

West Virginia Medicaid Dental Fee Schedule - Children under age 21
Effective 4/1/24 - 3/31/25

APPENDIX 505A - COVERED ORAL HEALTH SERVICES FOR CHILDREN UNDER AGE 21 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
DIAGNOSTIC CLINICAL ORAL EVALUATION							
D0120	Periodic oral evaluation	2 per calendar year	Not billable with D0140, D0145, D0150 or D9310	\$ 27.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults), description change
D0140	Limited oral evaluation - problem focused	EMERGENCY	Not billable with D0120, D0145, D0150 or D9310	\$ 38.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	1 per 6 months	Age restriction up to 36 months. Not billable with D0120, D0140, D0150 or D9310	\$ 27.50	7/1/2009	N/A	
D0150	Comprehensive oral evaluation - new or established patient	1 per calendar year	Not billable with D0120, D0140, D0145, D9310	\$ 39.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults), description change
DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)							
D0210	Intraoral - comprehensive series of radiographic images	1 per 2 years	Not billable with D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274	\$ 82.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults), description change
D0220	Intraoral-periapical, first radiographic image	1 per day	Not billable with D0210 and D0240	\$ 16.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D0230	Intraoral-periapical, each additional radiographic image	8 per 3 months	Not billable with D0210 and D0240. Must be billed with D0220	\$ 11.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D0240	Intraoral - occlusal radiographic image	2 per calendar year	Not billable with D0210, D0220, and D0230	\$ 19.80	7/1/2009	N/A	
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	4 per 3 years		\$ 17.60	7/1/2009	N/A	
D0270	Blewing - single radiographic image	4 per calendar year	Not billable with D0210, D0272, D0273, D0274	\$ 19.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults), not on ADA survey when opened - used price from dental consultant
D0272	Blewings - two radiographic images	1 per calendar year	Not billable with D0210, D0273, D0274	\$ 27.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D0273	Blewings - three radiographic images	1 per calendar year	Not billable with D0210, D0272, D0274	\$ 33.00	11/1/2010	1/1/2021	7/1/09 for children (1/1/21 for adults)
D0274	Blewings - four radiographic images	1 per calendar year		\$ 40.70	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D0310	Sialography			\$ 154.00	1/1/1999	N/A	
D0320	Temporomandibular joint arthrogram, including injection		Requires prior authorization with documentation to identify type of radiograph requested	\$ 169.40	1/1/1999	N/A	
D0321	Other temporomandibular joint radiographic images, by report		Requires prior authorization with documentation to identify type of radiograph requested	\$ 77.00	1/1/1999	N/A	
D0322	Tomographic survey			\$ 77.00	1/1/1999	N/A	

D0330	Panoramic radiographic image	1 per 3 years			\$ 73.70	7/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	1 per calendar year			\$ 66.07	1/1/1999	N/A		
D0350	Oral/racial photographic images		This code excludes conventional radiographs. For orthodontics only.		\$ 20.00	1/1/1999	N/A		
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	1 per calendar year	Requires prior authorization for services over service limit.		\$ 82.50	1/1/2023	N/A	Fee recommendation from Keypro	
D0373	intraoral tomosynthesis - bitewing radiographic image	1 per calendar year	Requires prior authorization for services over service limit.		\$ 19.80	1/1/2023	N/A	Fee recommendation from Keypro	
D0374	intraoral tomosynthesis - periapical radiographic image	1 per calendar year	Requires prior authorization for services over service limit.		\$ 16.50	1/1/2023	N/A	Fee recommendation from Keypro	
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	1 per calendar year	Requires prior authorization for services over service limit.		\$ 41.25	1/1/2023	N/A	Fee recommendation from Keypro	
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only	1 per calendar year	Requires prior authorization for services over service limit.		\$ 9.90	1/1/2023	N/A	Fee recommendation from Keypro	
D0389	intraoral tomosynthesis-periapical radiographic image - image capture only	1 per calendar year	Requires prior authorization for services over service limit.		\$ 8.25	1/1/2023	N/A	Fee recommendation from Keypro	
TESTS AND EXAMINATIONS									
D0470	Diagnostic casts	2 per calendar year			\$ 39.60	1/1/1999	N/A		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report.				\$ 68.20	1/1/2004	N/A		
ORAL PATHOLOGY LABORATORY - GENERALLY PERFORMED IN A PATHOLOGY LABORATORY AND DOES NOT INCLUDE THE									
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report.		Analysis and written report of findings, of cytological sample of disaggregated transepithelial cells.		\$ 82.50	1/1/2007	N/A		
3D Scanning									
D0801	3D dental surface scan - direct	1 per calendar year	Requires prior authorization for services over service limit.		\$ 39.60	1/1/2023	N/A	Fee recommendation from Keypro	
D0802	3D dental surface scan - indirect	1 per calendar year	Requires prior authorization for services over service limit.		\$ 39.60	1/1/2023	N/A	Fee recommendation from Keypro	
D0803	3D facial surface scan - direct	1 per calendar year	Requires prior authorization for services over service limit.		\$ 275.00	1/1/2023	N/A	Fee recommendation from Keypro	
D0804	3D facial surface scan - indirect	1 per calendar year	Requires prior authorization for services over service limit.		\$ 75.00	1/1/2023	N/A	Fee recommendation from Keypro	
DENTAL PREVENTIVE									
DENTAL PROPHYLAXIS									
D1110	Prophylaxis-adult	1 per 6 months	13 to 21 years of age. Not reimbursable with D1120		\$ 60.50	1/1/2010	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D1120	Prophylaxis-child	1 per 6 months	Up to 13 years of age. Not reimbursable with D1110		\$ 44.00	7/1/2009	N/A		
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)									
D1206	Topical application of fluoride varnish	2 per calendar year	6 months through 20. Not reimbursable with D1208		\$ 22.00	7/1/2009	N/A		
D1208	Topical application of fluoride	2 per calendar year	6 months through 20. Not reimbursable with D1206		\$ 22.00	1/1/2013	N/A		

