



MDG CODE ++	Covered Services	Plan Schedules – Patient Charges
		5NY
Appointments and Diagnostic Services		
0101 *	Office visit – during regular hours – participating general dentist only	5
0102	Broken appointment (without 24 hours notice)	15
0120/0140/0150	Oral evaluation	0
0460	Pulp vitality tests	0
0470	Diagnostic casts	0
9310	Consultation (by dentist other than practitioner providing treatment)	22
9430	Office visit for observation – regular hours – no other service performed	0
9440	Emergency office visit – after regularly scheduled office hours	15
Radiographs		
0210	Intraoral – complete series (including bitewings)	0
0220/0230/0240	Intraoral – periapical or occlusal – single film	0
0270/0272/0274	Bitewings	0
0330	Panoramic film	0
Preventive and Space Maintenance		
1110/1120	Prophylaxis	0
1201/1203	Topical application of fluoride (may include prophylaxis) – child	0
1310	Nutritional counseling for control of dental disease	0
1330	Oral hygiene instruction	0
1351	Sealant – per tooth	6
1510	Space maintainer – fixed – unilateral	41
1515	Space maintainer – fixed – bilateral	54
1550	Recementation of space maintainer	9
Restorative		
2110	Amalgam – one surface – primary	11
2120	Amalgam – two surfaces – primary	15
2130	Amalgam – three surfaces – primary	18
2131	Amalgam – four or more surfaces – primary	21
2140	Amalgam – one surface – permanent	13
2150	Amalgam – two surfaces – permanent	16
2160	Amalgam – three surfaces – permanent	20
2161	Amalgam – four or more surfaces – permanent	24
2210	Silicate cement – per restoration	11
2330	Resin/composite – one surface, anterior	15
2331	Resin/composite – two surfaces, anterior	20
2332	Resin/composite – three surfaces, anterior	24
2335	Resin/composite – four or more surfaces or incisal angle, anterior	28
2336	Composite resin crown, anterior – primary	31
2380	Resin/composite – one surface, posterior – primary	18
2381	Resin/composite – two surfaces, posterior – primary	20
2382	Resin/composite – three surfaces, posterior – primary	25
2385	Resin/composite – one surface, posterior – permanent	17
2386	Resin/composite – two surfaces, posterior – permanent	24
2387	Resin/composite – three or more surfaces, posterior – permanent	30
Crown, Bridge and Other Cast Restorations		
2510	Inlay – metallic – one surface**	197
2520/6520	Inlay – metallic – two surfaces**	225
2530/6530	Inlay – metallic – three surfaces**	260
2543/6543	Onlay – metallic – three surfaces**	265
2544/6544	Onlay – metallic – four or more surfaces**	275
2702	Crown supporting existing partial denture, in addition to crown	125
2703	Multiple crown and bridge unit treatment plan – per unit	125
2740	Crown – porcelain/ceramic substrate	275
2750-2752	Crown – porcelain fused to metal**	275
2790-2792	Crown – full cast metal**	275
2810/6780	Crown – 3/4 cast metallic**	275
6210-6212	Pontic – cast metal**	270
6240-6242	Pontic – porcelain fused to metal**	270
6750-6752	Crown – abutment – porcelain fused to metal**	275
6790-6792	Crown – abutment – full cast metal**	275



