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## MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE

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### Dental – General Payment Policies

Children under 21 years of age are eligible for all medically necessary dental services. For children under 21 years of age who require medically necessary dental services beyond the fee schedule limits, the dentist should request a waiver of the limits, as applicable, through the 1150 Administrative Waiver (Program Exception) process.

All dental procedures are considered to be outpatient procedures. These procedures are not compensable on an inpatient basis unless there is medical justification, which is documented, in the patient's medical record.

Provider types **27** – Dentist and **31** – Physician are the only provider types eligible to receive payment for dental services.

Provider type **31** (Physician) is eligible for payment only for procedure codes D7450 through D7471, D7960 and D7970. (This does not exclude provider type **27** – Dentist.)

Provider type **27** (Dentist) who is a board certified or board eligible orthodontist is the only provider type eligible for payment of orthodontic services.

### DENTAL ANESTHESIA/SEDATION

#### Anesthesia

Provider type **31** (Physician) is the only provider type eligible for the anesthesia allowance when provided in a hospital short procedure unit, ambulatory surgical center, emergency room or inpatient hospital.

Provider type **27** (Dentist) is eligible for payment only for procedure codes D9223 Deep Sedation/General Anesthesia - each 15 minute increment; D9230 Analgesia, Anxiolysis, Inhalation of Nitrous Oxide; D9243 Intravenous Moderate (conscious) Sedation/Analgesia - each 15 minute increment; or D9248 Non-intravenous Conscious Sedation provided in a dentist's office or a dental clinic. A copy of the practitioners current anesthesia permit must be on file with the Department.

#### **Please Note:**

Provider type **27** (Dentist) is eligible for payment only for general anesthesia, intravenous sedation, conscious sedation, and nitrous oxide provided in the dentist's office or a dental clinic (procedure codes D9222 Deep sedation/general anesthesia – first 15 minutes; D9223 Deep Sedation/General Anesthesia - each 15 minute increment; D9230 Analgesia, Anxiolysis, Inhalation of Nitrous Oxide; D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes; D9243 Intravenous Moderate (conscious) Sedation/Analgesia - each 15 minute increment; or D9248 - Non-intravenous Conscious Sedation) in conjunction with a compensable surgical procedure. Refer to the special billing information section of the Dental

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Services Provider Handbook for detailed anesthesia billing information. The Medical Assistance guidelines for outpatient General Anesthesia also apply Intravenous Sedation with the exception of the administration of the sedation agent by a certified registered nurse anesthetist (CRNA).

Procedure Code D9230 is only compensable for eligible individuals under 21 years of age. Procedure codes D9230 and D9248 are compensable in conjunction with the dental treatment of the mentally, physically, or medically compromised individual or those whose psychological or emotional maturity limit the ability to undergo successful dental treatment.

Provider type **27** (Dentist) is not eligible for payment for anesthesia/sedation services provided in a short procedure unit (SPU), a hospital emergency room, an ambulatory surgical center (ASC) or an inpatient basis.

Payment for any one of the following procedure codes: D9223, D9230, D9243, D9248 and D9920 precludes payment for any of the remaining codes on the same date of service.

Procedure code D9223 is limited to two units of service per day for a total of three units of service per day when combined with procedure code D9222. Procedure code D9243 is limited to two units of service per day for a total of three units of service per day when combined with procedure code D9239.

The person responsible for the administration of the Deep Sedation/General Anesthesia, Analgesia, Anxiolysis, Inhalation of Nitrous Oxide; or Intravenous Conscious Sedation and Non-intravenous Sedation must be in compliance with all rules, regulations, certifications, and licensure by the Pennsylvania State Board of Dentistry. A copy of the anesthesia permit must be submitted to the Department upon renewal.

### **Preventive**

#### Usage Guidelines for Procedure Code D1354

- High caries-risk patients with anterior or posterior active cavitated lesions.
- Cavitated caries lesions in individuals presenting with behavioral or medical management challenges.
- Patients with multiple cavitated caries lesions that may not all be treated in one visit.
- Difficult to treat cavitated dental caries lesions.
- Patients with access to or with difficulty accessing dental care.
- Active cavitated caries lesions with no clinical signs of pulp involvement.

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The number of teeth treated should be based on the clinical evaluation. The presence of an active cavitated carious lesion in the tooth is required for treatment.

