


ISSUE DATE November 30, 2021	EFFECTIVE DATE August 23, 2021	NUMBER 27-21-02
SUBJECT 2021 Medical Assistance Program Dental Fee Schedule Update		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to notify dentists of updates to the Medical Assistance (MA) Program Dental Fee Schedule.

SCOPE:

This bulletin applies to dentists enrolled in the MA Program who render services to MA beneficiaries in the fee-for-service delivery system. Dentists rendering services to MA beneficiaries in the managed care delivery system should address coding or billing related questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) issued MA Bulletin 99-21-04, titled "2021 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments and Other Procedure Code Changes" (2021 HCPCS Updates) to announce changes to the MA Program Fee Schedule effective with dates of service on and after August 23, 2021. The 2021 HCPCS Updates contain a subset of 2021 Current Dental Terminology (CDT) procedure codes.

As a result, the Department updated the MA Program Dental Fee Schedule to reflect the 2021 CDT procedure codes that were added and deleted, effective with dates of service on and after August 23, 2021.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

NOTE: The procedure code updates do not apply to dental services provided in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC). The Department will continue to pay FQHCs and RHCs their provider-specific prospective payment system rate for dental services when the FQHC or RHC bills using procedure code T1015, with the U9 modifier.

New Procedure Codes

The Department added the following procedure codes to the MA Program Dental Fee Schedule as a result of the 2021 HCPCS Updates, effective with dates of service on and after August 23, 2021:

Procedure Codes		
D1321	D3471	D3472
D3473	D3501	D3502
D3503	D7961	D7962

NOTE: Counseling-related procedure codes D1320 and D1321 cannot be billed for the same beneficiary on the same date of service.

End-dated Procedure Codes

The following procedure codes were end-dated from the MA Program Dental Fee Schedule as a result of the 2021 HCPCS Updates, effective with dates of service on and after August 23, 2021:

Procedure Codes
D7960

PROCEDURE:

Attached is the updated MA Program Dental Fee Schedule, effective for dates of service on and after August 23, 2021. Included in this document are the procedure codes and procedure code descriptions, provider types and specialties, places of services, prior authorization requirements and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

The Department pays dentists according to the MA Program Dental Fee Schedule, and dentists are to bill the Department using the MA Program Dental Fee Schedule.

ATTACHMENT:

MA Program Dental Fee Schedule – Effective August 23, 2021

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

Procedure Code	Provider Type	Provider Specialty	Place of Service	Description	Units of Service	Limits	MA Fee	Prior Authorization
DIAGNOSTIC								
Clinical Oral Evaluation								
D0120	27	All	11, 12, 21, 23, 24, 31, 32, 99	Periodic oral evaluation - established patient	Per visit	1 oral evaluation per 180 days, per patient	\$20.00	No
D0140	27	270, 272, 273, 275, 276, 277	11, 12, 21, 23, 31, 32, 99	Limited oral evaluation - problem focused	Per visit	4 per 7 days	\$55.22	No
D0145	27	All	11, 12, 21, 23, 24, 31, 32, 99	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Per visit	1 oral evaluation per 180 days, per patient (Under 3 years of age only)	\$20.00	No
D0150	27	All	11, 12, 21, 23, 24, 31, 32, 52, 99	Comprehensive oral evaluation - new or established patient	Per visit	1 per patient per dentist per lifetime	\$20.00	No
Radiographs/Diagnostic Imaging								
(Maximum allowance for any combination of dental radiographs, per patient per dentist per calendar year is \$69.00)								
D0210	27	All	11, 12, 31, 32	Intraoral - complete series of radiographic images	Per series	1 image per 5 years	\$45.00	No
D0220	27	All	11, 12, 31, 32	Intraoral - periapical first radiographic image	Per image	1 image per day	\$8.00	No
D0230	27	All	11, 12, 31, 32	Intraoral - periapical each additional radiographic image	Per image	10 images per day	\$8.00	No
D0240	27	All	11, 12, 31, 32	Intraoral – occlusal radiographic image	Per image	2 images per day	\$12.00	No
D0250	27	All	11, 12, 31, 32	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Per image	1 image per day	\$8.00	No
D0251	27	All	11, 12, 31, 32	Extra-oral posterior dental radiographic image	Per image	10 images per day	\$8.00	No
D0270	27	All	11, 12, 31, 32	Bitewing – single radiographic image	Per image	1 image per day	\$8.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D0272	27	All	11, 12, 31, 32	Bitewings – two radiographic images	Per image pair	1 image per day	\$16.00	No
D0273	27	270, 271, 272, 273, 274, 275, 277, 279, 282, 283	11, 12, 31, 32	Bitewings – three radiographic images	Per image set	1 image per day	\$22.00	No
D0274	27	All	11, 12, 31, 32	Bitewings – four radiographic images	Per image set	1 image per day	\$28.00	No
D0330	27	All	11, 12, 31, 32	Panoramic radiographic image	Per image	1 image per 5 years	\$37.00	No
D0340	27	All	11, 31, 32	2D cephalometric radiographic image - acquisition, measurement and analysis	Per image	1 image per day (Under 21 years of age only)	\$19.50	No
PREVENTIVE								
Dental Prophylaxis								
D1110	27	All	11, 12, 21, 22, 24, 31, 32, 99	Prophylaxis – adult	Per visit	1 per 180 days, per patient (12 years of age and older only)	\$36.00	No
D1120	27	All	11, 12, 21, 24, 31, 32, 99	Prophylaxis – child	Per visit	1 per 180 days, per patient (Under 12 years of age only)	\$30.00	No
D1206	27	270, 271, 272, 273, 274, 275, 277, 279, 282, 283	11, 12, 21, 24, 31, 32, 99	Topical application of fluoride varnish	Per procedure	4 per calendar year (16 years of age or under only)	\$18.00	No
D1208	27	All	11, 12, 21, 24, 31, 32, 99	Topical application of fluoride - excluding varnish	Per procedure	1 per 180 days, per patient (16 years of age or under only)	\$18.72	No
Other Preventive Services								