OTHER PREVENTIVE SERVICES									
D1301	Immunization Counseling								Fee recommendation from Dental Consultant (Dr. Taylor & priced like tobacco counseling) Originally opened 8/1/03. Fee reduced to 2020 ADA Survey of Fees to keep in line with our WV State Plan 4/1/22. Code dropped off of the 2022ADA Survey of Fees so fee can be reestablished effective 4/1/23.
D1320	Tobacco counseling for the control and prevention of oral disease	2 per calendar year	12 to 21 years of age						
D1351	Sealant – per tooth	1 sealant per tooth per 3 years	Tooth numbers 1-32 or A-1 must be documented on the claim form for payment consideration. Requires dental areas configuration. Requires prior authorization with documentation						
D1353	Sealant repair per tooth	1 sealant repair per tooth per 2 years	Tooth numbers 1-32 or A-1 must be documented on the claim form for payment consideration.						
D1354	Application of aries arresting medicament – per tooth (Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.)	2 per tooth per year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.						Description change. Adult expanded dental as of 1/1/21
D1510	Space maintainer-fixed, unilateral - per quadrant (Excludes a distal shoe space maintainer)	4 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.						Description change
D1516	Space Maintainer-fixed-bilateral, maxillary	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.						Replaces D1515
D1517	Space Maintainer-fixed-bilateral, mandibular	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.						Replaces D1515
D1520	Space maintainer-removable, unilateral - per quadrant	4 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.						Description change
D1526	Space Maintainer-removable-bilateral, maxillary	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.						Replaces D1525
D1527	Space Maintainer-removable-bilateral, mandibular	1 per calendar year	Upper arch or lower arch must be included on claim form for payment consideration.						Replaces D1525
D1551	Re-cementation of space maintainer - maxillary	1 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.						Replaces D1550
D1552	Re-cementation of space maintainer - mandibular	1 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.						Replaces D1550
D1553	Re-cementation of space maintainer - per quadrant	1 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.						Replaces D1550
D1575	Distal shoe space maintainer-fixed, unilateral - per quadrant (fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has erupted)	4 per calendar year	Per quadrant – UR, UL, LL, LR must be included on claim form for payment consideration.						Description change

VACCINE ADMINISTRATION								
D1781	Vaccine Administration-human papillomavirus - Dose 1				\$	12.00	1/1/2023	Fee recommendation from Keypro
D1782	Vaccine Administration-human papillomavirus - Dose 2				\$	12.00	1/1/2023	Fee recommendation from Keypro
D1783	Vaccine Administration-human papillomavirus - Dose 3				\$	12.00	1/1/2023	Fee recommendation from Keypro
RESTORATIVE								
AMALGAM RESTORATIONS (INCLUDING POLISHING)								
D2140	Amalgam - one surface, primary or permanent	5 surfaces per tooth number per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.		\$	80.30	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults)
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.		\$	97.90	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults)
D2160	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.		\$	114.40	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults)
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Tooth numbers 1-32, A-T must be included on the claim form for payment consideration. Tooth preparation, all adhesives (including amalgam bonding agents), liners, bases, and local anesthesia are included the fee and may not be billed separately. Radiographs with documentation must be documented in the medical record for date of service.		\$	127.60	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults)
RESIN-BASED COMPOSITE RESTORATIONS - DIRECT								
D2330	Resin-based composite - one surface, anterior	5 surfaces per tooth number per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.		\$	93.50	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults)
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.		\$	113.30	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults)
D2332	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.		\$	137.50	7/1/2009	1/1/2021 7/1/09 for children (1/1/21 for adults), description change 1/1/24

D2335	Resin-based composite - four or more surfaces (anterior) Resin based composite - four or more surfaces or involving incisal angle (anterior)	5 surfaces per tooth number per 3 years	Tooth numbers 6-11, 22-27, C-H, M-R must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.	\$	162.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2390	Resin-based composite crown, anterior	1 tooth number per 3 years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.	\$	181.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.	\$	102.30	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2392	Resin-based composite - two surfaces, posterior	5 surfaces per tooth per 3 years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.	\$	125.40	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2393	Resin-based composite three surfaces, posterior	5 surfaces per tooth per 3 years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.	\$	151.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 years	Tooth numbers 1-5, 12-21, 28-32, A, B, I, J, K, L, S, T, must be included on the claim form for payment consideration. Fees include bonded composite, light-cured composite, etc., tooth preparation, acid etching, adhesives (included resin bonding agents), liners, bases, curing, glass ionomers, and local anesthesia and may not be separately billed. Radiographs with documentation must be documented in the medical record for date of service.	\$	173.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
CROWNS - SINGLE RESTORATIONS ONLY									
D2740	Crown- porcelain/ceramic	1 tooth number per 5 years	Requires prior authorization with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.	\$	698.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2751	Crown- porcelain fused to predominately base metal	1 tooth number per 5 years	Requires prior authorization with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.	\$	698.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D2791	Crown - full cast predominately base metal	1 tooth number per 5 years	Requires prior authorization with documentation identifying tooth numbers 1-32 and A, B, I, J, K, L, S, & T. Tooth numbers must also be documented on the claim form for payment consideration.	\$	693.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	

