

MDG Dental Plan Comparison

ADA Code	HIGH-OPTION PLAN COVERED SERVICES / PATIENT CHARGE SCHEDULE	MDG High-Option Patient Charge
D0999	Office visit during regular hours, general dentist only	No Charge
	Evaluations	
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
	Radiographs/Diagnostic Imaging (Including Interpretation)	
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
	Tests and Examinations	
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
	Dental Prophylaxis	
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
	Topical Fluoride Treatment (Office Procedure)	
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
	Other Preventive Services	
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth (molars)	\$ 5.00
D9999	Sealant - per tooth (non-molars)	\$ 35.00
	Space Maintenance (Passive Appliances)	
D1510	Space maintainer - fixed - unilateral	\$ 30.00
D1515	Space maintainer - fixed - bilateral	\$ 55.00
D1525	Space maintainer - removable - bilateral	\$ 55.00
D1550	Re-cementation of space maintainer	\$ 5.00
D1555	Removal of fixed space maintainer	\$ 20.00

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	Amalgam Restorations (Including Polishing)	
D2140	Amalgam - one surface, primary or permanent	\$ 5.00
D2150	Amalgam - two surfaces, primary or permanent	\$ 5.00
D2160	Amalgam - three surfaces, primary or permanent	\$ 10.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$ 13.00
	Resin-Based Composite Restorations - Direct	
D2330	Resin-based composite - one surface, anterior	\$ 15.00
D2331	Resin-based composite - two surfaces, anterior	\$ 20.00
D2332	Resin-based composite - three surfaces, anterior	\$ 23.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ 25.00
D2390	Resin-based composite crown, anterior	\$ 40.00
D2391	Resin-based composite - one surface, posterior	\$ 15.00
D2392	Resin-based composite - two surfaces, posterior	\$ 25.00
D2393	Resin-based composite - three surfaces, posterior	\$ 35.00
D2394	Resin-based composite - four or more surfaces, posterior	\$ 40.00
	Inlay/Onlay Restorations	
D2510	Inlay - metallic - one surface ♦	\$ 100.00
D2520	Inlay - metallic - two surfaces ♦	\$ 130.00
D2530	Inlay - metallic - three or more surfaces ♦	\$ 140.00
D2542	Onlay - metallic - two surfaces ♦	\$ 140.00
D2543	Onlay - metallic - three surfaces ♦	\$ 145.00
D2544	Onlay - metallic - four or more surfaces ♦	\$ 150.00
D2610	Inlay - porcelain/ceramic - one surface	\$ 100.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$ 130.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$ 140.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$ 140.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$ 145.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$ 150.00
	Crowns - Single Restorations Only	
D2740	Crown - porcelain/ceramic substrate	\$ 200.00
D2750	Crown - porcelain fused to high noble metal ♦	\$ 180.00
D2751	Crown - porcelain fused to predominately base metal	\$ 180.00
D2752	Crown - porcelain fused to noble metal	\$ 180.00
D2780	Crown - 3/4 cast high noble metal ♦	\$ 170.00
D2781	Crown - 3/4 cast predominately base metal	\$ 170.00
D2782	Crown - 3/4 cast noble metal	\$ 170.00
D2783	Crown - 3/4 porcelain/ceramic	\$ 170.00
D2790	Crown - full cast high noble metal ♦	\$ 180.00
D2791	Crown - full cast predominately base metal	\$ 180.00
D2792	Crown - full cast noble metal	\$ 180.00
D2794	Crown - titanium	\$ 180.00
	Other Restorative Services	
D2910	Recement inlay, onlay, or partial coverage restoration	\$ 5.00
D2915	Recement cast or prefabricated post and core	\$ 5.00
D2920	Recement crown	\$ 5.00
D2930	Prefabricated stainless steel crown - primary tooth	\$ 15.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 15.00
D2932	Prefabricated resin crown	\$ 40.00
D2933	Prefabricated stainless steel crown with resin window	\$ 40.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$ 45.00