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

99407	27	370	11,12, 31, 32, 99	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Greater than ten minutes; face-to-face encounter	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	\$19.33	No
D1320	27	370	11, 12, 31, 32, 99	Tobacco counseling for the control and prevention of oral disease	Per visit	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	\$19.33	No
D1321	27	All	11, 12, 31, 32, 99	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Per Visit	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	\$13.10	No
D1351	27	All	11, 12, 21, 24, 31, 32, 99	Sealant - per tooth	Per tooth	1 application per indicated 1st and 2nd premolars – 1 application per permanent 1st and 2nd molars per lifetime. Includes 1st and 2nd molars where a buccal restoration may exist (Under 21 years of age only)	\$25.00	No
D1354	27	All	11, 12, 21, 24, 31, 32, 99	Interim caries arresting medicament application - per tooth	Per tooth	10 units per day (Under 21 years of age only)	\$25.00	No
Space Maintenance (Passive Appliances)								

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D1510	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed, unilateral - per quadrant	Per appliance	1 per quadrant (Under 21 years of age only; 4 per lifetime)	\$120.00	No
D1516	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed - bilateral, maxillary	Per appliance	1 per arch (Under 21 years of age only; 1 per lifetime)	\$190.00	No
D1517	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed - bilateral, mandibular	Per appliance	1 per arch (Under 21 years of age only; 1 per lifetime)	\$190.00	No
D1551	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond bilateral space maintainer – maxillary	Per appliance	1 unit per day (Under 21 years of age only)	\$30.00	No
D1552	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond bilateral space maintainer – mandibular	Per appliance	1 unit per day (Under 21 years of age only)	\$30.00	No
D1553	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond unilateral space maintainer – per quadrant	Per appliance	4 units per day (Under 21 years of age only)	\$30.00	No
D1556	27	All	11, 12, 21, 24, 31, 32	Removal of fixed unilateral space maintainer – per quadrant	Per appliance	4 units per day (Under 21 years of age only)	\$25.00	No
D1557	27	All	11, 12, 21, 24, 31, 32	Removal of fixed bilateral space maintainer – maxillary	Per appliance	1 unit per day (Under 21 years of age only)	\$25.00	No
D1558	27	All	11, 12, 21, 24, 31, 32	Removal of fixed bilateral space maintainer – mandibular	Per appliance	1 unit per day (Under 21 years of age only)	\$25.00	No
RESTORATIVE								
Amalgam Restoration (Including Polishing)								
D2140	27	All	11, 12, 21, 24, 31, 32	Amalgam – one surface, primary or permanent	Per procedure	1 unit per day	\$45.00	No
D2150	27	All	11, 12, 21, 24, 31, 32	Amalgam – two surfaces, primary or permanent	Per procedure	1 unit per day	\$55.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D2160	27	All	11, 12, 21, 24, 31, 32	Amalgam – three surfaces, primary or permanent	Per procedure	1 unit per day	\$65.00	No
D2161	27	All	11, 12, 21, 24, 31, 32	Amalgam – four or more surfaces, primary or permanent	Per procedure	1 unit per day	\$65.00	No
Resin-based Composite Restorations								
D2330	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – one surface, anterior	Per procedure	1 unit per day	\$50.00	No
D2331	27	All	11, 12, 21, 22, 24, 31, 32, 49	Resin-based composite – two surfaces, anterior	Per procedure	1 unit per day	\$60.00	No
D2332	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – three surfaces, anterior	Per procedure	1 unit per day	\$65.00	No
D2335	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Per procedure	1 unit per day	\$65.00	No
D2390	27	All	11, 12, 21, 24, 31, 32	Resin-based composite crown, anterior	Per procedure	1 unit per day (Under 21 years of age only)	\$150.00	No
D2391	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – one surface, posterior	Per procedure	1 unit per day	\$50.00	No
D2392	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – two surfaces, posterior	Per procedure	1 unit per day	\$60.00	No
D2393	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – three surfaces, posterior	Per procedure	1 unit per day	\$65.00	No
D2394	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – four or more surfaces, posterior	Per procedure	1 unit per day	\$65.00	No
Crowns - Single Restoration Only								
* D2710	27	All	11, 12, 21, 24, 31, 32	Crown - resin-based composite (indirect)	Per tooth	1 per 3 years	\$150.00	Yes
* D2721	27	All	11, 12, 21, 24, 31, 32	Crown – resin with predominantly base metal	Per tooth	1 per 5 years	\$200.00	Yes
* D2740	27	All	11, 12, 21, 24, 31, 32	Crown – porcelain/ceramic	Per tooth	1 per 5 years	\$500.00	Yes
* D2751	27	All	11, 12, 21, 24, 31, 32	Crown – porcelain fused to predominantly base metal	Per tooth	1 per 5 years	\$500.00	Yes
* D2791	27	All	11, 12, 21, 24, 31, 32	Crown – full cast predominantly base metal	Per tooth	1 per 5 years	\$475.00	Yes

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

Other Restorative Services								
D2910	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Per tooth	1 unit per day	\$25.00	No
D2915	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Per tooth	1 unit per day	\$25.00	No
D2920	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond crown	Per tooth	1 unit per day	\$25.00	No
D2930	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown - primary tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$99.00	No
D2931	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown - permanent tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$110.00	No
D2932	27	All	11, 12, 21, 24, 31, 32	Prefabricated resin crown	Per tooth	1 unit per day (Under 21 years of age only)	\$50.00	No
D2933	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown with resin window	Per tooth	1 unit per day (Under 21 years of age only)	\$145.00	No
D2934	27	All	11, 12, 21, 24, 31, 32	Prefabricated esthetic coated stainless steel crown - primary tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$145.00	No
* D2952	27	All	11, 12, 24, 31, 32	Post and core in addition to crown, indirectly fabricated	Per tooth	1 unit per day	\$80.00	No
* D2954	27	All	11, 12, 21, 24, 31, 32	Prefabricated post and core in addition to crown	Per tooth	1 unit per day	\$80.00	No
D2980	27	All	11, 12, 21, 24, 31, 32	Crown repair necessitated by restorative material failure	Per tooth	1 unit per day	\$42.00	No
ENDODONTICS								
Pulpotomy								