Procedure code D1354 is limited to children under 21 years of age. Procedure code D1354 is limited to 1 – 10 teeth per visit. Payment is made for a maximum of 10 teeth at one visit.

Re-evaluation and retreatment is permitted once within a 6 month period for the same patient without prior authorization. The second visit should occur at least two weeks after the initial visit.

Further retreatment of the same teeth after the second treatment visit is limited to after 12 months from the initial visit.

Procedure Code D0150 is limited to 1 per patient per dentist per lifetime.

### **Crowns**

Adult MA recipients 21 years of age and older, who do not reside in a nursing facility, or in an intermediate care facility (ICF/MR) (ICF/ORC), are eligible for crowns and adjunctive crown services (D2710, D2721, D2740, D2751, D2791, D2910, D2915, D2920, D2952, D2954, D2980) only if the Department approves a dental benefit limit exception request.\*

For adult MA eligible recipients 21 years of age and older who reside in a nursing facility or in an intermediate care facility (ICF/MR) (ICF/ORC), crown coverage is limited to one crown per tooth for five years and is limited to four per calendar year with no more than two crowns per arch. Procedure Code D2710 is limited to one crown per three years.

Procedure codes D2710 - D2791 are compensable only for fully developed permanent teeth and primary teeth with no permanent successors. Payment is not made for prefabricated and/or self-curing dental materials.

Procedure codes D2390; D2930 – D2934 are crowns for primary or developing permanent teeth only, and are not compensable with construction of a permanent crown.

Procedure codes D2390; D2930 – D2934 are payable for individuals under 21 years of age.

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### Dentures

Adult MA recipients 21 years of age and older who do not reside in a nursing facility or in an intermediate care facility (ICF/IID) (ICF/ORC), are limited to one (full or partial denture) per upper arch, regardless of procedure (D5110, D5130, D5211, D5213) and one (full or partial denture) per lower arch, regardless of procedure code (D5120, D5140, D5212, D5214) per lifetime. Partial dentures must include one anterior tooth and/or three posterior teeth (excluding third molars) on the denture. All must be anatomically correct (natural size, shape and color) to be compensable.

The Department will review claims payment history for dates of service on and after April 27, 2015, to determine if the recipient previously received a denture for the arch. Additional dentures require a Department approved Benefit Limit Exception Request.\*

For adult MA recipients 21 years of age and older who reside in a nursing facility or in an intermediate care facility (ICF/IID) (ICF/ORC), partial dentures must include one anterior tooth and/or three posterior teeth (excluding third molars) on the denture all of which must be anatomically correct (natural size, shape and color) to be compensable; limited to one per arch, regardless of procedure code, every five years.

For adult MA recipients 21 years of age and older who reside in a nursing facility or in an intermediate care facility (ICF/IID) (ICF/ORC), complete dentures are limited to one per arch, regardless of procedure code, every five years.

### Root Canals

Adult MA recipients 21 years of age and older who do not reside in a nursing facility or in an intermediate care facility (ICF/MR) (ICF/ORC), are eligible for root canals (D3310, D3320, D3330, D3410, D3421, D3425, D3426), only if the Department approves a Dental Benefit Limit Exception Request.\*

Root canals are not covered in the following situations:

- Intentional (elective) endodontics.
- Third molar (unless it is an abutment tooth).
- Teeth with advanced periodontal disease.
- Teeth with subosseous and/or furcation carious involvement.
- Teeth which cannot be restored with conventional methods (i.e. amalgam, composite or crowns).
- Teeth which have received prior endodontics treatment.

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### **Restorations**

Two or more restorations on the same surface of a tooth are considered as one restoration.

To bill for two or more restorations on one tooth, use the appropriate multiple procedure code.

The fees for restoration and filling include local anesthesia, polishing, bonding agents, cement bases, acid etch, light cured material and the necessary medications where indicated.

### **Management Fee**

Procedure code D9920 is limited to four per calendar year.

Payment for the management fee precludes payment for outpatient deep sedation/general anesthesia, intravenous conscious sedation, non-intravenous conscious sedation, or analgesia, anxiolysis, inhalation of nitrous oxide on the same date of service.

### **Sealants**

Sealants are limited to children under 21 years of age as follows: (1) 1<sup>st</sup> premolars (tooth numbers 5, 12, 21, 28) and 2<sup>nd</sup> premolars (tooth numbers 4, 13, 20, 29); (2) permanent first molar (tooth numbers 3, 14, 19, 30) and permanent second molars (tooth numbers 2, 15, 18, 31).