OTHER RESTORATIVE SERVICES								
D2920	Recement crown	1 per tooth number per 1 calendar year	Tooth number A-T primary teeth must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.	\$	27.50	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2929	Pediatric Zirconia Crowns for Anterior teeth.	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.	\$	161.70	1/1/2023	N/A	Children's contract & benefits. Fee recommendation from Keypro
D2930	Prefabricated stainless steel crown - primary tooth	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth number 1-32 must be documented on the claim form for payment consideration. Use only when a regular filling is not applicable. Radiographs with documentation must be documented in the medical record for date of service.	\$	161.70	7/1/1999	N/A	
D2931	Prefabricated stainless steel crown - permanent tooth	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	\$	173.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2932	Prefabricated resin crown	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth numbers 1-32 must be documented on the claim form for payment consideration. Radiographs with documentation must be documented in the medical record for date of service.	\$	173.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2933	Prefabricated stainless steel crown with resin window		Requires prior authorization with radiographs. Tooth numbers 1-32. A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.	\$	146.32	1/1/2010	N/A	Code had been removed from fee schedule in error prior to my arrival
D2934	Pediatric Esthetically Coated Stainless Steel Crowns for Anterior Teeth	1 per tooth number per 1 calendar year	Requires prior authorization with radiographs. Tooth numbers 1-32. A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.	\$	161.70	1/1/2023	N/A	Children's contract & benefits. Fee recommendation from Keypro
D2940	Protective restoration	2 per calendar year per tooth number	Tooth numbers 1-32. A-T must be documented on claim form for payment consideration. Not Allowed in conjunction with root canal therapy, pulpotomy, pulpectomy or on the same date of services as a restoration.	\$	55.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2950	Core buildup, including any pins	1 per calendar year per tooth number	Tooth numbers 1-32 must be documented on claim form for payment consideration.	\$	154.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2951	Pin retention- per tooth, in addition to restoration	1 per 3 years per tooth number	Tooth numbers 1-32 must be documented on claim form for payment consideration.	\$	16.50	7/1/2009	N/A	
D2952	Post and core in addition to crown -indirectly fabricated	1 per 3 years per tooth number	Tooth numbers 1-32 or A-T must be documented on claim form for payment consideration.	\$	72.60	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2954	Prefabricated post and core in addition to crown	1 per 3 years per tooth number	Tooth numbers 1-32 or A-T must be documented on claim form for payment consideration.	\$	176.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)
D2976	Band Stabilization - per tooth		Requires prior authorization	\$	75.00	1/1/2024	1/1/2024	Fee recommendation from Dental Consultant (Dr. Taylor & this is in addition to restoring the tooth)
D2991	Application of hydroxyapatite regeneration medicament - per tooth		Requires prior authorization	\$	56.10	1/1/2024	1/1/2024	Fee recommendation from Dental Consultant (Dr. Taylor & this is in addition to restoring the tooth, similar to D1354)

ENDODONTICS - INCLUDES LOCAL ANESTHESIA

PULPOTOMY

D3120	Pulp cap -Indirect (excluding final restoration)	1 per 3 years per tooth number	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. To be performed on primary or permanent teeth. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis.	\$ 68.00	1/1/2023	N/A	Children's contract & benefits, priced per 2022 ADA Survey of Fees
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application of medication	1 per 3 years per tooth number	Tooth numbers 1-32, A-T must be documented on claim form for payment consideration. Not reimbursable with D3310, D3320, or D3330. To be performed on primary or permanent teeth. This is not to be construed as the first stage of root canal therapy. Not to be used for apexogenesis.	\$ 101.20	7/1/2009	N/A	

ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES AND FOLLOW UP CARE)									
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 tooth number per lifetime	Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3320, or D3330	\$	445.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1 tooth number per lifetime	Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 or C, H, Q, N must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3330. To be performed on primary or permanent teeth.	\$	548.90	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 tooth number per lifetime	Tooth numbers 1-3, 14-19, 30-32 and primary teeth # A, B, I, J, K, L, S, and T, if no permanent successor present, must be documented on the claim form for payment consideration. Not reimbursed with D3220, D3310, or D3320.	\$	693.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
ENDODONTIC RETREATMENT									
D3346	Retreatment of previous root canal therapy - anterior	1 tooth number per lifetime	Tooth numbers 6-11 and 22-27, must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately.	\$	176.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D3347	Retreatment of previous root canal therapy - premolar	1 tooth number per lifetime	Tooth numbers 4,5,12,13,20,21,28, and 29 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately.	\$	209.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D3348	Retreatment of previous root canal therapy - molar	1 tooth number per lifetime	Tooth numbers 1-3, 14-19, and 30-32 must be documented on the claim form for payment consideration includes all diagnostic tests, radiographs, and post-operative treatments and may not be billed separately.	\$	275.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
APERIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES									
D3351	Apexification/recalcification/pulpal Regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	3 treatments per tooth number per lifetime	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.	\$	149.60	7/1/2009	N/A		
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	3 treatments per tooth number per lifetime	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.	\$	104.50	7/1/2009	N/A		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	1 tooth number per lifetime	Tooth numbers 1-32 must be documented on claim form for payment consideration. Fees include all diagnostic tests, evaluations, radiographs, post-operative treatment and may not be billed separately.	\$	246.40	7/1/2009	N/A		
APICOECTOMY/PERRADICULAR SERVICES									
D3410	Apicoectomy/perradicular surgery - anterior	1 tooth number per lifetime	Requires prior authorization with documentation, tooth number(s) and radiographs as appropriate. Tooth numbers 6-11, 22-27 must be documented on the claim form for payment consideration.	\$	374.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D3421	Apicoectomy - premolar (first root)	1 tooth number per lifetime	Requires Prior Authorization with documentation, tooth number(s), and radiographs as appropriate. Tooth numbers 4, 5, 12, 13, 20, 21, 28, 29 must be documented on the claim form for payment consideration.	\$	154.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D3999	Unspecified endodontic procedure, by report		This code should be used only if a more specific CDT code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.	Priced per prior authorization	***	***	***	priced per prior authorization	
PERIODONTICS									
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)									
D4210	Gingivectomy or Gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4211.	\$	143.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D4211	Gingivectomy or Gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4210. Must be billed with the number codes.	\$	48.40	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation, identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4210.	\$	246.40	1/1/1999	N/A		