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D3220	27	All	11, 12, 21, 24, 31, 32	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Per tooth	6 units per day (Under 21 years of age only)	\$75.00	No
D3230	27	All	11, 12, 21, 24, 31, 32	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Per tooth	1 unit per day (Under 21 years of age only)	\$150.00	No
D3240	27	All	11, 12, 21, 24, 31, 32	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Per tooth	1 unit per day (Under 21 years of age only)	\$180.00	No
* D3310	27	All	11, 21, 24, 31, 32	Endodontic therapy, anterior tooth (excluding final restoration)	Per tooth	1 unit per day	\$275.00	No
* D3320	27	All	11, 21, 24, 31, 32	Endodontic therapy, premolar tooth (excluding final restoration)	Per tooth	1 unit per day	\$375.00	No
* D3330	27	All	11, 21, 24, 31, 32	Endodontic therapy, molar tooth (excluding final restoration)	Per tooth	1 unit per day	\$500.00	No
Apicoectomy/ Periradicular Services								
* D3410	27	All	11, 21, 24, 31, 32	Apicoectomy - anterior	Per tooth	2 units per day	\$70.00	No
* D3421	27	All	11, 21, 24, 31, 32	Apicoectomy - premolar (first root)	Per tooth	2 units per day	\$70.00	No
* D3425	27	All	11, 21, 24, 31, 32	Apicoectomy - molar (first root)	Per tooth	2 units per day	\$70.00	No
* D3426	27	All	11, 21, 24, 31, 32	Apicoectomy (each additional root)	Per tooth	2 units per day	\$70.00	No
* D3471	27	270, 272	11, 21, 24	Surgical repair of root resorption- anterior	Per tooth	1 per tooth per day	\$208.00	Yes
* D3472	27	270, 272	11, 21, 24	Surgical repair of root resorption- premolar	Per tooth	1 per tooth per day	\$208.00	Yes
* D3473	27	270, 272	11, 21, 24	Surgical repair of root resorption- molar	Per tooth	1 per tooth per day	\$208.00	Yes
* D3501	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Per tooth	1 per tooth per day	\$208.00	Yes

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

* D3502	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Per tooth	1 per tooth per day	\$208.00	Yes
* D3503	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Per tooth	1 per tooth per day	\$208.00	Yes
PERIODONTICS								
Surgical Services (Including Usual Post- Operative Care)								
* D4210	27	All	11, 12, 21, 24, 31, 32	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Per quadrant	4 quadrants per 24 months	\$125.00	Yes

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

Non-Surgical Periodontal Services								
* D4341	27	All	11, 12, 21, 24, 31, 32	Periodontal scaling and root planing – four or more teeth per quadrant	Per quadrant	1 - 2 quadrants per day; 4 quadrants per 24 months	\$75.00	Yes
* D4355	27	All	11, 12, 21, 24, 31, 32	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	Per procedure	1 per 365 days	\$60.00	No - requires post operative review.
Other Periodontal Services								
* D4910	27	All	11, 12, 21, 24, 31, 32	Periodontal maintenance	Per procedure	Any combination of routine prophylaxis and periodontal maintenance totaling 3 per year	\$44.00	Yes
<u>PROSTHODONTICS</u>								
Complete Dentures (Including Routine Post-Delivery Care)								
D5110	27	All	11, 12, 31, 32	Complete denture – maxillary	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
D5120	27	All	11, 12, 31, 32	Complete denture – mandibular	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
D5130	27	All	11, 12, 21, 24, 31, 32	Immediate denture – maxillary	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
D5140	27	All	11, 12, 21, 24, 31, 32	Immediate denture – mandibular	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
Partial Dentures (Including Routine Post-Delivery Care)								

