

Guardian Dental Program Procedural Limitations by Frequency or Age

- 1 Two Prophylaxes (1110 or 1120) or Periodontal Maintenance Treatments (4910) per calendar year.
- 2 Two Fluoride Treatments (1201 or 1203 or 1205), limited to under age 14, per calendar year
- 3 One Unilateral Space Maintainer (1510 or 1520), limited to under age 16 and replacing lost/extracted deciduous teeth, per arch per lifetime
- 4 One Bilateral Space Maintainer (1515 or 1525), limited to under age 16 and replacing lost/extracted deciduous teeth, per arch per lifetime
- 5 One Emergency Palliative Treatment (9110) in any 6-month period.
- 6 One Full-Mouth Series or Panoramic Film (0210 or 0330) in any 60 consecutive month period
- 7 One Sealant Treatment to Permanent Molar (1351), limited to under age 16 on unrestored tooth, per tooth in any 36 consecutive month period
- 8 One Diagnostic Consultation by Non-treating Dentist (9310) per dental specialty in any 12 consecutive month period
- 9 Appliance to Control Harmful Habits (8220) limited to under age 14.
- 10 Replacement of Amalgam Restoration (2110 through 2161) only after 12 or more months since prior procedure, if under age 19
- 11 Replacement of Amalgam Restoration (2110 through 2161) only after 36 or more months since prior procedure, if age 19 or older
- 12 Replacement of Resin Restoration (2330 through 2388) only after 12 or more months since prior procedure, if under age 19
- 13 Replacement of Resin Restoration (2330 through 2388) only after 36 or more months since prior procedure, if age 19 or older
- 14 One Crown (2336 or 2337 or 2710 or 2930 - 2933) per tooth in any 24 consecutive month period
- 15 Recement Bridge (6930) only after 12 or more months since initial insertion.
- 16 One Denture Rebase (5710 or 5711 or 5720 or 5721) per 24 consecutive month period and only 12 or more months after insertion
- 17 One Denture Reline (5730 through 5761) per 24 consecutive month period and only 12 or more months after insertion
- 18 One Denture Adjustment (5410 or 5411 or 5421 or 5422) in any 24 consecutive month period
- 19 One Tissue Conditioning (5850 or 5851) per arch per 12 consecutive month period and only 12 or more months after denture insertion
- 20 One Periodontal Root Planing (4341), with evidence of bone loss, per quadrant in any 24 consecutive month period
- 21 One Periodontal Scaling (4341), in the absence of related work in prior 36 months, per quadrant in any 36 consecutive month period
- 22 One Distal or Proximal Wedge (4274), with evidence of periodontal disease of each tooth, per quadrant per 36 consecutive month period
- 23 One Gingivectomy or Crown Lengthen (4211 or 4249), with evidence of periodontal disease of each tooth, per 12 consecutive month period
- 24 One Soft Tissue Graft or Subepithelial Connective Tissue Graft (4270 or 4271 or 4273), per quadrant in any 36 consecutive month period
- 25 One Bone Graft or Guided Tissue Regeneration (4263 or 4266 or 4267) per tooth or area, in a lifetime period
- 26 Two visits for Occlusal Adjustment (9951 or 9952), with appropriate evidence, in any 6 month period after scaling / root planing / osseous surgery.

Guardian Dental Program Limitations by Best Practice or Cosmetic Determinants

- 1 Labial Veneers are covered only for decay or injury to permanent tooth that cannot be restored with amalgam or composite filling
- 2 Resin Restoration (2330 through 2388) limited to anterior teeth. Resin Restoration to posterior teeth is reimbursed at amalgam rates.
- 3 Specialized techniques and characterizations for Bridge Abutments, Crown (6791 or 6792) are not covered.
- 4 Crowns (2720 through 2792), Buildups(2950), Inlays/Onlays (2510 through 2664) and Core Buildups for Retainer (6973) only with decay or injury when the tooth cannot be restored with amalgam or composite filling material. Permanent teeth only.
- 5 Cast Post and Cores (2952 through 2972) only with decay or injury, when done in conjunction with a covered unit of crown or bridge and when needed substantial loss of tooth structure. Permanent teeth only