

Managed DentalGuard - Plan Schedule

Plan U50G

CDT Codes ++	Covered Dental Services	Patient Charges
D0999	Office visit during regular hours, general dentist only *	\$0
<b>Evaluations</b>		
D0120	Periodic oral examination – established patient	0
D0140	Limited oral evaluation – problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation – new or established patient	0
D0170	Re-evaluation – limited, problem focused (established patient, not post-operative visit)	0
D0180	Comprehensive periodontal evaluation – new or established patient	0
<b>Radiographs/Diagnostic Imaging (Including Interpretation)</b>		
D0210	Intraoral – complete series (including bitewings)	0
D0220	Intraoral – periapical first film	0
D0230	Intraoral – periapical each additional film	0
D0240	Intraoral – occlusal film	0
D0270	Bitewing – single film	0
D0272	Bitewings – two films	0
D0273	Bitewings – three films	0
D0274	Bitewings – four films	0
D0277	Vertical bitewings – 7 to 8 films	0
D0330	Panoramic film	0
<b>Tests and Examinations</b>		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
<b>Dental Prophylaxis</b>		
D1110	Prophylaxis – adult, for the first two services in any 12-month period + #	0
D1120	Prophylaxis – child, for the first two services in any 12-month period + #	0
D1999	Prophylaxis – adult or child, for each additional service in same 12-month period + #	60
<b>Topical Fluoride Treatment (Office Procedure)</b>		
D1203	Topical application of fluoride (prophylaxis not included) – child, for the first two services in any 12-month period + =	0
D1204	Topical application of fluoride (prophylaxis not included) – adult, for the first two services in any 12-month period + =	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period + =	0
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period + =	20
<b>Other Preventive Services</b>		
D1310	Nutritional counseling for control of dental disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant – per tooth (molars) ^	5
D9999	Sealant – per tooth (non-molars) ^	35
<b>Space Maintenance (Passive Appliances)</b>		
D1510	Space maintainer – fixed - unilateral	30
D1515	Space maintainer – fixed - bilateral	55
D1525	Space maintainer – removable - bilateral	55
D1550	Re-cementation of space maintainer	5
D1555	Removal of fixed space maintainer	20
<b>Amalgam Restorations (Including Polishing)</b>		
D2140	Amalgam – one surface, primary or permanent	5
D2150	Amalgam – two surfaces, primary or permanent	5
D2160	Amalgam – three surfaces, primary or permanent	10
D2161	Amalgam – four or more surfaces, primary or permanent	13
<b>Resin-Based Composite Restorations - Direct</b>		
D2330	Resin-based composite – one surface, anterior	15
D2331	Resin-based composite – two surfaces, anterior	20
D2332	Resin-based composite – three surfaces, anterior	23
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	25
D2390	Resin-based composite crown, anterior	40
D2391	Resin-based composite – one surface, posterior	15
D2392	Resin-based composite – two surfaces, posterior	25
D2393	Resin-based composite – three surfaces, posterior	35
D2394	Resin-based composite – four or more surfaces, posterior	40
<b>Inlay/Onlay Restorations ^^</b>		
D2510	Inlay – metallic – one surface **	100
D2520	Inlay – metallic – two surfaces **	130
D2530	Inlay – metallic – three or more surfaces **	140
D2542	Onlay – metallic – two surfaces **	140
D2543	Onlay – metallic – three surfaces **	145
D2544	Onlay – metallic – four or more surfaces **	150
D2610	Inlay – porcelain/ceramic – one surface	100
D2620	Inlay – porcelain/ceramic – two surfaces	130
D2630	Inlay – porcelain/ceramic – three or more surfaces	140
D2642	Onlay – porcelain/ceramic – two surfaces	140
D2643	Onlay – porcelain/ceramic – three surfaces	145
D2644	Onlay – porcelain/ceramic – four or more surfaces	150