**NOTE:** Application of sealants includes the occlusal surface of 1<sup>st</sup> and 2<sup>nd</sup> molars where a buccal restoration may exist.

Payment is limited to one application per caries-free and restoration-free permanent molar, per lifetime.

### **Space Maintainers**

Passive appliances designed to prevent tooth movement for posterior teeth only. A bilateral space maintainer must maintain spaces for permanent successors to prematurely lost posterior deciduous teeth occurring bilaterally in the maxillary or mandibular arch.

### **Radiographs**

Maximum allowance for any combination of dental radiographs per patient per dentist per calendar year is \$69.00

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### Prior Authorization

Prior authorization (PA) is required for orthodontics, complete and partial dentures, crowns, surgical extraction(s) of impacted tooth/teeth, crowns and periodontal services (except full mouth debridement, which requires post-operative review). All dental procedures are considered outpatient procedures. These procedures are not compensable on an inpatient basis unless there is medical justification that is documented in the patient's medical record. PA appears beside the Fee for billing codes that requiring prior authorization.

### Prior Authorization for Extractions

#### **Surgical Extractions**

- D7240 Removal of impacted tooth – completely bony;
- D7230 Removal of impacted tooth – partially bony;
- D7220 Removal of impacted tooth - soft tissue; or
- D7250 Surgical removal of residual tooth roots (cutting procedure)

#### **Surgical Procedures**

- D7280 Surgical access of an unerupted tooth.
- D7283 Placement of device to facilitate eruption of impacted tooth.

### Prior Authorization for Periodontal Services

Adult MA recipients 21 years of age and older who do not reside in a nursing facility or in an intermediate care facility (ICF/MR) (ICF/ORC), are eligible for periodontal services (D4210, D4341, D4355, D4910), only if the Department approves a dental Benefit Limit Exception request.\*

The following periodontal service limits only apply to adult MA recipients 21 years of age and older who reside in a nursing facility, or an intermediate care facility (ICF/MR) (ICF/ORC):

#### **Gingivectomy or Gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant** (Procedure Code D4210)

- Prior authorization required.
- Limited to no more than four different quadrant reimbursements within a 24-month period.

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### **Periodontal Scaling and Root Planing – four or more contiguous teeth or bounded teeth spaces per quadrant** (Procedure Code D4341)

- Prior authorization required.
- Limited to no more than two quadrants on a single date of service with no more than four different quadrant reimbursements within a 24-month period.
- Reimbursement for periodontal scaling and root planing includes prophylaxis.

### **Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis**

(Procedure Code D4355)

- Post-operative review required. Submit to same address used for the prior authorization program.
- Limited to one treatment per 365 days.
- Not compensable on same date as prophylaxis or other periodontal procedure.

### **Periodontal Maintenance (for patients who have previously been treated for periodontal disease)**

(Procedure Code D4910)

- Prior authorization required.
- Active treatment excludes procedure code D4355.
- Up to four procedures or any combination of routine prophylaxis and periodontal maintenance totaling four may be paid within a 12 consecutive month period.
- Periodontal maintenance begins not less than 90 days following active periodontal therapy.

### **\*Dental Benefit Limit Exception Requests**

The Department may approve a Dental Benefit Limit Exception (BLE) request to the dental benefit limits. Please refer to the MA Program's Dental Provider Handbook, Section 6.8 for specific instructions regarding how to submit a Dental BLE Request.

### **Assistant Surgeon**

The maximum payment to an assistant surgeon will be an amount equal to 16% of the maximum allowable payment made to the surgeon for the surgery performed.

The assistant surgeon should bill using procedure code D7999. The procedure code indicating the actual surgery performed must be entered in the "Remarks" section of the invoice. Per national coding parameters, the dental procedure code must allow for assistance surgeon billing.

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### **Tobacco Cessation Treatment**

In order to provide Tobacco Cessation counseling services, (procedure code 99407) a dentist must be pre-approved by the Department of Health (DOH) as a Tobacco Cessation Program. The Department defines one unit of a tobacco cessation counseling session as greater than 10 minutes, limited to one visit (unit of service) per day and a maximum of 70 units per individual, per calendar year. Providers must provide a full 10-minute counseling session in order to submit a claim for one unit of service. Providers are not permitted to round the unit of service to the next higher unit when providing a partial unit of time. Providers are not permitted to combine partial time units to equal a full unit of service.

