

**West Virginia Medicaid Dental Fee Schedule - Adults over age 21 EMERGENT**  
Effective 4/1/24 - 3/31/25

**APPENDIX 505B - COVERED ORAL HEALTH SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER**  
**PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED**

CDT Code	Description	Service Limits	Special Instructions	2024 Fee effective 4/1/24 - 3/31/25	Code Open Date	Code Effective Date for Adults	Notes
<b>DIAGNOSTIC CLINICAL ORAL EVALUATION</b>							
D0140	Limited oral evaluation - problem focused	EMERGENT		\$ 38.50	7/1/2009	1/1/2021	Adult Expanded
<b>DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)</b>							
D0220	Intraoral - periapical, first radiographic image	1 per day		\$ 16.50	7/1/2009	1/1/2021	Adult Expanded
D0230	Intraoral - periapical, each additional radiographic image	8 per 3 months	Must be billed with D0220	\$ 11.00	7/1/2009	1/1/2021	Adult Expanded
D0330	Panoramic radiographic image	1 per 3 years		\$ 73.70	7/1/2009	1/1/2021	Adult Expanded
<b>TESTS AND EXAMINATIONS</b>							
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	None		\$ 68.20	1/1/2004	1/1/2004	
<b>ORAL PATHOLOGY LABORATORY - GENERALLY PERFORMED IN A PATHOLOGY LABORATORY AND DOES NOT INCLUDE THE REMOVAL OF THE TISSUE SAMPLE FROM THE PATIENT.</b>							
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	None	To be used in pathology laboratory reporting transepithelial, disaggregated cell samples by brush biopsy technique. Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells.	\$ 82.50	1/1/2007	1/1/2007	
<b>ORAL AND MAXILLOFACIAL SURGERY (INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE)</b>							
<b>SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)</b>							
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.	\$ 88.00	7/1/2009	7/1/2009	
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D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.	\$ 143.00	7/1/2009	7/1/2009	
D7220	Removal of impacted tooth - soft tissue	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.	\$ 189.20	7/1/2009	7/1/2009	
D7230	Removal of impacted tooth - partially bony	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.	\$ 225.50	7/1/2009	7/1/2009	
D7240	Removal of impacted tooth - completely bony	1 per lifetime per tooth number	Specific tooth numbers 1-32 must be included on claim form for payment consideration. Documentation must be maintained in the member's individual file.	\$ 269.50	7/1/2009	7/1/2009	
<b>OTHER SURGICAL PROCEDURES</b>							
D7260	Oroantral fistula closure		Tooth numbers 1-32 and primary teeth # A, B, I, J, K, L, S, and T must also be documented on the claim form for payment consideration	\$ 385.00	1/1/1999	1/1/1999	
D7285	Biopsy of oral tissue - hard (bone, tooth)			\$ 165.00	7/1/2009	1/1/2021	Adult Expanded
D7286	Biopsy of oral tissue - soft			\$ 143.00	7/1/2009	1/1/2021	Adult Expanded