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D5211	27	All	11, 12, 31, 32	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Per appliance	1 per arch (upper and lower) per lifetime	\$375.00	Yes
D5212	27	All	11, 12, 31, 32	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Per appliance	1 per arch (upper and lower) per lifetime	\$375.00	Yes
D5213	27	All	11, 12, 31, 32	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Per appliance	1 per arch (upper and lower) per lifetime (6-120 years of age only)	\$550.00	Yes
D5214	27	All	11, 12, 31, 32	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Per appliance	1 per arch (upper and lower) per lifetime (6-120 years of age only)	\$550.00	Yes
Adjustments to Dentures								
D5410	27	All	11, 12, 21, 24, 31, 32	Adjust complete denture – maxillary	Per procedure	1 unit per day	\$20.00	No
D5411	27	All	11, 12, 21, 24, 31, 32	Adjust complete denture – mandibular	Per procedure	1 unit per day	\$20.00	No
D5421	27	All	11, 12, 21, 24, 31, 32	Adjust partial denture – maxillary	Per procedure	1 unit per day	\$20.00	No
D5422	27	All	11, 12, 21, 24, 31, 32	Adjust partial denture – mandibular	Per procedure	1 unit per day	\$20.00	No
Repairs to Complete Dentures								
D5511	27	All	11, 12, 21, 24, 31, 32	Repair broken complete denture base, mandibular	Per appliance	1 unit per day (6-120 years of age only)	\$50.00	No
D5512	27	All	11, 12, 21, 24, 31, 32	Repair broken complete denture base, maxillary	Per appliance	1 unit per day (6-120 years of age only)	\$50.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D5520	27	All	11, 12, 21, 24, 31, 32	Replace missing or broken teeth – complete denture (each tooth)	Per tooth	3 teeth per day	\$45.00	No
Repairs to Partial Dentures								
D5611	27	All	11, 12, 21, 24, 31, 32	Repair resin partial denture base, mandibular	Per appliance	1 unit per day	\$50.00	No
D5612	27	All	11, 12, 21, 24, 31, 32	Repair resin partial denture base, maxillary	Per appliance	1 unit per day	\$50.00	No
D5621	27	All	11, 12, 21, 24, 31, 32	Repair cast partial framework, mandibular	Per appliance	1 unit per day	\$60.00	No
D5622	27	All	11, 12, 21, 24, 31, 32	Repair cast partial framework, maxillary	Per appliance	1 unit per day	\$60.00	No
D5630	27	All	11, 12, 21, 24, 31, 32	Repair or replace broken retentive/clasping materials - per tooth	Per tooth	1 clasp per tooth, total of 4 clasps per day	\$60.00	No
D5640	27	All	11, 12, 21, 24, 31, 32	Replace broken teeth – per tooth	Per tooth	3 teeth per day	\$45.00	No
D5650	27	All	11, 12, 21, 24, 31, 32	Add tooth to existing partial denture	Per tooth	2 teeth per day	\$50.00	No
D5660	27	All	11, 12, 21, 24, 31, 32	Add clasp to existing partial denture - per tooth	Per tooth	1 clasp per tooth, total of 2 clasps per day	\$50.00	No
Denture Reline Procedures								
