

# MDG Dental Plan Comparison

ADA Code	LOW-OPTION PLAN COVERED SERVICES / PATIENT CHARGE SCHEDULE	MDG Low-Option Patient Charge
D0999	Office visit during regular hours, general dentist only	No Charge
	<b>Evaluations</b>	
D0120	Periodic oral examination - established patient	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0170	Re-evaluation - limited problem focused (established patient, not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
	<b>Radiographs/Diagnostic Imaging (Including Interpretation)</b>	
D0210	Intraoral - complete series (including bitewings)	No Charge
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0240	Intraoral - occlusal film	No Charge
D0270	Bitewing - single film	No Charge
D0272	Bitewings - two films	No Charge
D0273	Bitewings - three films	No Charge
D0274	Bitewings - four films	No Charge
D0277	Vertical bitewings - 7 to 8 films	No Charge
D0330	Panoramic film	No Charge
	<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	\$ 50.00
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts	No Charge
	<b>Dental Prophylaxis</b>	
D1110	Prophylaxis - adult, for the first two services in any 12-month period	No Charge
D1120	Prophylaxis - child, for the first two services in any 12-month period	No Charge
D1999	Prophylaxis - adult or child, for each additional service in same 12-month period)	\$ 60.00
	<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	No Charge
D1204	Topical application of fluoride (prophylaxis not included) - adult, for the first two services in any 12-month period	No Charge
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period	No Charge
D2999	Topical fluoride (adult or child) each additional service in the same 12-month period	\$ 20.00
	<b>Other Preventive Services</b>	
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth (molars)	No Charge
D9999	Sealant - per tooth (non-molars)	\$ 35.00
	<b>Space Maintenance (Passive Appliances)</b>	
D1510	Space maintainer - fixed - unilateral	No Charge
D1515	Space maintainer - fixed - bilateral	No Charge
D1525	Space maintainer - removable - bilateral	No Charge
D1550	Re-cementation of space maintainer	No Charge
D1555	Removal of fixed space maintainer	No Charge

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<b>Amalgam Restorations (Including Polishing)</b>		
D2140	Amalgam - one surface, primary or permanent	No Charge
D2150	Amalgam - two surfaces, primary or permanent	No Charge
D2160	Amalgam - three surfaces, primary or permanent	No Charge
D2161	Amalgam - four or more surfaces, primary or permanent	No Charge
<b>Resin-Based Composite Restorations - Direct</b>		
D2330	Resin-based composite - one surface, anterior	No Charge
D2331	Resin-based composite - two surfaces, anterior	No Charge
D2332	Resin-based composite - three surfaces, anterior	No Charge
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Charge
D2390	Resin-based composite crown, anterior	\$ 75.00
D2391	Resin-based composite - one surface, posterior	No Charge
D2392	Resin-based composite - two surfaces, posterior	No Charge
D2393	Resin-based composite - three surfaces, posterior	No Charge
D2394	Resin-based composite - four or more surfaces, posterior	No Charge
<b>Inlay/Onlay Restorations</b>		
D2510	Inlay - metallic - one surface ♦	\$ 265.00
D2520	Inlay - metallic - two surfaces ♦	\$ 320.00
D2530	Inlay - metallic - three or more surfaces ♦	\$ 350.00
D2542	Onlay - metallic - two surfaces ♦	\$ 350.00
D2543	Onlay - metallic - three surfaces ♦	\$ 360.00
D2544	Onlay - metallic - four or more surfaces ♦	\$ 370.00
D2610	Inlay - porcelain/ceramic - one surface	\$ 265.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$ 320.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$ 350.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$ 350.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$ 360.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$ 370.00
<b>Crowns - Single Restorations Only</b>		
D2740	Crown - porcelain/ceramic substrate	\$ 395.00
D2750	Crown - porcelain fused to high noble metal ♦	\$ 375.00
D2751	Crown - porcelain fused to predominately base metal	\$ 375.00
D2752	Crown - porcelain fused to noble metal	\$ 375.00
D2780	Crown - 3/4 cast high noble metal ♦	\$ 365.00
D2781	Crown - 3/4 cast predominately base metal	\$ 365.00
D2782	Crown - 3/4 cast noble metal	\$ 365.00
D2783	Crown - 3/4 porcelain/ceramic	\$ 365.00
D2790	Crown - full cast high noble metal ♦	\$ 375.00
D2791	Crown - full cast predominately base metal	\$ 375.00
D2792	Crown - full cast noble metal	\$ 375.00
D2794	Crown - titanium	\$ 375.00
<b>Other Restorative Services</b>		
D2910	Recement inlay, onlay, or partial coverage restoration	No Charge
D2915	Recement cast or prefabricated post and core	No Charge
D2920	Recement crown	No Charge
D2930	Prefabricated stainless steel crown - primary tooth	\$ 88.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 88.00
D2932	Prefabricated resin crown	\$ 108.00
D2933	Prefabricated stainless steel crown with resin window	\$ 108.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$ 115.00

