ^	\$60.00
5650	Add tooth to existing partial ^ ^ ^	\$45.00
5660	Add clasp to existing partial ^ ^ ^	\$45.00
5710/11/20/21	Rebase denture ^ ^ ^	\$125.00
5730/31/40/41	Reline denture (chairside)	\$65.00
5750/51/60/61	Reline denture (laboratory) ^ ^ ^	\$120.00
5820/5821	Interim partial denture (stayplate)	\$95.00
5850/5851	Tissue conditioning	\$30.00
5899	Dental lab service - each new complete, immediate, or partial denture - per denture	\$165.00
5999	Dental lab service - denture repair, rebase or reline - per denture	\$35.00
	Oral Surgery	
7110	Extraction - single tooth	\$8.00
7120	Extraction - each additional tooth	\$9.00
7130	Root removal - exposed roots	\$25.00
7210	Surgical removal of erupted tooth	\$30.00
7220	Removal of impacted tooth - soft tissue	\$50.00
7230	Removal of impacted tooth - partially bony	\$70.00
7240	Removal of impacted tooth - completely bony	\$80.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$90.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$90.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$130.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$90.00
7285	Biopsy of oral tissue - hard	\$70.00
7286	Biopsy of oral tissue - soft	\$65.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$50.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$70.00
7450	Removal of odontogenic cyst/tumor - up to 1.25cm	\$85.00
7451	Removal of odontogenic cyst/tumor - over 1.25cm	\$160.00
7470	Removal of exostosis - maxilla or mandible	\$125.00
7510	Incision & drainage of intraoral abscess	\$40.00
7960	Frenulectomy (separate procedure)	\$95.00

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MDG Codes++	Covered Services	Patient Charge
	Orthodontic Treatment (covers 24 months active treatment)	
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$2,285.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2,285.00
8660	Orthodontic evaluation and consultation	\$100.00
8670	Periodic comprehensive orthodontic treatment visit	No Charge
8680	Orthodontic retention	\$415.00
8999	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
	Miscellaneous Services	
9110	Palliative (emergency) treatment - per visit	\$15.00
9215	Local anesthesia	No Charge
9972	External bleaching - per arch - take home bleaching only	\$165.00

- ++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.
- + The patient charges for codes 1110, 1120, 1201 and 1203 are limited to the first two services in any 12 month period. For each additional service in the same 12 month period, see codes 1204 and 1999 for the applicable patient charge.
- ^ There is an additional dental lab service patient charge for these procedures. See code 6199 for the applicable patient charge.
- ^^ There is an additional dental lab service patient charge for these procedures. See code 5899 for the applicable patient charge.
- ^^^ There is an additional dental lab service patient charge for these procedures. See code 5999 for the applicable patient charge.
- ** If high noble metal is used, there may be an additional patient charge for the actual cost of the high noble metal. The total patient charge for high noble metal plus the applicable dental lab service charge may not exceed the general dentist's actual lab bill for the service.
- Plan Schedule 35-M is only valid for Covered Services rendered by Participating Dentists in the State of Texas.
- Orthodontic Plan Schedule 1 is only valid for Authorized Services rendered by Participating Orthodontic Specialty Care Dentists in the State of Texas.