D5730	27	All	11, 12, 21, 24, 31, 32	Reline complete maxillary denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5731	27	All	11, 12, 21, 24, 31, 32	Reline complete mandibular denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5740	27	All	11, 12, 21, 24, 31, 32	Reline maxillary partial denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5741	27	All	11, 12, 21, 24, 31, 32	Reline mandibular partial denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5750	27	All	11, 12, 21, 24, 31, 32	Reline complete maxillary denture (laboratory)	Per appliance	1 unit per day	\$100.00	No
D5751	27	All	11, 12, 21, 24, 31, 32	Reline complete mandibular denture (laboratory)	Per appliance	1 unit per day	\$100.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D5760	27	All	11, 12, 21, 24, 31, 32	Reline maxillary partial denture (laboratory)	Per appliance	1 unit per day	\$100.00	No
D5761	27	All	11, 12, 21, 24, 31, 32	Reline mandibular partial denture (laboratory)	Per appliance	1 unit per day	\$100.00	No
<u>PROSTHODONTICS, FIXED</u>								
Other Fixed Partial Denture Service								
D6930	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond fixed partial denture	Per appliance	1 unit per day	\$30.00	No
D6980	27	All	11, 12, 21, 24, 31, 32	Fixed partial denture repair necessitated by restorative material failure	Per appliance	1 unit per day	\$35.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

ORAL AND MAXILLOFACIAL SURGERY								
Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)								
D7140	27	All	11, 12, 21, 23, 24, 31, 32	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Per tooth	1 per tooth per lifetime	\$65.00	No
D7210	27	All	11, 12, 21, 23, 24, 31, 32	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Per tooth	1 per tooth per lifetime	\$65.00	No
D7220	27	All	11, 21, 23, 24, 31, 32	Removal of impacted tooth – soft tissue	Per tooth	1 per tooth per lifetime	\$90.00	Yes
D7230	27	All	11, 21, 23, 24, 31, 32	Removal of impacted tooth – partially bony	Per tooth	1 per tooth per lifetime	\$170.00	Yes
D7240	27	All	11, 21, 24, 31, 32	Removal of impacted tooth – completely bony	Per tooth	1 per tooth per lifetime	\$200.00	Yes
D7250	27	All	11, 21, 22, 24, 31, 32, 49	Removal of residual tooth roots (cutting procedure)	Per tooth	1 per tooth per lifetime	\$100.00	Yes
Other Surgical Procedures								
D7260	27	All	11, 21, 24, 31, 32	Oroantral fistula closure	Per procedure	1 unit per day	\$75.00	No
D7270	27	All	11, 12, 21, 23, 24, 31, 32	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$320.00	No
D7280	27	All	11, 12, 21, 24, 31, 32	Exposure of an unerupted tooth	Per tooth	1 per tooth per lifetime (Under 24 years of age only)	\$80.00	Yes
D7283	27	All	11, 12, 21, 24, 31, 32	Placement of device to facilitate eruption of impacted tooth	Per tooth	1 unit per day (Under 24 years of age only)	\$35.00	Yes
D7288	27	All	11, 12, 21, 24, 31, 32, 49	Brush biopsy – transepithelial sample collection	Per procedure	2 units per day	\$34.50	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