D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year	Requires prior authorization with documentation. Identification of the quadrant, and radiographs as appropriate. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4210.	\$	165.00	1/1/1999	N/A	
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NON-SURGICAL PERIODONTAL SERVICE									
D4341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per calendar year	Requires prior authorization. Quadrants are defined as UR, UL, LL, and LR. Not reimbursed with D4342.	\$	162.80	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D4342	Periodontal scaling and root planing, per quadrant - one to three teeth	1 quadrant per calendar year	Requires prior authorization. Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants). Not reimbursed with D4341	\$	89.10	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	1 per 2 years	Requires prior authorization. Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).	\$	93.50	7/1/2020	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 6 months	Requires prior authorization. Only covered when there is substantial gingival inflammation (gingivitis in all 4 quadrants).	\$	93.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults), description change	
OTHER PERIODONTAL SERVICE									
D4999	Unspecified periodontal procedure, by report		This code should be used only if a more specific CDT code is not available. Requires prior authorization with radiographs, documentation, and description of procedure to be performed.		Priced per prior authorization	***	***	priced per prior authorization	
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)									
D5110	Complete denture - maxillary	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D5120	Complete denture - mandibular	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D5130	Immediate denture - maxillary	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D5140	Immediate denture - mandibular	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)									
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, resis and teeth)	1 per 5 years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.	\$	595.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, resis and teeth)	1 per 5 years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.	\$	595.00	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D5282	Removable unilateral partial denture one-piece case metal (including clasps and teeth), maxillary	1 per 5 years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.	\$	247.50	1/1/2019	N/A	Replaces D5281	
D5283	Removable unilateral partial denture one-piece case metal (including clasps and teeth), mandibular	1 per 5 years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.	\$	247.50	1/1/2019	N/A	Replaces D5281	
D5284	Removable unilateral partial denture - one-piece flexible base (including clasps and teeth) - per quadrant	1 per 5 years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.	\$	247.50	1/1/2020	N/A	Rate via Keypro, not on most recent ADA Survey of Fees when code was opened	
D5286	Removable unilateral partial denture - one-piece resin (including clasps and teeth) - per quadrant	1 per 5 years	Requires prior authorization. Partials and complete dentures may not be re-based or re-lined within a period of one year after construction.	\$	247.50	1/1/2020	N/A	Rate via Keypro, not on most recent ADA Survey of Fees when code was opened	
ADJUSTMENTS TO DENTURES									
D5410	Adjust complete denture - maxillary	3 per calendar year	Not covered within 3 months of placement	\$	15.40	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults), description change	
D5411	Adjust complete denture - mandibular	3 per calendar year	Not covered within 3 months of placement	\$	15.40	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults), description change	

D5421	Adjust partial denture – maxillary	3 per calendar year	Not covered within 3 months of placement	\$	15.40	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults), description change
D5422	Adjust partial denture – mandibular	3 per calendar year	Not covered within 3 months of placement	\$	15.40	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults), description change

REPAIRS TO COMPLETE DENTURES									
D5511	Repair broken complete denture base, mandibular	2 per calendar year per arch	Upper arch, Low arch must be documented on the claim form for payment consideration.	\$	50.60	1/1/2018	1/1/2021	Replaces D5510, 7/1/09 for children (1/1/21 for adults)	
D5512	Repair broken complete denture base, maxillary	2 per calendar year per arch	Upper arch, Low arch must be documented on the claim form for payment consideration.	\$	50.60	1/1/2018	1/1/2021	Replaces D5510, 7/1/09 for children (1/1/21 for adults)	
D5520	Replace missing or broken teeth - complete denture (each tooth)	2 per calendar year per tooth number	Tooth numbers 1-32 must be documented on the claim form for payment consideration.	\$	42.90	1/1/1999	1/1/2021	7/1/09 for children (1/1/21 for adults)	
REPAIRS TO PARTIAL DENTURES									
D5611	Repair resin partial denture base, mandibular	2 per calendar year per arch	Upper arch, Lower arch must be documented on the claim form for payment consideration. Must be billed with the tooth number codes.	\$	50.60	1/1/2018	1/1/2021	Replaces D5610, 7/1/09 for children (1/1/21 for adults)	
D5612	Repair resin partial denture base, maxillary	2 per calendar year per arch	Upper arch, Lower arch must be documented on the claim form for payment consideration. Must be billed with the tooth number codes.	\$	50.60	1/1/2018	1/1/2021	Replaces D5610, 7/1/09 for children (1/1/21 for adults)	
D5621	Repair cast partial framework, mandibular	2 per calendar year per arch	Upper arch, Lower arch must be documented on the claim form for payment consideration. Must be billed with the tooth number codes.	\$	72.60	1/1/2018	1/1/2021	Replaces D5620, 1/1/18 for children (1/1/21 for adults)	
D5622	Repair cast partial framework, maxillary	2 per calendar year per arch	Tooth number 1-32 must be documented on the claim form for payment consideration.	\$	72.60	1/1/2018	1/1/2021	Replaces D5620, 1/1/18 for children (1/1/21 for adults)	
D5630	Repair or replace broken retentive/clasping materials - per tooth	2 per calendar year		\$	64.90	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5640	Replace broken teeth - per tooth	2 per calendar year	Tooth number 1-32 must be documented on the claim form for payment consideration.	\$	41.80	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5650	Add tooth to existing partial denture	2 per calendar year	Tooth number 1-32 must be documented on the claim form for payment consideration.	\$	55.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5660	Add clasp to existing partial denture - per tooth			\$	70.40	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
DENTURE REBASED PROCEDURES									
D5710	Rebase complete maxillary denture	1 per 5 years		\$	150.70	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5711	Rebase complete mandibular denture	1 per 5 years		\$	150.70	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5720	Rebase maxillary partial denture	1 per 5 years		\$	150.70	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5721	Rebase mandibular partial denture	1 per 5 years		\$	150.70	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
DENTURE RELINE PROCEDURES									
D5730	Reline complete maxillary denture (chairside)	1 per 2 years	Not covered within first 6 months of placement unless it is for an immediate denture.	\$	88.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5731	Reline complete mandibular denture (chairside)	1 per 2 years	Not covered within first 6 months of placement unless it is for an immediate denture.	\$	88.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults), description change	
D5740	Reline maxillary partial denture (chairside)	1 per 2 years	Not covered within first 6 months of placement.	\$	88.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults), description change	
D5741	Reline mandibular partial denture (chairside)	1 per 2 years	Not covered within first 6 months of placement.	\$	88.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
D5750	Reline complete maxillary denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement.	\$	132.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults), description change	