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D2940	Sedative filling	\$ 5.00
D2950	Core buildup, including any pins	\$ 35.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 7.00
D2952	Post and core, in addition to crown, indirectly fabricated	\$ 50.00
D2953	Each additional indirectly fabricated post - same tooth	\$ 16.00
D2954	Prefabricated post and core in addition to crown	\$ 40.00
D2957	Each additional prefabricated post - same tooth	\$ 9.00
D2960	Labial veneer (resin laminate) - chairside	\$ 70.00
D2970	Temporary crown (fractured tooth)	\$ 50.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$ 125.00
Pulp Capping		
D3110	Pulp cap - direct (excluding final restoration)	\$ 5.00
D3120	Pulp cap - indirect (excluding final restoration)	\$ 5.00
Pulpotomy		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 15.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 15.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$ 15.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 22.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 25.00
Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)		
D3310	Root canal, anterior (excluding final restoration)	\$ 75.00
D3320	Root canal, bicuspid (excluding final restoration)	\$ 85.00
D3330	Root canal, molar (excluding final restoration)	\$ 150.00
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	\$ 45.00
Endodontic Retreatment		
D3346	Retreatment of previous root canal therapy - anterior	\$ 90.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$ 100.00
D3348	Retreatment of previous root canal therapy - molar	\$ 170.00
Apicoectomy/Periradicular Services		
D3410	Apicoectomy/periradicular surgery - anterior	\$ 100.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 100.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$ 110.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 45.00
D3430	Retrograde filling - per root	\$ 15.00
D3950	Canal preparation and fitting or prefomed dowel or post	\$ 20.00
Surgical Services (Including Usual Postoperative Care)		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 75.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 25.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 130.00

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D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 78.00
D4249	Clinical crown lengthening - hard tissue	\$ 105.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or teeth spaces per quadrant	\$ 195.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or teeth spaces per quadrant	\$ 120.00
D4268	Surgical revision procedure - per tooth	No Charge
D4270	Pedicle soft tissue graft procedure	\$ 125.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$ 140.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$ 154.00
Non-Surgical Periodontal Service		
D4341	Periodontal scaling and root planing, four or more teeth, per quadrant	\$ 30.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	\$ 18.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 15.00
Other Periodontal Services		
D4910	Periodontal maintenance procedure, for the first two services in any 12-month period	\$ 15.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$ 20.00
D4999	Periodontal maintenance, each additional service in same 12-month period	\$ 60.00
Complete Dentures (Including Routine Post-Delivery Care)		
D5110	Complete denture - maxillary	\$ 190.00
D5120	Complete denture - mandibular	\$ 190.00
D5130	Immediate denture - maxillary	\$ 190.00
D5140	Immediate denture - mandibular	\$ 190.00
Partial Dentures (Including Routine Post-Delivery Care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 155.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 155.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 220.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 220.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests, and teeth)	\$ 295.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests, and teeth)	\$ 295.00
Adjustments to Dentures		
D5410	Adjust complete denture - maxillary	\$ 10.00
D5411	Adjust complete denture - mandibular	\$ 10.00
D5421	Adjust partial denture - maxillary	\$ 10.00
D5422	Adjust partial denture - mandibular	\$ 10.00
Repairs To Complete Dentures		
D5510	Repair broken complete denture base	\$ 10.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 10.00
Repairs to Partial Dentures		
D5610	Repair resin denture base	\$ 10.00
D5620	Repair cast framework	\$ 80.00
D5630	Repair or replace broken clasp	\$ 15.00
D5640	Replace broken teeth - per tooth	\$ 10.00
D5650	Add tooth to existing partial denture	\$ 15.00