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D2940	Sedative filling	No Charge
D2950	Core buildup, including any pins	\$ 100.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 18.00
D2952	Post and core, in addition to crown, indirectly fabricated	\$ 155.00
D2953	Each additional indirectly fabricated post - same tooth	\$ 79.00
D2954	Prefabricated post and core in addition to crown	\$ 125.00
D2957	Each additional prefabricated post - same tooth	\$ 51.00
D2960	Labial veneer (resin laminate) - chairside	\$ 250.00
D2970	Temporary crown (fractured tooth)	\$ 86.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$ 125.00
<b>Pulp Capping</b>		
D3110	Pulp cap - direct (excluding final restoration)	No Charge
D3120	Pulp cap - indirect (excluding final restoration)	No Charge
<b>Pulpotomy</b>		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Charge
D3221	Pulpal debridement, primary and permanent teeth	No Charge
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Charge
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Charge
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Charge
<b>Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)</b>		
D3310	Root canal, anterior (excluding final restoration)	\$ 120.00
D3320	Root canal, bicuspid (excluding final restoration)	\$ 145.00
D3330	Root canal, molar (excluding final restoration)	\$ 270.00
D3331	Treatment of root canal obstruction; non-surgical access	No Charge
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 75.00
D3333	Internal root repair of perforation defects	\$ 116.00
<b>Endodontic Retreatment</b>		
D3346	Retreatment of previous root canal therapy - anterior	\$ 375.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$ 425.00
D3348	Retreatment of previous root canal therapy - molar	\$ 525.00
<b>Apicoectomy/Periradicular Services</b>		
D3410	Apicoectomy/periradicular surgery - anterior	\$ 240.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 270.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$ 320.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 116.00
D3430	Retrograde filling - per root	\$ 72.00
D3950	Canal preparation and fitting or preformed dowel or post	\$ 20.00
<b>Surgical Services (Including Usual Postoperative Care)</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 200.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 60.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 240.00

