

**Managed DentalGuard
Texas
Plan Schedule 38-G
Orthodontic Plan Schedule 1**

| MDG Codes++ | Covered Services | Patient Charge |
|-------------|--|----------------|
| | <u>Appointments & Diagnostic Services</u> | |
| 0120 | Periodic oral evaluation | No Charge |
| 0140 | Limited oral evaluation - problem focus | No Charge |
| 0150 | Comprehensive oral evaluation | No Charge |
| 0460 | Pulp vitality tests | No Charge |
| 0470 | Diagnostic casts | No Charge |
| 0999 | Office visit - during regular hours - participating general dentist only | No Charge |
| 9310 | Consultation (by dentist other than practitioner providing treatment) | No Charge |
| 9430 | Office visit for observation - regular hours - no other service performed | No Charge |
| 9440 | Emergency office visit - after regularly scheduled office hours | \$50.00 |
| | <u>Radiographs</u> | |
| 0210 | Intraoral - complete series (including bitewings) | No Charge |
| 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 | No Charge |
| | <u>Preventive & Space Maintenance</u> | |
| 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 | \$80.00 |
| 1515 | Space maintainer - fixed - bilateral | \$80.00 |
| 1550 | Recementation of space maintainer | \$10.00 |
| | <u>Restorative</u> | |
| 2110 | Amalgam - one surface - primary | No Charge |
| 2120 | Amalgam - two surfaces - primary | No Charge |
| 2130 | Amalgam - three surfaces - primary | No Charge |
| 2131 | Amalgam - four or more surfaces - primary | No Charge |
| 2140 | Amalgam - one surface - permanent | No Charge |
| 2150 | Amalgam - two surfaces - permanent | No Charge |
| 2160 | Amalgam - three surfaces - permanent | No Charge |
| 2161 | Amalgam - four or more surfaces - permanent | No Charge |
| 2210 | Silicate cement - per restoration | No Charge |
| 2330 | Resin/composite - one surface, anterior | No Charge |
| 2331 | Resin/composite - two surfaces, anterior | No Charge |
| 2332 | Resin/composite - three surfaces, anterior | No Charge |
| 2335 | Resin/composite - four or more surfaces or incisal angle, anterior | \$70.00 |
| 2336 | Composite resin crown, anterior - primary | \$70.00 |
| 2380 | Resin/composite - one surface, posterior - primary | \$30.00 |
| 2381 | Resin/composite - two surfaces, posterior - primary | \$40.00 |
| 2382 | Resin/composite - three or more surfaces, posterior - primary | \$50.00 |
| 2385 | Resin/composite - one surface, posterior - permanent | \$30.00 |
| 2386 | Resin/composite - two surfaces, posterior - permanent | \$40.00 |
| 2387 | Resin/composite - three or more surfaces, posterior - permanent | \$50.00 |