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<b>Crowns – Single Restorations Only ^^</b>		
D2740	Crown – porcelain/ceramic substrate	\$200
D2750	Crown – porcelain fused to high noble metal **	180
D2751	Crown – porcelain fused to predominantly base metal	180
D2752	Crown – porcelain fused to noble metal	180
D2780	Crown – ¾ cast high noble metal **	170
D2781	Crown – ¾ cast predominantly base metal	170
D2782	Crown – ¾ cast noble metal	170
D2783	Crown – ¾ porcelain/ceramic	170
D2790	Crown – full cast high noble metal **	180
D2791	Crown – full cast predominantly base metal	180
D2792	Crown – full cast noble metal	180
D2794	Crown – titanium	180
<b>Other Restorative Services</b>		
D2910	Recement inlay, onlay, or partial coverage restoration	5
D2915	Recement cast or prefabricated post and core	5
D2920	Recement crown	5
D2930	Prefabricated stainless steel crown – primary tooth	15
D2931	Prefabricated stainless steel crown – permanent tooth	15
D2932	Prefabricated resin crown	40
D2933	Prefabricated stainless steel crown with resin window	40
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	45
D2940	Sedative filling	5
D2950	Core buildup, including any pins	35
D2951	Pin retention – per tooth, in addition to restoration	7
D2952	Post and core in addition to crown, indirectly fabricated	50
D2953	Each additional indirectly fabricated post – same tooth	16
D2954	Prefabricated post and core in addition to crown	40
D2957	Each additional prefabricated post – same tooth	9
D2960	Labial veneer (resin laminate) – chairside	70
D2970	Temporary crown (fractured tooth)	50
D2971	Additional procedures to construct new crown under existing partial denture framework	125
<b>Pulp Capping</b>		
D3110	Pulp cap – direct (excluding final restoration)	5
D3120	Pulp cap – indirect (excluding final restoration)	5
<b>Pulpotomy</b>		
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	15
D3221	Pulpal debridement, primary and permanent teeth	15
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	15
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	22
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	25
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)</b>		
D3310	Root canal, anterior (excluding final restoration)	75
D3320	Root canal, bicuspid (excluding final restoration)	85
D3330	Root canal, molar (excluding final restoration)	150
D3331	Treatment of root canal obstruction; non-surgical access	0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75
D3333	Internal root repair of perforation defects	45
<b>Endodontic Retreatment</b>		
D3346	Retreatment of previous root canal therapy – anterior	90
D3347	Retreatment of previous root canal therapy – bicuspid	100
D3348	Retreatment of previous root canal therapy – molar	170
<b>Apicoectomy/Periradicular Services</b>		
D3410	Apicoectomy/periradicular surgery – anterior	100
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	100
D3425	Apicoectomy/periradicular surgery – molar (first root)	110
D3426	Apicoectomy/periradicular surgery (each additional root)	45
D3430	Retrograde filling – per root	15
D3950	Canal preparation and fitting of preformed dowel or post	20
<b>Surgical Services (Including Usual Postoperative Care)</b>		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	75
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	25
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	130
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	78
D4249	Clinical crown lengthening – hard tissue	105
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	195
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	120
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	125
D4271	Free soft tissue graft procedure (including donor site surgery)	140
D4273	Subepithelial connective tissue graft procedures, per tooth	154