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D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 144.00
D4249	Clinical crown lengthening - hard tissue	\$ 280.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or teeth spaces per quadrant	\$ 380.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or teeth spaces per quadrant	\$ 230.00
D4268	Surgical revision procedure - per tooth	No Charge
D4270	Pedicle soft tissue graft procedure	\$ 350.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$ 363.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$ 399.00
<b>Non-Surgical Periodontal Service</b>		
D4341	Periodontal scaling and root planing, four or more teeth, per quadrant	No Charge
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	No Charge
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	No Charge
<b>Other Periodontal Services</b>		
D4910	Periodontal maintenance procedure, for the first two services in any 12-month period	No Charge
D4920	Unscheduled dressing change (by someone other than treating dentist)	No Charge
D4999	Periodontal maintenance, each additional service in same 12-month period	\$ 60.00
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>		
D5110	Complete denture - maxillary	\$ 452.00
D5120	Complete denture - mandibular	\$ 452.00
D5130	Immediate denture - maxillary	\$ 492.00
D5140	Immediate denture - mandibular	\$ 492.00
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 381.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 443.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 500.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 500.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	\$ 575.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	\$ 575.00
<b>Adjustments to Dentures</b>		
D5410	Adjust complete denture - maxillary	No Charge
D5411	Adjust complete denture - mandibular	No Charge
D5421	Adjust partial denture - maxillary	No Charge
D5422	Adjust partial denture - mandibular	No Charge
<b>Repairs To Complete Dentures</b>		
D5510	Repair broken complete denture base	\$ 40.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 36.00
<b>Repairs to Partial Dentures</b>		
D5610	Repair resin denture base	\$ 44.00
D5620	Repair cast framework	\$ 80.00
D5630	Repair or replace broken clasp	\$ 56.00
D5640	Replace broken teeth - per tooth	\$ 36.00
D5650	Add tooth to existing partial denture	\$ 52.00

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D5660	Add clasp to existing partial denture	\$ 64.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 196.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 196.00
<b>Denture Rebase Procedures</b>		
D5710	Rebase complete maxillary denture	\$ 160.00
D5711	Rebase complete mandibular denture	\$ 160.00
D5720	Rebase maxillary partial denture	\$ 160.00
D5721	Rebase mandibular partial denture	\$ 160.00
<b>Denture Reline Procedure</b>		
D5730	Reline complete maxillary denture (chairside)	\$ 88.00
D5731	Reline complete mandibular denture (chairside)	\$ 88.00
D5740	Reline maxillary partial denture (chairside)	\$ 88.00
D5741	Reline mandibular partial denture (chairside)	\$ 88.00
D5750	Reline complete maxillary denture (laboratory)	\$ 120.00
D5751	Reline mandibular complete denture (laboratory)	\$ 120.00
D5760	Reline maxillary partial denture (laboratory)	\$ 120.00
D5761	Reline mandibular partial denture (laboratory)	\$ 120.00
<b>Interim Prosthesis</b>		
D5820	Interim partial denture ( maxillary)	\$ 175.00
D5821	Interim partial denture ( mandibular)	\$ 175.00
<b>Other Removable Prosthetic Services</b>		
D5850	Tissue conditioning, maxillary	\$ 36.00
D5851	Tissue conditioning, mandibular	\$ 36.00
<b>Fixed Partial Denture Pontics</b>		
D6210	Pontic - cast high noble metal ♦	\$ 350.00
D6211	Pontic - cast predominately base metal	\$ 350.00
D6212	Pontic - cast noble metal	\$ 350.00
D6214	Pontic - titanium	\$ 350.00
D6240	Pontic - porcelain fused to high noble metal ♦	\$ 350.00
D6241	Pontic - porcelain fused to predominately base metal	\$ 350.00
D6242	Pontic - porcelain fused to noble metal	\$ 350.00
D6245	Pontic - porcelain/ceramic	\$ 360.00
<b>Fixed Partial Denture Retainers - Inlays/Onlays</b>		
D6600	Inlay - porcelain/ceramic - two surfaces	\$ 320.00
D6601	Inlay - porcelain/ceramic - three or more surfaces	\$ 350.00
D6602	Inlay - cast high noble metal, two surfaces ♦	\$ 320.00
D6603	Inlay - cast high noble metal, three or more surfaces ♦	\$ 350.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$ 320.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$ 350.00
D6606	Inlay - cast noble metal, two surfaces	\$ 320.00
D6607	Inlay - cast noble metal, three or more surfaces	\$ 350.00
D6608	Onlay - porcelain/ceramic - two surfaces	\$ 350.00
D6609	Onlay - porcelain/ceramic - three or more surfaces	\$ 360.00
D6610	Onlay - cast high noble metal, two surfaces ♦	\$ 350.00
D6611	Onlay - cast high noble metal, three or more surfaces ♦	\$ 360.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$ 350.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$ 360.00
D6614	Onlay - cast noble metal, two surfaces	\$ 350.00
D6615	Onlay - cast noble metal, three or more surfaces	\$ 360.00
D6624	Inlay - titanium	\$ 320.00