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| | <u>Crown, Bridge & Other Cast Restorations</u> | |
| 2510 | Inlay - metallic - one surface ^ ** | \$225.00 |
| 2520 | Inlay - metallic - two surfaces ^ ** | \$230.00 |
| 2530 | Inlay - metallic - three or more surfaces ^ ** | \$240.00 |
| 2543 | Onlay - metallic - three surfaces ^ ** | \$250.00 |
| 2544 | Onlay - metallic - four or more surfaces ^ ** | \$260.00 |
| 2740 | Crown - porcelain/ceramic substrate ^ | \$290.00 |
| 2750 | Crown - porcelain fused to high noble metal ^ ** | \$280.00 |
| 2751 | Crown - porcelain fused to predominantly base metal ^ | \$210.00 |
| 2752 | Crown - porcelain fused to noble metal ^ | \$270.00 |
| 2790 | Crown - full cast high noble metal ^ ** | \$280.00 |
| 2791 | Crown - full cast predominantly base metal ^ | \$210.00 |
| 2792 | Crown - full cast noble metal ^ | \$270.00 |
| 2810 | Crown - 3/4 cast metallic ^ ** | \$280.00 |
| 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 ^ ** | \$280.00 |
| 6211 | Pontic - cast metal predominantly base metal ^ | \$210.00 |
| 6212 | Pontic - cast noble metal ^ | \$270.00 |
| 6240 | Pontic - porcelain fused to high noble metal ^ ** | \$280.00 |
| 6241 | Pontic - porcelain fused to predominantly base metal ^ | \$210.00 |
| 6242 | Pontic - porcelain fused to noble metal ^ | \$270.00 |
| 6520 | Inlay - abutment - metallic - two surfaces ^ ** | \$230.00 |
| 6530 | Inlay - abutment - metallic - three or more surfaces ^ ** | \$240.00 |
| 6543 | Onlay - abutment - metallic - three surfaces ^ ** | \$250.00 |
| 6544 | Onlay - abutment - metallic - four or more surfaces ^ ** | \$260.00 |
| 6750 | Crown - abutment - porcelain fused to high noble metal ^ ** | \$280.00 |
| 6751 | Crown - abutment - porcelain fused to predominantly base metal ^ | \$210.00 |
| 6752 | Crown - abutment - porcelain fused to noble metal ^ | \$270.00 |
| 6780 | Crown - abutment - 3/4 cast metallic ^ ** | \$280.00 |
| 6790 | Crown - abutment - full cast high noble metal ^ ** | \$280.00 |
| 6791 | Crown - abutment - full cast predominantly base metal ^ | \$210.00 |
| 6792 | Crown - abutment - full cast noble metal ^ | \$270.00 |
| 6999 | Multiple crown and bridge unit treatment plan - per unit | \$125.00 |
| | <u>Other Restorative Services</u> | |
| 2910 | Recement inlay | \$20.00 |
| 2920 | Recement crown | \$20.00 |
| 2930 | Prefabricated stainless steel crown | \$70.00 |
| 2931 | Prefabricated stainless steel crown - permanent tooth | \$70.00 |
| 2932 | Prefabricated resin crown | \$110.00 |
| 2940 | Sedative filling | \$5.00 |
| 2950 | Core buildup, including any pins | \$110.00 |
| 2951 | Pin retention - per tooth, in addition to restoration | \$10.00 |
| 2952 | Cast post & core | \$140.00 |
| 2954 | Prefabricated post & core | \$110.00 |
| 2960 | Labial veneer (laminate) - chairside | \$105.00 |
| 6930 | Recement bridge | \$20.00 |
| 6970 | Cast post & core, in addition to abutment | \$140.00 |
| 6972 | Prefabricated post & core, in addition to abutment | \$110.00 |
| 6973 | Core buildup for abutment, including any pins | \$110.00 |

