

MVP Health Care® Dental Fee Schedule

For Medicare Advantage Plan Dental Coverage

This is a sample list of common preventive and comprehensive dental services, and the current allowed amount per service. The amount your plan pays for covered services is based on the maximum allowable benefit (allowed amount) for each service.

You are not limited to a specific network and can seek dental care from any dentist. Please refer to Chapter 4 of your Evidence of Coverage to determine what type of dental services are included in your plan.

Preventive Services		
Covered under most MVP Medicare Advantage plans		
Procedure Code	Service	Allowed Amount
D0120	Periodic Oral Examination	\$ 26.75
D0150	Comp Oral Evaluation – New/Established Patient	\$ 42.72
D0210	Intraoral – Complete Series	\$ 71.84
D0220	Intraoral – Periapical 1 Film	\$ 15.26
D0230	Intraoral – Periapical Each Additional Film	\$ 12.41
D0272	Bitewings – Two Films	\$ 24.01
D0274	Bitewings – Four Films	\$ 33.91
D0330	Panoramic Film	\$ 64.52
D1110	Prophylaxis – Adult	\$ 50.52
Comprehensive Dental Services		
Procedure Code	Service	Allowed Amount
D2150	Amalgam – Two Surfaces Primary or Permanent	\$ 89.11
D2330	Resin-Based Composite – One Surface Anterior	\$ 84.81
D2331	Resin-Based Composite – Two Surfaces Anterior	\$ 103.70
D2332	Resin-Based Composite – Three Surfaces Anterior	\$ 126.35
D2391	Resin-Based Composite – One Surface Posterior	\$ 93.95
D2392	Resin-Based Composite – Two Surface Posterior	\$ 121.62
D2393	Resin-Based Composite – Three Surface Posterior	\$ 150.93
D2750	Crown – Porcelain Fused to High Noble Metal	\$ 618.96
D3330	Root Canal – Molar	\$ 633.17
D4341	Perio Scaling and Root Planing – Per Quadrant	\$ 140.89
D4910	Periodontal Maintenance	\$ 80.44
D7140	Extraction Erupted Tooth or Exposed Root	\$ 85.91
D7210	Surg Remove Erupted Tooth	\$ 146.29
D7240	Removal of Impacted Tooth – Completely Bony	\$ 269.99

If your dentist charges more than the maximum allowable amount, you may have to pay the difference. You are responsible for 100% of all charges exceeding the maximum allowable benefit and any dental service not covered under your plan.



The maximum allowable benefit amounts are determined by MVP and are subject to change without notice. MVP will reimburse the provider (or you, if you've already paid the provider) for billed charges up to the maximum allowable benefit. The amount you pay for dental services does not count toward your Maximum Out-of-Pocket (the most you will pay out-of-pocket for covered medical services). See Chapter 4 of your Evidence of Coverage for more information.

Questions? Call the MVP Medicare Customer Care Center at **1-800-665-7924** (TTY: 1-800-662-1220), or visit **mvphealthcare.com** and select *Members*, then *Medicare*.