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Other Restorative Services		
2910/2920	Recement inlay, crown, bridge	12
2930/2931	Prefabricated stainless steel crown	75
2932	Prefabricated resin crown	95
2940	Sedative filling	12
2950/6973	Core buildup, including any pins	70
2951	Pin retention – per tooth, in addition to restoration	15
2952/6970	Cast post and core	110
2954/6972	Prefabricated post and core	90
2960	Labial veneer (laminare) – chairside	225
Endodontics		
3110/3120	Pulp cap (excl rest)	8
3220	Therapeutic pulpotomy (excl rest)	18
3310	Root canal – anterior (excl final rest)	90
3320	Root canal – bicuspid (excl final rest)	110
3330	Root canal – molar (excl final rest)	140
3346	Root canal – retreatment – anterior	115
3347	Root canal – retreatment – bicuspid	130
3348	Root canal – retreatment – molar	160
3410	Apicoectomy/periradicular surgery – anterior	90
3421	Apicoectomy/periradicular surgery – bicuspid – first root	100
3425	Apicoectomy/periradicular surgery – molar – first root	120
3426	Apicoectomy/periradicular surgery – each additional root	42
3430	Retrograde filling – per root	30
Periodontics		
4210	Gingivectomy or gingivoplasty – per quadrant	75
4211	Gingivectomy or gingivoplasty – per tooth	20
4240	Gingival flap procedure – including root planing – per quadrant	90
4249	Crown lengthening – hard tissue	105
4260	Osseous surgery – including flap entry, closure – per quadrant – five to eight teeth	140
4261	Osseous surgery – including flap entry, closure – per quadrant – one to four teeth	85
4270	Pedicle soft tissue graft procedure	105
4271	Free soft tissue graft procedure (including donor site surgery)	110
4341	Periodontal scaling/root planing – per quadrant	30
4355	Full mouth debridement to enable evaluation and diagnosis	18
4910	Periodontal maintenance procedures (following active therapy)	16
4920	Unscheduled dressing change (other than by treating dentist)	14
9951	Occlusal adjustment – limited – per visit	15
Prostodontics (Removable)		
5110/5120	Complete denture (including routine post delivery care)	330
5130/5140	Immediate denture (including routine post delivery care)	360
5211	Upper partial denture, resin base, including clasps, rests, teeth	275
5212	Lower partial denture, resin base, including clasps, rests, teeth	315
5213/5214	Cast metal framework with resin base – including clasps, rests, teeth	365
Repairs and Adjustments:		
5410/11/21/22	Denture adjustments	20
5510	Repair broken base, complete denture	35
5520/5640	Replace missing or broken teeth – per tooth	32
5610	Repair resin saddle or base	40
5630	Repair or replace clasp	50
5650	Add tooth to existing partial	45
5660	Add clasp to existing partial	55
5710/11/20/21	Rebase denture	140
5730/31/40/41	Reline denture (chairside)	75
5750/51/60/61	Reline denture (laboratory)	105
5820/5821	Interim partial denture (stayplate)	125
5850/5851	Tissue conditioning	33



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		5NY
	Oral Surgery	
7110/7120	Extraction – single tooth	17
7130	Root removal – exposed roots	24
7210	Surgical removal of erupted tooth	30
7220	Removal of impacted tooth – soft tissue	37
7230	Removal of impacted tooth – partially bony	52
7240	Removal of impacted tooth – completely bony	60
7241	Removal of impacted tooth – completely bony, with unusual surgical complications	75
7250	Surgical removal of residual tooth roots (cutting procedure)	34
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	70
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	77
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	65
7285	Biopsy of oral tissue – hard	40
7286	Biopsy of oral tissue – soft	28
7310	Alveoplasty in conjunction with extractions – per quadrant	38
7320	Alveoplasty not in conjunction with extractions – per quadrant	45
7450	Removal of odontogenic cyst/tumor, up to 1.25cm.	115
7451	Removal of odontogenic cyst/tumor, over 1.25cm.	185
7470	Removal of exostosis – maxilla or mandible	142
7510	Incision and drainage of intraoral abscess	35
7960	Frenulectomy (separate procedure)	75
	Orthodontic Treatment (covers 24 months active treatment)	
D8070/80/90	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)	2425
D8070/80/90	Comprehensive orthodontic treatment including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse or dependent child to age 18 (as determined by the member's age on the date of banding)	2425
8601	Orthodontic evaluation and consultation	100
8602	Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos	150
8670	Periodic comprehensive orthodontic treatment visit	102
8680	Orthodontic retention	425
D9430		0
	Miscellaneous Services	
9110	Palliative (emergency) treatment – per visit	15
9215	Local anesthesia	0