SURGICAL EXCISION OF SOFT TISSUE LESIONS							
D7410	Excision of benign lesion up to 1.25 cm			\$ 94.60	1/1/1999	1/1/2021	Adult Expanded
D7411	Excision of benign lesion greater than 1.25 cm			\$ 385.00	1/1/1999	1/1/2021	Adult Expanded
SURGICAL EXTRACTIONS OF INTRA-OSSEOUS LESIONS							
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm			\$ 308.00	1/1/1999	1/1/2021	Adult Expanded
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D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm			\$ 1,540.00	1/1/1999	1/1/1999	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm			\$ 114.40	1/1/1999	1/1/2021	Adult Expanded
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm			\$ 924.00	1/1/1999	1/1/2021	Adult Expanded
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm			\$ 115.50	1/1/1999	1/1/2021	Adult Expanded
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm			\$ 924.00	1/1/1999	1/1/2021	Adult Expanded
SURGICAL INCISION							
D7510	Incision and drainage of abscess – intraoral soft tissue			\$ 137.50	7/1/2009	1/1/2021	Adult Expanded
D7520	Incision and drainage of abscess – extraoral soft tissue			\$ 192.50	7/1/2009	1/1/2021	Adult Expanded
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue		This code should only be used if a more specific code is not available. Requires prior authorization with documentation.	\$ 133.33	1/1/1999	1/1/1999	
TREATMENT OF FRACTURES - SIMPLE							
D7610	Maxilla - open reduction (teeth immobilized, if present)			\$ 1,155.00	1/1/1999	1/1/1999	
D7620	Maxilla - closed reduction (teeth immobilized, if present)			\$ 770.00	1/1/1999	1/1/1999	
D7630	Mandible - open reduction (teeth immobilized, if present)			\$ 1,155.00	1/1/1999	1/1/1999	
D7640	Mandible - closed reduction (teeth immobilized, if present)			\$ 770.00	1/1/1999	1/1/1999	
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D7671	Alveolus - open reduction, may include stabilization of teeth			\$ 462.00	1/1/1999	1/1/1999	
D7680	Facial bones—complicated reduction with fixation and multiple surgical approaches		Requires prior authorization with documentation and radiographs as appropriate.	\$ 1,439.78	1/1/2021	1/1/2021	
TREATMENT OF FRACTURES - COMPOUND							
D7710	Maxilla - open reduction			\$ 1,386.00	1/1/1999	1/1/1999	
D7720	Maxilla - closed reduction			\$ 924.00	1/1/1999	1/1/1999	
D7730	Mandible, open reduction			\$ 1,556.17	1/1/1999	1/1/1999	
D7740	Mandible, closed reduction			\$ 924.00	1/1/1999	1/1/1999	
D7750	Malar and/or zygomatic arch – open reduction			\$ 2,310.00	1/1/1999	1/1/1999	
D7770	Alveolus - open reduction stabilization of teeth			\$ 462.00	1/1/1999	1/1/1999	
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches		Requires prior authorization with documentation and radiographs as appropriate.	\$ 1,353.00	1/1/1999	1/1/1999	
REPAIR OF TRAUMATIC WOUNDS (EXCLUDES CLOSURE OF SURGICAL INCISIONS)							
D7910	Suture of recent small wounds up to 5 cm		Excludes closure of surgical incisions	\$ 53.90	1/1/1999	1/1/1999	
D7911	Complicated suture - up to 5 cm	1 unit		\$ 385.00	1/1/1999	1/1/1999	
D7912	Complicated suture – greater than 5 cm	1 unit		\$ 110.00	1/1/1999	1/1/1999	
D7999	Unspecified oral surgery procedure, by report		This code should be used only if a more specific code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.				

ANESTHESIA							
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D9222	Deep sedation/general anesthesia – first 15 minutes	Maximum 1 unit/day	Class 4 anesthesia permit required	\$ 136.20	1/1/2018	1/1/2018	see calculation below*
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	Maximum 3 unit/day	Class 4 anesthesia permit required	see calculation below **	1/1/2016	1/1/2021	Replaces D9220 & D9221, on FS but per Adult Expanded dental new as of 1/1/21
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Maximum 1 unit/day	Not reimbursable with D9222, D9223, D9239, D9243.	\$ 44.00	1/1/2012	1/1/2021	Adult Expanded
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Maximum 1 unit/day	Class 3 or 4 anesthesia permit required	\$ 136.20	1/1/2018	1/1/2021	Adult Expanded, See calculation below *
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15- minute increment	Maximum 3 unit/day	Class 3 or 4 anesthesia permit required	see calculation below **	1/1/2016	1/1/2021	Adult Expanded
D9248	non-intravenous conscious sedation.	Maximum 1 unit/day	Class 3 or 4 anesthesia permit required	\$ 136.20	10/1/2021	1/1/2021	Adult Expanded, See calculation below *
OTHER SERVICES							
D9986	Missed Appointment		No reimbursement - for tracking purposes only	\$ -			tracking purposes
D9987	Cancelled Appointment		No reimbursement - for tracking purposes only	\$ -			tracking purposes

Anesthesia codes are paid using standard anesthesia methodology, for example:

\* 1 unit (15 min) + 5 (00170 ASA base units) = 6 x 22.70 ( WV Medicaid Conversion Factor) = \$136.20

Additional minutes are calculated as follows:

\*\* number of units x 22.70 (Medicaid Conversion Factor)