### **CLEFT PALATE SERVICES** **(Recipients 20 Years of Age and Under)**

### **Surgical Services/Dental Services**

All current Medical Assistance regulations and payment policies are in effect for Cleft Palate Clinics and their associated providers for procedures included in this fee schedule unless otherwise noted.

### **Orthodontics**

Orthodontic services covered under this program must not be done solely for cosmetic purposes, but must be done in conjunction with craniofacial reconstruction and/or the correction of a severe handicapping malocclusion. Orthodontic services will not be limited to eight quarters of treatment and/or permanent dentition only for Cleft Palate Treatment.

### **Evaluations**

After the initial evaluation has been completed by the Cleft Palate Clinic, please forward a copy to the address below. This must be updated on a yearly basis as long as the recipient is covered by the Medical Assistance Cleft Palate Program.

Department of Human Services  
Office of Medical Assistance Programs/Bureau of Fee-for-Service Programs  
Cleft Palate Services  
P.O. Box 2675  
Harrisburg, PA 17105-8044

For medically necessary services not included in the Medical Assistance Program Fee Schedule, an 1150 Administrative Waiver (MA 97) known as a Program Exception, may be submitted for review by following the instructions in the MA Provider Handbook.



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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b><u>DIAGNOSTIC</u></b>			
<b>Clinical Oral Evaluation</b>			
D0120	Periodic oral evaluation	1 per 180 days, per patient	\$20.00
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	1 oral evaluation per 180 days per patient	\$20.00
D0150	Comprehensive oral evaluation	1 per patient/dentist/lifetime	\$20.00
<b>Radiographs/Diagnostic Imaging</b>			
D0210	Intraoral – complete series (including bitewings)	1 per 5 years	\$45.00
D0230	Intraoral – periapical each additional film		\$ 8.00
D0240	Intraoral – occlusal film		\$12.00
D0250	Extraoral – first film		\$ 8.00
D0251	Extra-oral posterior dental radiographic image	Maximum allowance for any Combination of dental radiographs, per patient per dentist per calendar year is \$69.00	\$ 8.00
D0270	Bitewing – single film		\$ 8.00
D0272	Bitewings – two films		\$16.00
D0273	Bitewings – three films		\$22.00
D0274	Bitewings – four films		\$28.00
D0330	Panoramic film	1 per 5 years	\$37.00
D0340	Cephalometric film (not performed in conjunction with orthodontic treatment)		\$19.50

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b><u>PREVENTIVE</u></b>			
<b>Dental Prophylaxis</b>			
D1110	Prophylaxis – adult (12 years of age and older)	1 per 180 days	\$36.00
D1120	Prophylaxis – child (0 through 11 years of age)	1 per 180 days	\$30.00
D1206	Fluoride Varnish (child 16 years of age or younger)	4 per calendar year	\$18.00
D1208	Topical application of fluoride (16 years of age or younger)	1 per 180 days	\$18.72
<b>Other Preventive Services</b>			
D1351	Sealant – per tooth (under 21 years of age) Report tooth number when billing for sealants	1 application per indicated 1 <sup>st</sup> & 2 <sup>nd</sup> premolars – 1 application per permanent 1 <sup>st</sup> & 2 <sup>nd</sup> molars per lifetime. Includes 1 <sup>st</sup> & 2 <sup>nd</sup> molars where a buccal restoration may exist	\$ 25.00
D1354	Interim caries arresting medicament application per tooth		\$ 25.00
<b>Space Maintenance (Passive Appliances)</b>			
D1510	Space maintainer – fixed – unilateral	1 per quadrant	\$120.00
D1515	Space maintainer – fixed – bilateral	1 per arch	\$190.00
D1550	Recementation of space maintainer		\$ 30.00
D1555	Removal of fixed space maintainer		\$ 25.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b><u>RESTORATIVE</u></b>			
<b>Amalgam Restoration (including Polishing)</b>			
D2140	Amalgam – one surface, primary or permanent		\$ 45.00
D2150	Amalgam – two surfaces, primary or permanent		\$ 55.00
D2160	Amalgam – three surfaces, primary or permanent		\$ 65.00
D2161	Amalgam – four or more surfaces, primary or permanent		\$ 65.00
<b>Resin-based Composite Restorations</b>			
D2330	Resin-based composite – one surface, anterior		\$ 50.00
D2331	Resin-based composite – two surfaces, anterior		\$ 60.00
D2332	Resin-based composite – three surfaces, anterior		\$ 65.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)		\$ 65.00
D2390	Resin-based composite crown – anterior		\$150.00
D2391	Resin-based composite – one surface, posterior		\$ 50.00
D2392	Resin-based composite – two surfaces, posterior		\$ 60.00
D2393	Resin-based composite – three surfaces, posterior		\$ 65.00
D2394	Resin-based composite – four or more surfaces, posterior		\$ 65.00
<b>Crowns – Single Restoration Only</b> – Refer to page 3 for limits for individuals 21 years of age and older. Recipients 21 years of age and older are only eligible for crowns and adjunctive services when approved by the Department through the Dental BLE Request process. Refer to Section 6.8 of the Dental Provider Handbook for information on how to request a Dental BLE.			
D2710	Crown – resin (indirect)	1 per 3 years	\$150.00 PA
D2721	Crown – resin with predominantly base metal	1 per 5 years	\$200.00 PA
D2740	Crown – porcelain/ceramic substrate	1 per 5 years	\$500.00 PA
D2751	Crown – porcelain fused to predominantly base metal	1 per 5 years	\$500.00 PA
D2791	Crown – full cast predominantly base metal	1 per 5 years	\$475.00 PA