D5751	Reline complete mandibular denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement.	\$ 132.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults), description change
D5760	Reline maxillary partial denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement.	\$ 132.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults), description change
D5761	Reline mandibular partial denture (laboratory)	1 per 2 years	Not covered within first 6 months of placement.	\$ 132.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults), description change
D5899	Unspecified removable prosthodontics procedure, by report		This code should be used only if a more specific CDT code is not available. Requires prior authorization with documentation and radiographs as appropriate. Procedure must be documented on the claim form.	Priced per prior authorization	***	***	priced per prior authorization

MAXILLOFACIAL PROSTHETICS							
D5911	Facial moulage (sectional)		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 275.00	1/1/1999	N/A	
D5912	Facial moulage (complete)		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5913	Nasal prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 1,803.74	11/1/2010	N/A	
D5914	Auricular prosthesis	1 in 5 years	Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 2,114.54	11/1/2010	N/A	
D5915	Orbital prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 668.14	1/1/1999	N/A	
D5916	Ocular prosthesis - Prosthetic eye, plastic, custom Prosthetic eye, other type		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 424.12	11/1/2010	N/A	
D5919	Facial prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5924	Cranial prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 711.54	1/1/1999	N/A	
D5925	Facial augmentation implant prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 672.17	1/1/1999	N/A	
D5931	Obturator prosthesis, surgical		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 847.00	1/1/1999	N/A	
D5932	Obturator prosthesis, definitive		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 924.00	1/1/1999	N/A	
D5933	Obturator prosthesis, modification		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5934	Mandibular resection prosthesis with guide flange		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 1,186.14	11/1/2010	N/A	
D5935	Mandibular resection prosthesis without guide flange		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 1,186.14	11/1/2010	N/A	
D5937	Tinnitus appliance (not for TMD treatment)		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5951	Feeding aid		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 141.72	11/1/2010	N/A	
D5952	Speech aid prosthesis, pediatric		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 550.00	1/1/1999	N/A	
D5954	Palatal augmentation prosthesis		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 1,110.69	11/1/2010	N/A	
D5955	Palatal lift prosthesis, definitive		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 880.00	1/1/1999	N/A	
D5982	Surgical stent		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 220.00	1/1/1999	N/A	

D5983	Radiation carrier		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5984	Radiation shield		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5985	Radiation cone locator		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5986	Fluoride gel carrier		Requires prior authorization with documentation and radiographs as appropriate. Oral and maxillofacial or prosthodontist certification required.	\$ 55.00	1/1/1999	N/A	
D5987	Commissure splint		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. Oral and maxillofacial or prosthodontist certification required.	Priced per prior auth	4/1/2011	N/A	Priced per prior authorization per GWT
D5999	Unspecified maxillofacial prosthesis, 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. Oral and maxillofacial or prosthodontist certification required.	Priced per prior authorization	***	***	priced per prior authorization

PROSTHODONTIC FIXED									
FIXED PARTIAL DENTURE PONTICS - EACH ABUTMENT AND EACH PONTIC CONSTITUTE A UNIT IN A BRIDGE									
D6211	Pontic - cast predominantly base metal	1 per 5 years	Requires prior authorization. Tooth numbers 1-32 must be documented on the claim form for payment consideration.	\$	341.00	1/1/1999	N/A		
D6241	Pontic - porcelain fused to predominantly base metal	1 per 5 years	Requires prior authorization. Tooth numbers 1-32 must be documented on the claim form for payment consideration.	\$	341.00	1/1/1999	N/A		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	1 per 5 years	Requires prior authorization. Tooth numbers 1-32 must be documented on the claim form for payment consideration.	\$	112.20	1/1/1999	N/A		
OTHER FIXED DENTURE SERVICES									
D6930	Receiment fixed partial denture	1 per calendar year	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. Oral and maxillofacial or prosthodontist certification required.	\$	77.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D6999	Unspecified, fixed prosthodontic procedures, by report				Priced per prior authorization	***	***	priced per prior authorization	
ORAL AND MAXILLOFACIAL SURGERY									
EXTRACTION - INCLUDES LOCAL ANESTHESIA AND POST-OPERATIVE CARE.									
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.	\$	88.00	7/1/2009	N/A		
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	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.	\$	143.00	7/1/2009	N/A		
D7220	Removal of impacted tooth - soft tissue	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.	\$	189.20	7/1/2009	N/A		
D7230	Removal of impacted tooth - partially bony	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.	\$	225.50	7/1/2009	N/A		
D7240	Removal of impacted tooth - completely bony	1 per lifetime per tooth number	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration.	\$	269.50	7/1/2009	N/A		
OTHER SURGICAL PROCEDURES									
D7260	Oroantral fistula closure			\$	385.00	1/1/1999	N/A		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth (includes splinting and/or stabilization)		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.	\$	154.00	1/1/1999	N/A		
D7280	Surgical access of an unerupted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration.	\$	154.00	1/1/1999	N/A		
D7281	Exposure tooth aid eruption		Tooth numbers 1-32 must also be documented on the claim form for payment consideration.	\$	74.80	1/1/1999	N/A		
D7283	Placement of device to facilitate eruption of impacted tooth		Tooth numbers 1-32 must also be documented on the claim form for payment consideration.	\$	74.80	1/1/2005	N/A		
D7285	Biopsy of oral tissue - hard (bone, tooth)			\$	165.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D7286	Biopsy of oral tissue - soft			\$	143.00	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE									
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime.	Quadrant UR, UL, LL, LR must also be documented on the claim form for payment consideration. Alveoloplasty is distinct (separate procedure) from extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.	\$	74.80	1/1/1999	N/A		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime.	Quadrant UR, UL, LL, LR must also be documented on the claim form for payment consideration.	\$	96.80	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	
VESTIBULOPLASTY									
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		Requires prior authorization with documentation and radiographs as appropriate.	\$	385.00	1/1/1999	N/A		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment & management of hypertrophied & hyperplastic tissue)		Requires prior authorization with documentation and radiographs as appropriate.	\$	1,155.00	1/1/1999	N/A		