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D5660	Add clasp to existing partial denture	\$ 15.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 55.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 55.00
Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	\$ 45.00
D5711	Rebase complete mandibular denture	\$ 45.00
D5720	Rebase maxillary partial denture	\$ 45.00
D5721	Rebase mandibular partial denture	\$ 45.00
Denture Reline Procedure		
D5730	Reline complete maxillary denture (chairside)	\$ 20.00
D5731	Reline complete mandibular denture (chairside)	\$ 20.00
D5740	Reline maxillary partial denture (chairside)	\$ 20.00
D5741	Reline mandibular partial denture (chairside)	\$ 20.00
D5750	Reline complete maxillary denture (laboratory)	\$ 35.00
D5751	Reline mandibular complete denture (laboratory)	\$ 35.00
D5760	Reline maxillary partial denture (laboratory)	\$ 35.00
D5761	Reline mandibular partial denture (laboratory)	\$ 35.00
Interim Prosthesis		
D5820	Interim partial denture (maxillary)	\$ 80.00
D5821	Interim partial denture (mandibular)	\$ 80.00
Other Removable Prosthetic Services		
D5850	Tissue conditioning, maxillary	\$ 10.00
D5851	Tissue conditioning, mandibular	\$ 10.00
Fixed Partial Denture Pontics		
D6210	Pontic - cast high noble metal ♦	\$ 170.00
D6211	Pontic - cast predominately base metal	\$ 170.00
D6212	Pontic - cast noble metal	\$ 170.00
D6214	Pontic - titanium	\$ 170.00
D6240	Pontic - porcelain fused to high noble metal ♦	\$ 170.00
D6241	Pontic - porcelain fused to predominately base metal	\$ 170.00
D6242	Pontic - porcelain fused to noble metal	\$ 170.00
D6245	Pontic - porcelain/ceramic	\$ 180.00
Fixed Partial Denture Retainers - Inlays/Onlays		
D6600	Inlay - porcelain/ceramic - two surfaces	\$ 130.00
D6601	Inlay - porcelain/ceramic - three or more surfaces	\$ 140.00
D6602	Inlay - cast high noble metal, two surfaces ♦	\$ 130.00
D6603	Inlay - cast high noble metal, three or more surfaces ♦	\$ 140.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$ 130.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$ 140.00
D6606	Inlay - cast noble metal, two surfaces	\$ 130.00
D6607	Inlay - cast noble metal, three or more surfaces	\$ 140.00
D6608	Onlay - porcelain/ceramic - two surfaces	\$ 140.00
D6609	Onlay - porcelain/ceramic - three or more surfaces	\$ 145.00
D6610	Onlay - cast high noble metal, two surfaces ♦	\$ 140.00
D6611	Onlay - cast high noble metal, three or more surfaces ♦	\$ 145.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$ 140.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$ 145.00
D6614	Onlay - cast noble metal, two surfaces	\$ 140.00
D6615	Onlay - cast noble metal, three or more surfaces	\$ 145.00
D6624	Inlay - titanium	\$ 130.00

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D6634	Onlay - titanium	\$ 140.00
	Fixed Partial Denture Retainers - Crowns	
D6740	Crown - porcelain/ceramic	\$ 200.00
D6750	Crown - porcelain fused to high noble metal ♦	\$ 180.00
D6751	Crown - porcelain fused to predominately base metal	\$ 180.00
D6752	Crown - porcelain fused to noble metal	\$ 180.00
D6780	Crown - 3/4 cast high noble metal ♦	\$ 170.00
D6781	Crown - 3/4 cast predominately base metal	\$ 170.00
D6782	Crown - 3/4 cast noble metal	\$ 170.00
D6783	Crown - 3/4 porcelain/ceramic	\$ 170.00
D6790	Crown - full cast high noble metal ♦	\$ 150.00
D6791	Crown - full cast predominately base metal	\$ 150.00
D6792	Crown - full cast noble metal	\$ 150.00
D6794	Crown - titanium	\$ 150.00
	Other Fixed Partial Denture Services	
D6930	Recement fixed partial denture	\$ 5.00
D6970	Post and core, in addition to fixed partial denture retainer, indirectly fabricated	\$ 50.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 40.00
D6973	Core buildup for retainer, including any pins	\$ 35.00
D6976	Each additional cast post - same tooth	\$ 16.00
D6977	Each additional prefabricated post - same tooth	\$ 9.00
D6999	Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan	\$ 125.00
	Extractions	
D7111	Coronal remnants - deciduous tooth	\$ 10.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 10.00
	Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, And Routine Postoperative Care)	
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	\$ 45.00
D7230	Removal of impacted tooth - partially bony	\$ 60.00
D7240	Removal of impacted tooth - completely bony	\$ 70.00
D7241	Removal of impacted tooth - completely bony with unusual surgical complications	\$ 75.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 35.00
D7261	Primary closure of a sinus perforation	\$ 250.00
	Other Surgical Procedures	
D7280	Surgical access of an unerupted tooth	\$ 80.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$ 25.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$ 35.00
D7286	Biopsy of oral tissue - soft	\$ 35.00
D7288	Brush biopsy - transepithelial sample collection	\$ 65.00
	Alveoplasty - Surgical Preparation of Ridge For Dentures	
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 30.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth, or tooth spaces, per quadrant	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 40.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth	

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	spaces, per quadrant	\$ 28.00
	Surgical Excision Of Intra-Osseous Lesions	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$ 50.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$ 100.00
	Excision of Bone Tissue	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 75.00
D7472	Removal of torus palatinus	\$ 75.00
D7473	Removal of torus mandibularis	\$ 75.00
	Surgical Incision	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$ 20.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple facial spaces)	\$ 22.00
	Other Repair Procedures	
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$ 50.00
D7963	Frenuloplasty	\$ 80.00
	Unclassified Treatment	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 10.00
D9120	Fixed partial denture sectioning	\$ 25.00
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
	Professional Consultation	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$ 30.00
	Professional Visits	
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
	Miscellaneous Services	
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.	