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b>Other Restorative Services</b>			
D2910	Recement inlay		\$ 25.00
D2915	Recement cast or prefabricated post and core		\$ 25.00
D2920	Recement crown		\$ 25.00
D2930	Prefabricated stainless steel crown – primary tooth		\$ 99.00
D2931	Prefabricated stainless steel crown – permanent tooth		\$110.00
D2932	Prefabricated resin crown		\$ 50.00
D2933	Prefabricated stainless steel crown with resin window		\$145.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth		\$145.00
D2952	Cast post and core in addition to crown		\$ 80.00
D2954	Prefabricated post and core in addition to crown		\$ 80.00
D2980	Crown repair		\$ 42.00

**ENDODONTICS** – Refer to page 5 for limits for individuals 21 years of age and older. Recipients 21 years of age and older are only eligible for endodontic services approved by the Department through the Dental BLE Request process. Refer to Section 6.8 of the Dental Provider Handbook for information on how to request a Dental BLE.

**Pulpotomy**

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp Coronal to the dentinocemental junction and application of medicament		\$ 75.00
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)		\$150.00
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)		\$180.00
D3310	Anterior (excluding final restoration)		\$275.00
D3320	Bicuspid (excluding final restoration)		\$375.00
D3330	Molar (excluding final restoration)		\$500.00

**Apicoectomy/Periradicular Services**

D3410	Apicoectomy/periradicular surgery – anterior		\$ 70.00
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)		\$ 70.00
D3425	Apicoectomy/periradicular surgery – molar (first root)		\$ 70.00
D3426	Apicoectomy/periradicular surgery (each additional root)		\$ 70.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b>PERIODONTICS</b> – Refer to page 7 for limits for individuals 21 years of age and older. Recipients 21 years of age and older are only eligible for periodontal services approved by the Department through the BLE request process. Refer to Section 6.8 of the Dental Provider Handbook for information on how to request a Dental BLE.			
<b>Surgical Services (Including Usual Post-Operative Care)</b>			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	4 quadrants per 24 months	\$125.00 PA
<b>Non-Surgical Periodontal Services</b>			
D4341	Periodontal scaling and root planning – four or more contiguous teeth or bounded teeth spaces per quadrant	2 quadrants on same date of service; 4 quadrants per 24months	\$ 75.00 PA
D4355	Full mouth debridement to enable comprehensive evaluation & diagnosis (Requires post-operative review)	1 per 365 days	\$ 60.00
<b>Other Periodontal Services</b>			
D4910	Periodontal maintenance (for patients who previously have been Treated for periodontal disease)	Any combination of routine prophylaxis and periodontal maintenance totaling 4 per 12 months	\$ 44.00 PA
<b>PROSTHODONTICS (Removable)</b> – Complete dentures (including routine post-delivery care). Refer to page 4 for limits for individuals 21 years of age and older.			
D5110	Complete denture – maxillary		\$525.00 PA
D5120	Complete denture – mandibular		\$525.00 PA
D5130	Immediate denture – maxillary		\$525.00 PA
D5140	Immediate denture – mandibular		\$525.00 PA
<b>(Complete dentures are limited to 1 per denture arch per time limitation regardless of procedure code)</b>			