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<b>Non-Surgical Periodontal Service</b>		
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$30
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	18
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	15
<b>Other Periodontal Services</b>		
D4910	Periodontal maintenance, for the first two services in any 12-month period + #	15
D4920	Unscheduled dressing change (by someone other than treating dentist)	20
D4999	Periodontal maintenance, each additional service in same 12-month period + #	60
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>		
D5110	Complete denture – maxillary	190
D5120	Complete denture – mandibular	190
D5130	Immediate denture – maxillary	190
D5140	Immediate denture – mandibular	190
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>		
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	155
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	155
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	295
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	295
<b>Adjustments to Dentures</b>		
D5410	Adjust complete denture – maxillary	10
D5411	Adjust complete denture – mandibular	10
D5421	Adjust partial denture – maxillary	10
D5422	Adjust partial denture – mandibular	10
<b>Repairs To Complete Dentures</b>		
D5510	Repair broken complete denture base	10
D5520	Replace missing or broken teeth – complete denture (each tooth)	10
<b>Repairs To Partial Dentures</b>		
D5610	Repair resin denture base	10
D5620	Repair cast framework	80
D5630	Repair or replace broken clasp	15
D5640	Replace broken teeth – per tooth	10
D5650	Add tooth to existing partial denture	15
D5660	Add clasp to existing partial denture	15
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	55
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	55
<b>Denture Rebase Procedures</b>		
D5710	Rebase complete maxillary denture	45
D5711	Rebase complete mandibular denture	45
D5720	Rebase maxillary partial denture	45
D5721	Rebase mandibular partial denture	45
<b>Denture Reline Procedures</b>		
D5730	Reline complete maxillary denture (chairside)	20
D5731	Reline complete mandibular denture (chairside)	20
D5740	Reline maxillary partial denture (chairside)	20
D5741	Reline mandibular partial denture (chairside)	20
D5750	Reline complete maxillary denture (laboratory)	35
D5751	Reline complete mandibular denture (laboratory)	35
D5760	Reline maxillary partial denture (laboratory)	35
D5761	Reline mandibular partial denture (laboratory)	35
<b>Interim Prosthesis</b>		
D5820	Interim partial denture (maxillary)	80
D5821	Interim partial denture (mandibular)	80
<b>Other Removable Prosthetic Services</b>		
D5850	Tissue conditioning, maxillary	10
D5851	Tissue conditioning, mandibular	10
<b>Fixed Partial Denture Pontics ^^</b>		
D6210	Pontic – cast high noble metal **	170
D6211	Pontic – cast predominantly base metal	170
D6212	Pontic – cast noble metal	170
D6214	Pontic – titanium	170
D6240	Pontic – porcelain fused to high noble metal **	170
D6241	Pontic – porcelain fused to predominantly base metal	170
D6242	Pontic – porcelain fused to noble metal	170
D6245	Pontic – porcelain/ceramic	180
<b>Fixed Partial Denture Retainers – Inlays/Onlays ^^</b>		
D6600	Inlay – porcelain/ceramic – two surfaces	130
D6601	Inlay – porcelain/ceramic – three or more surfaces	140
D6602	Inlay – cast high noble metal, two surfaces **	130
D6603	Inlay – cast high noble metal, three or more surfaces **	140
D6604	Inlay – cast predominantly base metal, two surfaces	130