Alveoplasty - Preparation of Ridge								
D7310	27	All	11, 21, 24, 31, 32	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Per quadrant	4 units per day	\$ 30.00 1st quadrant \$ 15.00 each, 2nd – 4th quadrant	No
D7320	27	All	11, 21, 24, 31, 32	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Per quadrant	4 units per day	\$ 30.00 1st quadrant \$ 15.00 each, 2nd – 4th quadrant	No
Excision of Intraosseous Lesions								
D7450	27	All	11, 21, 24, 31, 32	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Per lesion	2 units per day	\$40.00	No
D7451	27	All	11, 21, 24, 31, 32	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Per lesion	2 units per day	\$80.00	No
D7460	27	All	11, 12, 21, 24, 31, 32	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Per lesion	2 units per day	\$40.00	No
D7461	27	All	11, 21, 24, 31, 32	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Per lesion	2 units per day	\$80.00	No
Excision of Bone Tissue								
D7471	27	All	11, 21, 22, 24, 31, 32	Removal of lateral exostosis – (maxilla or mandible)	Per procedure	2 units per day	\$60.00	No
D7472	27	All	11, 12, 21, 24, 31, 32	Removal of torus palatinus	Per procedure	2 units per day	\$60.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D7473	27	All	11, 12, 21, 24, 31, 32	Removal of torus mandibularis	Per procedure	2 units per day	\$60.00	No
D7485	27	All	11, 12, 21, 24, 31, 32	Reduction of osseous tuberosity	Per procedure	2 units per day	\$60.00	No
Surgical Incision								
D7510	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – intraoral soft tissue	Per procedure	2 units per day	\$25.50	No
D7511	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Per procedure	2 units per day	\$88.50	No
D7520	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – extraoral soft tissue	Per procedure	2 units per day	\$38.50	No
D7521	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Per procedure	2 units per day	\$88.50	No
Other Repair Procedures								
D7871	27	All	11, 21, 24	Non-arthroscopic lysis and lavage	Per procedure	1 unit per day	\$64.50	No
D7961	27	All	11, 21, 24	Buccal/labial Frenectomy	Per procedure	2 per lifetime	\$156.42	No
D7962	27	All	11, 21, 24	Lingual Frenectomy	Per procedure	1 per lifetime	\$156.42	No
D7970	27	All	11, 12, 21, 24, 31, 32	Excision of hyperplastic tissue – per arch	Per arch	2 units per day	\$80.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D7999	27	All	11, 21, 24	Unspecified oral surgery procedure, by report	Per procedure	1 unit per day	\$80.00	No
ORTHODONTICS								
Comprehensive Orthodontic Treatment								
D8080	27	273, 283	11	Comprehensive orthodontic treatment of the adolescent dentition	Per treatment	1 unit per day, limited to 1 per lifetime (Under 21 years of age only)	\$1,000.00	Yes
Other Orthodontic Services								
D8660	27	273	11, 12, 31, 32	Pre-orthodontic treatment examination to monitor growth and development	Per visit	1 per 365 days per provider (Under 21 years of age only)	\$35.00	No
D8670	27	273, 283	11, 12, 31, 32	Periodic orthodontic treatment visit	Per visit	1 unit per day, limited to 7 per lifetime (Under 23 years of age only)	\$350.00	Yes
D8680	27	273	11	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Per visit	1 unit per day (Under 23 years of age only)	\$150.00	Yes
D8703	27	All	11, 12, 31, 32	Replacement of lost or broken retainer – maxillary	Per appliance	1 unit per day (Under 23 years of age only)	\$142.50	Yes
D8704	27	All	11, 12, 31, 32	Replacement of lost or broken retainer – mandibular	Per appliance	1 unit per day (Under 23 years of age only)	\$142.50	Yes
Minor Treatment to Control Harmful Habits								
D8210	27	All	11, 24	Removable appliance therapy	Per procedure	1 per lifetime per arch (Under 21 years of age only)	\$200.00	Yes