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
	<b>Partial dentures (including routine post-delivery care) (identify teeth replaced) – Refer to page 4 for limits for individuals 21 years of age and older)</b>		
D5211	Maxillary partial denture – resin based (including any conventional clasps, rests and teeth)		\$375.00 PA
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		\$375.00 PA
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, resin and teeth)		\$550.00 PA
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		\$550.00 PA
	<b>Adjustments to Dentures</b>		
D5410	Adjust complete denture – maxillary		\$ 20.00
D5411	Adjust complete denture – mandibular		\$ 20.00
D5421	Adjust partial denture – maxillary		\$ 20.00
D5422	Adjust partial denture – mandibular		\$ 20.00
	<b>Repairs to Complete Dentures</b>		
D5511	Repair broken complete denture base, mandibular		\$ 50.00
D5512	Repair broken complete denture base, maxillary		\$ 50.00
D5520	Replace missing or broken teeth – complete denture (each tooth)		\$ 45.00
	<b>Repairs to Partial Dentures</b>		
D5611	Repair resin partial denture base, mandibular		\$ 50.00
D5612	Repair resin partial denture base, maxillary		\$ 50.00
D5621	Repair cast partial framework, mandibular		\$ 60.00
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken clasp	1 clasp per tooth, total of 4 clasps per day	\$ 60.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
D5640	Replace broken teeth – per tooth	3 teeth	\$ 45.00
D5650	Add tooth to existing partial denture		\$ 50.00
D5660	Add clasp to existing partial denture	1 clasp per tooth, total of 2 clasps per day	\$ 50.00
 <b>Denture Reline Procedures – refer to page 4 for limits for individuals 21 years of age and older</b>			
D5730	Reline complete maxillary denture (chair side)		\$ 70.00
D5731	Reline complete mandibular denture (chair side)		\$ 70.00
D5740	Reline maxillary partial denture (chair side)		\$ 70.00
D5741	Reline mandibular partial denture (chair side)		\$ 70.00
D5750	Reline complete maxillary denture (laboratory)		\$100.00
D5751	Reline complete mandibular denture (laboratory)		\$100.00
D5760	Reline maxillary partial denture (laboratory)		\$100.00
D5761	Reline mandibular partial denture (laboratory)		\$100.00
 <b><u>PROSTHODONTICS, FIXED</u> (Each retainer and each pontic constitutes a unit in a fixed partial denture)</b>			
<b>Other Fixed Partial Denture Service</b>			
D6930	Recement fixed partial denture		\$ 30.00
D6980	Fixed partial denture repair		\$ 35.00
 <b><u>ORAL AND MAXILLOFACIAL SURGERY</u></b>			
<b>Extractions (Includes local anesthesia, suturing if needed and routine postoperative care)</b>			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$ 65.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b>Surgical Extractions (Includes local anesthesia, suturing if needed and routine postoperative care)</b>			
D7210	Surgical removal of erupted tooth requiring elevation of mucopeditoseal flap and removal of bone and/or section of tooth		\$ 65.00
D7220	Removal of impacted tooth – soft tissue		\$ 90.00 PA
D7230	Removal of impacted tooth – partial bony		\$170.00 PA
D7240	Removal of impacted tooth – completely bony		\$200.00 PA
D7250	Surgical removal of residual tooth roots (cutting procedure)		\$100.00 PA
<b>Other Surgical Procedures</b>			
D7260	Oroantral fistula closure		\$ 75.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		\$320.00
D7280	Surgical access of an unerupted tooth		\$ 80.00 PA
D7283	Placement of device to facilitate eruption of impacted tooth. Repeat the surgical exposure separately using D7280		\$ 35.00 PA
D7288	Brush biopsy – transephithelial sample collection		\$ 34.50
<b>Alveoloplasty – Surgical Preparation of Ridge for Dentures</b>			
D7310	Alveoloplasty in conjunction with extractions – per quadrant		\$ 30.00 1 <sup>st</sup> quadrant \$ 15.00 each, 2 <sup>nd</sup> – 4 <sup>th</sup> quadrant
D7320	Alveoloplasty not in conjunction with extractions – per quadrant		\$ 30.00 1 <sup>st</sup> quadrant \$ 15.00 each, 2 <sup>nd</sup> – 4 <sup>th</sup> quadrant



**MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE**

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b>Surgical Excisions</b>			
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		\$ 40.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		\$ 80.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		\$ 40.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		\$ 80.00
<b>Removal of Tumors, Cysts and Neoplasms</b>			
D7471	Removal of lateral exostosis – (maxilla or mandible)		\$ 60.00
D7472	Removal of torus palatines		\$ 60.00
D7473	Removal of torus mandibularis		\$ 60.00
D7485	Surgical reduction of osseous tuberosity		\$ 60.00
D7510	Incision and drainage of abscess – intraoral soft issue		\$ 25.50
D7511	Incision and drainage of abscess – intraoral soft issue complicated		\$ 88.50
D7520	Incision and drainage of abscess – extraoral soft issue		\$ 38.50
D7521	Incision and drainage of abscess – extraoral soft issue complicated		\$ 88.50
<b>Other Repair Procedures</b>			
D7871	Non-arthroscopic lysis and lavage		\$ 64.50
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure		\$ 80.00
D7970	Excision of hyperplastic tissue – per arch		\$ 80.00
D7999	Unspecified oral surgery procedure – assistant surgeon		\$ 80.00
<b><u>ORTHODONTICS</u> (includes orthodontic treatment for cleft palate)</b>			
D8660	Pre-orthodontic treatment visit		\$ 35.00

**MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE**

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
	<b>Comprehensive Orthodontic Treatment (includes diagnostic procedures, retention – limited to formal full-banded treatment)</b>		
D8080	Comprehensive orthodontic treatment of the adolescent dentition (includes initial 1 <sup>st</sup> quarter – periodic treatment visit (as part of contract)		\$1,000.00 PA
D8670	Periodic orthodontic treatment (as part of contract)		\$350.00 PA
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)		\$150.00 PA
	<b>Minor treatment to control harmful habits</b>		
D8210	Removable appliance therapy		\$200.00 PA
D8220	Fixed appliance therapy		\$200.00 PA
	<b><u>CLEFT PALATE SERVICES</u></b>		
	<b>Ancillary Services For Provider Type 17, 19, 20, 21, 27 and 31</b>		
D0160	Detailed and extensive oral evaluation – problem focused, by report	Complete initial examination at a Cleft Palate Clinic only involving all licensed staff (limit 1 per patient). The Department will pay one member of the Cleft Palate Treatment Team, and payment is inclusive of all providers).	\$120.00
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)		\$ 25.00

**MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE**

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b><u>ADJUNCTIVE GENERAL SERVICES</u></b>			
<b>Unclassified Treatment</b>			
D9110	Palliative (emergency) treatment of dental pain – minor procedure		\$ 30.00
<b>Anesthesia</b>			
D9222	Deep sedation/general anesthesia–first 15 minutes	1 unit of service per day	\$122.00
D9223	Deep sedation/general anesthesia–each subsequent 15 minute increment	2 units of service per day	\$122.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Under 21 years of age only	\$ 44.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	1 units of service per day	\$128.50
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	2 units of service per day	\$128.50
D9248	Non-intravenous conscious sedation		\$184.00
<b>Miscellaneous Services</b>			
D9920	Behavior management – for difficult to manage persons with developmental disabilities. Developmental disability – a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy	4 per calendar year	\$125.00
D9930	Treatment of complications (post-surgical) – unusual circumstances		\$ 15.00
99407	Smoking and tobacco use cessation counseling visit; intensive, greater Than 10 minutes	70 per calendar year	\$ 19.33
S0215	Mileage – additional allowance for home, skilled nursing facility and ICF visits, per mile		\$ 00.10

MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<b>Maxillofacial Prosthetics</b>			
21079	Impression & custom preparation: Interim obturator prosthesis		\$387.00
21080	Impression & custom preparation: definitive obturator prosthesis		\$387.00
21081	Impression & custom preparation: mandibular resection prosthesis		\$387.00
21082	Impression & custom preparation: palatal augmentation prosthesis		\$387.00
21083	Impression & custom preparation: palatal lift prosthesis		\$387.00
21084	Impression & custom preparation: speech aid prosthesis		\$387.00
21085	Impression & custom preparation: oral surgical splint		\$387.00
21086	Impression & custom preparation: auricular prosthesis		\$387.00
21087	Impression & custom preparation: nasal prosthesis		\$387.00
21088	Impression & custom preparation: facial prosthesis		\$387.00