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D6634	Onlay - titanium	\$ 350.00
	<b>Fixed Partial Denture Retainers - Crowns</b>	
D6740	Crown - porcelain/ceramic	\$ 395.00
D6750	Crown - porcelain fused to high noble metal ♦	\$ 375.00
D6751	Crown - porcelain fused to predominately base metal	\$ 375.00
D6752	Crown - porcelain fused to noble metal	\$ 375.00
D6780	Crown - 3/4 cast high noble metal ♦	\$ 365.00
D6781	Crown - 3/4 cast predominately base metal	\$ 365.00
D6782	Crown - 3/4 cast noble metal	\$ 365.00
D6783	Crown - 3/4 porcelain/ceramic	\$ 365.00
D6790	Crown - full cast high noble metal ♦	\$ 375.00
D6791	Crown - full cast predominately base metal	\$ 375.00
D6792	Crown - full cast noble metal	\$ 375.00
D6794	Crown - titanium	\$ 375.00
	<b>Other Fixed Partial Denture Services</b>	
D6930	Recement fixed partial denture	\$ 36.00
D6970	Post and core, in addition to fixed partial denture retainer, indirectly fabricated	\$ 155.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 125.00
D6973	Core buildup for retainer, including any pins	\$ 100.00
D6976	Each additional cast post - same tooth	\$ 79.00
D6977	Each additional prefabricated post - same tooth	\$ 51.00
D6999	Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan	\$ 125.00
	<b>Extractions</b>	
D7111	Coronal remnants - deciduous tooth	No Charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Charge
	<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	\$ 30.00
D7220	Removal of impacted tooth - soft tissue	\$ 114.00
D7230	Removal of impacted tooth - partially bony	\$ 140.00
D7240	Removal of impacted tooth - completely bony	\$ 160.00
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	\$ 200.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 35.00
D7261	Primary closure of a sinus perforation	\$ 250.00
	<b>Other Surgical Procedures</b>	
D7280	Surgical access of an unerupted tooth	\$ 250.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$ 50.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$ 60.00
D7286	Biopsy of oral tissue - soft	\$ 50.00
D7288	Brush biopsy - transepithelial sample collection	\$ 65.00
	<b>Alveoplasty - Surgical Preparation of Ridge For Dentures</b>	
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 125.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth, or tooth spaces, per quadrant	\$ 65.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 150.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth	

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	spaces, per quadrant	\$ 105.00
	<b>Surgical Excision Of Intra-Osseous Lesions</b>	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$ 180.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$ 289.00
	<b>Excision of Bone Tissue</b>	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 204.00
D7472	Removal of torus palatinus	\$ 283.00
D7473	Removal of torus mandibularis	\$ 283.00
	<b>Surgical Incision</b>	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$ 25.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple facial spaces)	\$ 30.00
	<b>Other Repair Procedures</b>	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$ 133.00
D7963	Frenuloplasty	\$ 163.00
	<b>Unclassified Treatment</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Charge
D9120	Fixed partial denture sectioning	\$ 15.00
D9215	Local anesthesia	No Charge
D9220	Deep sedation/general anesthesia - first 30 minutes	\$ 195.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$ 75.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$ 195.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$ 75.00
	<b>Professional Consultation</b>	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	No Charge
	<b>Professional Visits</b>	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Charge
D9440	Office visit - after regularly scheduled hours	\$ 50.00
D9450	Case presentation, detailed and extensive treatment planning	No Charge
	<b>Miscellaneous Services</b>	
D9951	Occlusal adjustment - limited	\$ 10.00
D9971	Odontoplasty - one to two teeth	\$ 10.00
D9972	External bleaching - per arch	\$ 165.00
	Broken appointment	\$ 25.00
♦	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	