CDT Codes ++	Covered Dental Services	Patient Charges
<b>Fixed Partial Denture Retainers – Inlays/Onlays ^^ (continued)</b>		
D6605	Inlay – cast predominantly base metal, three or more surfaces	\$140
D6606	Inlay – cast noble metal, two surfaces	130
D6607	Inlay – cast noble metal, three or more surfaces	140
D6608	Onlay – porcelain/ceramic, two surfaces	140
D6609	Onlay – porcelain/ceramic, three or more surfaces	145
D6610	Onlay – cast high noble metal, two surfaces **	140
D6611	Onlay – cast high noble metal, three or more surfaces **	145
D6612	Onlay – cast predominantly base metal, two surfaces	140
D6613	Onlay – cast predominantly base metal, three or more surfaces	145
D6614	Onlay – cast noble metal, two surfaces	140
D6615	Onlay – cast noble metal, three or more surfaces	145
D6624	Inlay – titanium	130
D6634	Onlay – titanium	140
<b>Fixed Partial Denture Retainers – Crowns ^^</b>		
D6740	Crown – porcelain/ceramic	200
D6750	Crown – porcelain fused to high noble metal **	180
D6751	Crown – porcelain fused to predominantly base metal	180
D6752	Crown – porcelain fused to noble metal	180
D6780	Crown – ¾ cast high noble metal **	170
D6781	Crown – ¾ cast predominantly base metal	170
D6782	Crown – ¾ cast noble metal	170
D6783	Crown – ¾ porcelain/ceramic	170
D6790	Crown – full cast high noble metal **	150
D6791	Crown – full cast predominantly base metal	150
D6792	Crown – full cast noble metal	150
D6794	Crown – titanium	150
<b>Other Fixed Partial Denture Services</b>		
D6930	Recement fixed partial denture	5
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	50
D6972	Prefabricated post and core in addition to fixed partial denture retainer	40
D6973	Core build up for retainer, including any pins	35
D6976	Each additional cast post – same tooth	16
D6977	Each additional prefabricated post – same tooth	9
D6999	Multiple crown and bridge unit treatment plan – per unit, six or more units per treatment plan ^^	125
<b>Extractions</b>		
D7111	Extraction, coronal remnants – deciduous tooth	10
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10
<b>Surgical Extractions (Includes Local Anesthesia, Suturing, if Needed, And Routine Postoperative Care)</b>		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	30
D7220	Removal of impacted tooth – soft tissue	45
D7230	Removal of impacted tooth – partially bony	60
D7240	Removal of impacted tooth – completely bony	70
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	75
D7250	Surgical removal of residual tooth roots (cutting procedure)	35
D7261	Primary closure of a sinus perforation	250
<b>Other Surgical Procedures</b>		
D7280	Surgical access of an unerupted tooth	80
D7283	Placement of device to facilitate eruption of impacted tooth	25
D7285	Biopsy of oral tissue – hard (bone, tooth)	35
D7286	Biopsy of oral tissue – soft	35
D7288	Brush biopsy – transepithelial sample collection	65
<b>Alveoloplasty – Surgical Preparation Of Ridge For Dentures</b>		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	30
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	15
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	40
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	28
<b>Surgical Excision Of Intra-Osseous Lesions</b>		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	50
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	100
<b>Excision Of Bone Tissue</b>		
D7471	Removal of lateral exostosis (maxilla or mandible)	75
D7472	Removal of torus palatinus	75
D7473	Removal of torus mandibularis	75
<b>Surgical Incision</b>		
D7510	Incision and drainage of abscess – intraoral soft tissue	20
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	22
<b>Other Repair Procedures</b>		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	50
D7963	Frenuloplasty	80

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CDT Codes ++	Covered Dental Services	Patient Charges
<b>Unclassified Treatment</b>		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$10
D9120	Fixed partial denture sectioning	25
D9215	Local anesthesia	0
D9220	Deep sedation/general anesthesia – first 30 minutes +++	195
D9221	Deep sedation/general anesthesia – each additional 15 minutes +++	75
D9241	Intravenous conscious sedation/analgesia – first 30 minutes +++	195
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes +++	75
<b>Professional Consultation</b>		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
<b>Professional Visits</b>		
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit – after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
<b>Miscellaneous Services</b>		
D9951	Occlusal adjustment – limited	10
D9971	Odontoplasty – one to two teeth	10
D9972	External bleaching – per arch	165
	Broken appointment	25

Current Dental Terminology (CDT) © American Dental Association (ADA)

- + The Patient Charges for codes D1110, D1120, D1203, D1204, D1206 and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.
- ++ 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.
- \* The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is a "G". The ID Card and Eligibility Report will indicate if the Office Visit Fee is \$5 or \$10.
- # Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.
- = Fluoride Treatment - a total of four services in any 12-month period.
- ^ Sealants are limited to permanent teeth up to the 16th birthday.
- \*\* If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.
- ^^ The Patient Charge for these services is per unit.
- +++ Procedure codes D9220, D9221, D9241 and D9242 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other covered surgical services.

Underwritten by: (IL) - First Commonwealth Insurance Company, (MO) - First Commonwealth of Missouri, (IN) - First Commonwealth Limited Health Services Corporation, (MI) - First Commonwealth Inc., (CA) - Managed Dental Care, (TX) - Managed DentalGuard, Inc. (DHMO), (NJ) - Managed DentalGuard, Inc., (FL, NY) - The Guardian Life Insurance Company of America. All First Commonwealth, Managed DentalGuard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.

The Guardian Life Insurance Company of America, New York, NY

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