D7410	Excision of benign lesion up to 1.25 cm			\$ 94.60	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)
D7411	Excision of benign lesion greater than 1.25 cm			\$ 385.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm			\$ 308.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm			\$ 1,540.00	1/1/1999	N/A	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm			\$ 114.40	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm			\$ 924.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm			\$ 115.50	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm			\$ 924.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)

EXCISION OF BONE TISSUE									
D7471	Removal of lateral exostosis (maxilla or mandible)		UA, LA must be documented on the claim form for payment consideration. Must be billed with the number codes.	\$	138.60	1/1/1999	1/1/2021	1/1/199 for children (1/1/21 for adults)	
D7472	Removal of tons palatinus			\$	231.00	1/1/1999	1/1/2021	1/1/199 for children (1/1/21 for adults)	
D7473	Removal of tons mandibularis			\$	231.00	1/1/1999	1/1/2021	1/1/199 for children (1/1/21 for adults)	
D7485	Surgical reduction of osseous tuberosity			\$	231.00	1/1/1999	1/1/2021	1/1/199 for children (1/1/21 for adults)	
D7490	Radical resection of maxilla or mandible		Requires prior authorization with documentation and radiographs as appropriate.	\$	2,695.00	1/1/1999	N/A		
SURGICAL INCISION									
D7509	Marsupialization of odontogenic cyst	1 per calendar year		\$	200.00	1/1/2023	N/A	Fee recommendation from Keypro	
D7510	Incision and drainage of abscess - intraoral soft tissue			\$	137.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D7520	Incision and drainage of abscess - extraoral soft tissue			\$	192.50	7/1/2009	1/1/2021	7/1/09 for children (1/1/21 for adults)	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue			\$	133.33	1/1/1999	N/A		
D7550	Partial osteotomy/osteostomy for removal of non-vital bone		Requires prior authorization with documentation.	\$	231.00	1/1/1999	N/A		
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			\$	693.00	1/1/1999	N/A		
TREATMENT OF FRACTURES - SIMPLE									
D7610	Maxilla - open reduction (teeth immobilized, if present)			\$	1,155.00	1/1/1999	N/A		
D7620	Maxilla - closed reduction (teeth immobilized, if present)			\$	770.00	1/1/1999	N/A		
D7630	Mandible - open reduction (teeth immobilized, if present)			\$	1,155.00	1/1/1999	N/A		
D7640	Mandible - closed reduction (teeth immobilized, if present)			\$	770.00	1/1/1999	N/A		
D7671	Alveolus - open reduction, may include stabilization of teeth			\$	462.00	1/1/1999	N/A		
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	N/A		
TREATMENT OF FRACTURES - COMPOUND									
D7710	Maxilla - open reduction			\$	1,386.00	1/1/1999	N/A		
D7720	Maxilla - closed reduction			\$	924.00	1/1/1999	N/A		
D7730	Mandible - open reduction			\$	1,556.17	1/1/1999	N/A		
D7740	Mandible - closed reduction			\$	924.00	1/1/1999	N/A		
D7750	Malair and/or zygomatic arch - open reduction			\$	2,310.00	1/1/1999	N/A		
D7770	Alveolus - open reduction stabilization of teeth			\$	462.00	1/1/1999	N/A		
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches		Requires prior authorization	\$	1,353.00	1/1/1999	N/A		
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS									
D7810	Open reduction of dislocation			\$	1,925.00	1/1/1999	N/A		
D7820	Closed reduction of dislocation		Requires prior authorization	\$	154.00	1/1/1999	N/A		
D7830	Manipulation under anesthesia		Requires prior authorization.	\$	616.00	1/1/1999	N/A		
D7850	Surgical discectomy with/without implant		Requires prior authorization. Not reimbursable with D7852	\$	1,925.00	1/1/1999	N/A		
D7852	Disc repair		Requires prior authorization. Not reimbursable with D7850	\$	1,925.00	1/1/1999	N/A		
D7858	Joint reconstruction		Requires prior authorization	\$	3,850.00	1/1/1999	N/A		
D7865	Arthroplasty		Requires prior authorization	\$	1,825.00	1/1/1999	N/A		
D7870	Arthrocentesis		Requires prior authorization	\$	231.00	1/1/1999	N/A		
D7872	Arthroscopy - diagnosis, with or without biopsy		Requires prior authorization	\$	1,155.00	1/1/1999	N/A		
D7873	Arthroscopy - surgical lavage & lysis of adhesions		Requires prior authorization	\$	1,540.00	1/1/1999	N/A		