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D8220	27	All	11, 24	Fixed appliance therapy	Per procedure	1 per lifetime per arch (Under 21 years of age only)	\$200.00	Yes
CLEFT PALATE SERVICES								
The Department will pay one member of the Cleft Palate Treatment Team, and payment is inclusive of all providers.								
Ancillary Services for Provider Type 17,19, 20, 21, 27, 31								
D0160	17	173	11, 22, 49	Detailed and extensive oral evaluation – problem focused, by report.	Per visit	Complete initial examination at a Cleft Palate Clinic only involving all licensed	\$120.00	No
	19	190	11, 22, 49					
	20	200	11, 22, 49					
	21	212,213	11, 22, 49					
	27	283	11, 22, 49					
	31	All	11, 22, 49					
D0170	17	173	11, 22, 49	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Per visit	1 unit per day	\$25.00	No
	19	190	11, 22, 49					
	20	200	11, 22, 49					
	21	212,213	11, 22, 49					
	27	283	11, 22, 49					
	31	All	11, 22, 49					
ADJUNCTIVE GENERAL SERVICES								
Unclassified Treatment								

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

D9110	27	All	11, 12, 23, 31, 32	Palliative (emergency) treatment of dental pain – minor procedure	Per visit	1 unit per day	\$ 30.00	No
Anesthesia								
D9222	27	284	11	Deep sedation/general anesthesia – first 15 minutes	15 minutes	1 unit of service per day	\$122.00	No
D9223	27	284	11	Deep sedation/general anesthesia – each subsequent 15 minute increment	15 minutes	2 units of service per day	\$122.00	No
D9230	27	284, 285, 286	11	Inhalation of nitrous oxide/analgesia, anxiolysis	Per procedure	1 unit per day (Under 21 years of age only)	\$44.00	No
D9239	27	284, 285	11	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	15 minutes	1 unit of service per day	\$128.50	No
D9243	27	284, 285	11	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	15 minutes	2 units of service per day	\$128.50	No
D9248	27	284, 285	11	Non-intravenous conscious sedation	Per procedure	1 unit per day	\$184.00	No
Miscellaneous Services								
D9920	27	All	11, 12, 31, 32	Behavior Management Fee (a visit fee 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)	per visit	1 unit per day; maximum 4 per calendar year	\$125.00	No
D9930	27	All	11, 12, 23, 31, 32	Treatment of complications (post-surgical) – unusual circumstances, by report	Per procedure	1 unit per day	\$15.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**

S0215	27	271	12, 31, 32	Mileage - additional allowance for home, skilled nursing facility and ICF visits	Per mile	300 miles per day	\$0.10	No
Maxillofacial Prosthetics								
21076	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation; surgical obturator prosthesis	Per appliance	1 unit per day	\$387.00	No
21079	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: Interim obturator prosthesis	Per appliance	1 unit per day	\$387.00	No
21080	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: definitive obturator prosthesis	Per appliance	1 unit per day	\$387.00	No
21081	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: mandibular resection prosthesis	Per appliance	1 unit per day	\$387.00	No
21082	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: palatal augmentation prosthesis	Per appliance	1 unit per day	\$387.00	No
21083	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: palatal lift prosthesis	Per appliance	1 unit per day	\$387.00	No
21084	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: speech aid prosthesis	Per appliance	1 unit per day	\$387.00	No
21085	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: oral surgical splint	Per appliance	1 unit per day	\$387.00	No
21086	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: auricular prosthesis	Per appliance	1 unit per day	\$387.00	No
21087	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: nasal prosthesis	Per appliance	1 unit per day	\$387.00	No
21088	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: facial prosthesis	Per appliance	1 unit per day	\$387.00	No

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

**Medical Assistance Program Dental Fee Schedule
August 23, 2021**