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| | <u>Endodontics</u> | |
| 3110/3120 | Pulp cap | No Charge |
| 3220 | Therapeutic pulpotomy | \$45.00 |
| 3310 | Root canal - anterior | \$90.00 |
| 3320 | Root canal - bicuspid | \$160.00 |
| 3330 | Root canal - molar | \$230.00 |
| 3346 | Root canal - retreatment - anterior | \$105.00 |
| 3347 | Root canal - retreatment - bicuspid | \$195.00 |
| 3348 | Root canal - retreatment - molar | \$280.00 |
| 3410 | Apicoectomy/periradicular surgery – anterior | \$140.00 |
| 3421 | Apicoectomy/periradicular surgery - bicuspid - first root | \$140.00 |
| 3425 | Apicoectomy/periradicular surgery - molar - first root | \$140.00 |
| 3426 | Apicoectomy/periradicular surgery - each additional root | \$70.00 |
| 3430 | Retrograde filling - per root | \$30.00 |
| | <u>Periodontics</u> | |
| 4210 | Gingivectomy or gingivoplasty - per quadrant | \$100.00 |
| 4211 | Gingivectomy or gingivoplasty - per tooth | \$40.00 |
| 4220 | Gingival curettage, surgical - per quadrant - by report | \$45.00 |
| 4240 | Gingival flap procedure-including root planing - per quadrant | \$130.00 |
| 4249 | Clinical crown lengthening - hard tissue | \$110.00 |
| 4260 | Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth | \$290.00 |
| 4270 | Pedicle soft tissue graft procedure | \$165.00 |
| 4271 | Free soft tissue graft procedure (including donor site surgery) | \$170.00 |
| 4341 | Periodontal scaling & root planing - per quadrant | \$45.00 |
| 4355 | Full mouth debridement to enable evaluation & diagnosis | \$40.00 |
| 4910 | Periodontal maintenance procedures (following active therapy) | \$35.00 |
| 4920 | Unscheduled dressing change (by other than treating dentist) | No Charge |
| 4999 | Osseous surgery - including flap entry, closure - per quadrant - one to four teeth | \$175.00 |
| 9951 | Occlusal adjustment - limited - per visit | \$25.00 |
| | <u>Prosthodontics (Removable)</u> | |
| 5110/5120 | Complete denture (including routine post delivery care) ^ ^ | \$260.00 |
| 5130/5140 | Immediate denture (including routine post delivery care) ^ ^ | \$260.00 |
| | Partial dentures (including routine post delivery care): | |
| 5211/5212 | Resin base - including clasps, rests, teeth ^ ^ | \$250.00 |
| 5213/5214 | Cast metal framework with resin base - including clasps, rests, teeth ^ ^ | \$260.00 |
| | Repairs & adjustments: | |
| 5410/11/21/22 | Denture adjustments | \$15.00 |
| 5510/5610 | Repair denture base ^ ^ ^ | \$25.00 |
| 5520/5640 | Replace missing or broken teeth - per tooth ^ ^ ^ | \$25.00 |
| 5630 | Repair or replace clasp ^ ^ ^ | \$35.00 |
| 5650 | Add tooth to existing partial ^ ^ ^ | \$25.00 |
| 5660 | Add clasp to existing partial ^ ^ ^ | \$35.00 |
| 5710/11/20/21 | Rebase denture ^ ^ ^ | \$100.00 |
| 5730/31/40/41 | Reline denture (chairside) | \$85.00 |
| 5750/51/60/61 | Reline denture (laboratory) ^ ^ ^ | \$100.00 |
| 5820/5821 | Interim partial denture (stayplate) | \$150.00 |
| 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 |

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| | Oral Surgery | |
| 7110 | Extraction - single tooth | No Charge |
| 7120 | Extraction - each additional tooth | No Charge |
| 7130 | Root removal - exposed roots | No Charge |
| 7210 | Surgical removal of erupted tooth | \$35.00 |
| 7220 | Removal of impacted tooth - soft tissue | \$25.00 |
| 7230 | Removal of impacted tooth - partially bony | \$60.00 |
| 7240 | Removal of impacted tooth - completely bony | \$75.00 |
| 7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$75.00 |
| 7250 | Surgical removal of residual tooth roots (cutting procedure) | \$35.00 |
| 7270 | Tooth reimplantation and/or stabilization of accidentally evulsed tooth | \$90.00 |
| 7280 | Surgical exposure of impacted or unerupted tooth for orthodontic reasons | \$115.00 |
| 7281 | Surgical exposure of impacted or unerupted tooth to aid eruption | \$90.00 |
| 7285 | Biopsy of oral tissue - hard | \$60.00 |
| 7286 | Biopsy of oral tissue - soft | \$55.00 |
| 7310 | Alveoplasty in conjunction with extractions - per quadrant | \$40.00 |
| 7320 | Alveoplasty not in conjunction with extractions - per quadrant | \$55.00 |
| 7450 | Removal of odontogenic cyst/tumor - up to 1.25cm | \$95.00 |
| 7451 | Removal of odontogenic cyst/tumor - over 1.25cm | \$165.00 |
| 7470 | Removal of exostosis - maxilla or mandible | \$130.00 |
| 7510 | Incision & drainage of intraoral abscess | \$45.00 |
| 7960 | Frenulectomy (separate procedure) | \$95.00 |
| | 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 | No Charge |
| 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 38-G 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.