D7874	Arthroscopy - surgical disc repositioning and stabilization		Requires prior authorization	\$ 1,540.00	1/1/1999	N/A	
D7876	Arthroscopy – surgical disectomy		Requires prior authorization	\$ 1,925.00	1/1/1999	N/A	
D7877	Arthroscopy – surgical debridement		Requires prior authorization	\$ 1,195.00	1/1/1999	N/A	
D7880	Occlusal orthotic device, by report		Requires prior authorization. Covered only for temporomandibular pain dysfunction or associated musculature.	\$ 273.90	1/1/1999	N/A	
D7910	Suture of recent small wounds up to 5 cm		Excludes closure of surgical incisions	\$ 53.90	1/1/1999	N/A	
D7911	Complicated suture - up to 5 cm	1 unit	Excludes closure of surgical incisions. Not reimbursable with D7912.	\$ 385.00	1/1/1999	N/A	
D7912	Complicated suture – greater than 5 cm	1 unit	Requires prior authorization. Not reimbursable with D7911.	\$ 110.00	1/1/1999	N/A	
D7920	Skin graft (identify defect covered, location & type of graft)		Requires prior authorization	\$ 924.00	1/1/1999	N/A	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site			\$ 16.50	1/1/2020	N/A	Rate via Keypro consultant, not on the 2018 ADA Survey of Fees when code was opened

D7941	Osteotomy – mandibular rami			Requires prior authorization	\$ 2,310.00	1/1/1999	N/A		
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft			Requires prior authorization	\$ 3,080.00	1/1/1999	N/A		
D7944	Osteotomy - segmented or subangular			Requires prior authorization	\$ 1,540.00	1/1/1999	N/A		
D7946	LeFort I (maxilla - total)			Requires prior authorization	\$ 3,080.00	1/1/1999	N/A		
D7947	LeFort I (maxilla - segmented)			Requires prior authorization	\$ 1,485.00	1/1/1999	N/A		
D7948	LeFort II or LeFort III (osteoplasty of facial bones for mid-face hypoplasia or retrusion) - without bone graft			Requires prior authorization	\$ 1,342.08	1/1/1999	N/A		
D7949	LeFort II or LeFort III – with bone graft			Requires prior authorization	\$ 1,503.47	1/1/1999	N/A		
D7950	Ossseous, osteoperiosteal, or cartilage graft of the mandible or facial bones – autogenous or nonautogenous, by report			Requires prior authorization	\$ 924.00	1/1/1999	N/A		
D7955	Repair of maxillofacial soft and/or hard tissue defect			Requires prior authorization	\$ 2,750.00	1/1/1999	N/A		
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per calendar year			\$ 375.00	1/1/2023	N/A	Fee recommendation from Keypro	
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per calendar year			\$ 450.00	1/1/2023	N/A	Fee recommendation from Keypro	
D7961	buccal / labial frenectomy (frenulectomy)	2 per site per lifetime		Requires prior authorization	\$ 87.00	1/1/2021	N/A	Replaces D7960	
D7962	lingual frenectomy (frenulectomy)	2 per site per lifetime		Requires prior authorization	\$ 87.00	1/1/2021	N/A	Replaces D7960	
D7970	Excision of hyperplastic tissue - per arch			Requires prior authorization. UALA must be documented on the claim form for payment consideration. Must be billed with the number codes.	\$ 104.50	1/1/1999	N/A		
D7979	Non-Surgical Sialolithotomy			Requires prior authorization	\$ 57.75	1/1/2018	N/A		
D7980	Surgical Sialolithotomy			Requires prior authorization	\$ 115.50	1/1/1989	N/A		
D7981	Excision of salivary gland, by report			Requires prior authorization	\$ 1,155.00	1/1/1999	N/A		
D7982	Sialodochoplasty			Requires prior authorization	\$ 346.50	1/1/1999	N/A		
D7991	Coronoidectomy			Requires prior authorization	\$ 924.00	1/1/1999	N/A		
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.	Priced per prior authorization	***	***	priced per prior authorization	
ORTHODONTICS									
D8010	Limited orthodontic treatment of the primary dentition	2 per calendar year		Requires prior authorization with documentation, radiographs, and dental molds.	\$ 297.00	1/1/1999	N/A		
D8020	Limited Orthodontic	2 per calendar year		Requires prior authorization with documentation, radiographs, and dental molds.	\$ 297.00	1/1/1999	N/A		
D8030	Limited orthodontic treatment of the adolescent dentition	2 per calendar year		Requires prior authorization with documentation, radiographs, and dental molds.	\$ 297.00	1/1/1999	N/A		
D8040	Limited orthodontic treatment of the adult dentition	2 per calendar year		Requires prior authorization with documentation, radiographs, and dental molds.	\$ 297.00	1/1/1999	N/A		
D8070	Comprehensive orthodontic treatment of the transitional dentition	1 per lifetime		Requires prior authorization with documentation, radiographs, and dental molds.	\$ 2,079.00	1/1/1999	N/A		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1 per lifetime		Requires prior authorization with documentation, radiographs, and dental molds.	\$ 2,695.00	1/1/1999	N/A		
D8090	Comprehensive orthodontic treatment of the adult dentition	1 per lifetime		Requires Prior Authorization with documentation, radiographs, and dental molds.	\$ 3,003.00	1/1/1999	N/A		
D8210	Removable appliance therapy	2 per lifetime			\$ 297.00	1/1/1989	N/A		
D8220	Fixed appliance therapy	2 per calendar year			\$ 385.00	1/1/1999	N/A		
D8660	Orthodontic retention (removal of appliances, construction, and placement of retainers))			Requires Prior Authorization with documentation, radiographs, and dental molds.	\$ 198.00	1/1/1999	N/A		
D8695	Removal of fixed orthodontic appliance(s) – other than at conclusion of treatment			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.	\$ 220.00	1/1/2018	N/A		

D8696	repair of orthodontic appliance – maxillary	1 per lifetime	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	\$ 55.00	1/1/2020	N/A	Replaces D8661 which was not previously opened- Rate via Keypro consultant, not on the most recent 2018 ADA Survey of Fees when code was opened
D8697	repair of orthodontic appliance – mandibular	1 per lifetime	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	\$ 55.00	1/1/2020	N/A	Replaces D8661 which was not previously opened- Rate via Keypro consultant, not on the most recent 2018 ADA Survey of Fees when code was opened
D8698	Re-cement or re-bond fixed retainer-maxillary	1 per lifetime	Requires Prior Authorization	\$ 27.50	1/1/2020	N/A	Replaces D8693
D8699	Re-cement or re-bond fixed retainer-mandibular	1 per lifetime	Requires Prior Authorization	\$ 27.50	1/1/2020	N/A	Replaces D8693

D8701	Repair of fixed retainer, includes reattachment – maxillary	1 per lifetime			\$ 27.50	1/1/2020	N/A	Replaces D8964 which was not previously opened- Rate via Keypro consultant (per Keypro:replaced D8693 but D8698 and D8699 replace D8693 but codes are similar), not on the most recent 2018 ADA Survey of Fees when code was opened	
D8702	Repair of fixed retainer, includes reattachment – mandibular	1 per lifetime			\$ 27.50	1/1/2020	N/A	Replaces D8964 which was not previously opened- Rate via Keypro consultant (per Keypro:replaced D8693 but D8698 and D8699 replace D8693 but codes are similar), not on the most recent 2018 ADA Survey of Fees when code was opened	
D8703	Replacement of lost or broken retainer - Maxillary	1 per lifetime	Requires prior authorization		\$ 198.00	1/1/2020	N/A	Replaces D8692	
D8704	Replacement of lost or broken retainer	1 per lifetime	Requires prior authorization		\$ 198.00	1/1/2020	N/A	Replaces D8692	
D8999	Unspecified orthodontic 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.		Priced per prior authorization	***	***	priced per prior authorization	
ANESTHESIA									
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, 1/1/16 for children (1/1/21 for adults)	
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	1/1/12 for children (1/1/21 for adults)	
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	1/1/18 for children (1/1/21 for adults), 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	1/1/16 for children (1/1/21 for adults)	
D9248	non-intravenous conscious sedation.	Maximum 1 unit/day	Class 3 or 4 anesthesia permit required		\$ 136.20	10/1/2021	1/1/2021	10/1/21 for children (1/1/21 for adults), See calculation below *	
OTHER SERVICES									
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		Not reimbursable on same day as D1020, D1040, D1045, D0150		\$ 55.00	1/1/1999	1/1/2021	1/1/99 for children (1/1/21 for adults)	

D9420	Hospital or ambulatory surgical center call				\$	38.50	1/1/1999	N/A	
D9944	Occlusal Guard-hard appliance, full arch		Requires prior authorization		\$	132.00	1/1/2019	1/1/2021	Replaces D9940, 1/1/19 for children (1/1/21 for adults)
D9945	Occlusal Guard-soft appliance, full arch		Requires prior authorization		\$	132.00	1/1/2019	N/A	Replaces D9940
D9946	Occlusal Guard-hard appliance, partial arch		Requires prior authorization		\$	132.00	1/1/2019	N/A	Replaces D9940
D9951	Occlusal adjustment - limited		Requires prior authorization		\$	49.50	1/1/1999	N/A	
D9952	Occlusal adjustment - complete		Requires prior authorization		\$	132.00	1/1/1999	N/A	
D9986	Missed Appointment		No reimbursement - for tracking purposes only			N/A	N/A	N/A	No reimbursement - for tracking purposes only
D9987	Cancelled Appointment		No reimbursement - for tracking purposes only			N/A	N/A	N/A	No reimbursement - for tracking purposes only
D9999	Unspecified adjunctive 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 is required.			Priced per prior authorization	****	****	priced per prior authorization

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)

*** Code is open but unable to determine the effective date due to the code being priced per prior authorization. Code located in Gainwell Technologies/BMS Edit 225

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
DIAGNOSTIC CLINICAL ORAL EVALUATION							
D0140	Limited oral evaluation - problem focused	EMERGENT		\$ 38.50	7/1/2009	1/1/2021	Adult Expanded
DIAGNOSTIC IMAGING (INCLUDING INTERPRETATION)							
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
TESTS AND EXAMINATIONS							
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	
ORAL PATHOLOGY LABORATORY - GENERALLY PERFORMED IN A PATHOLOGY LABORATORY AND DOES NOT INCLUDE THE REMOVAL OF THE TISSUE SAMPLE FROM THE PATIENT.							
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, or cytological sample of disaggregated transepithelial cells.	\$ 82.50	1/1/2007	1/1/2007	
ORAL AND MAXILLOFACIAL SURGERY (INCLUDES LOCAL ANESTHESIA, SUTURING IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)							
APPENDIX 505B - COVERED ORAL HEALTH SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED							
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	
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	
OTHER SURGICAL PROCEDURES							
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 EXTRACTIIONS 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	
APPENDIX 909B - COVERED ORAL HEALTH SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED									
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			\$	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		
APPENDIX 909B - COVERED ORAL HEALTH SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED									
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			\$	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			\$	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			\$	53.90	1/1/1999	1/1/1999		
D7911	Complicated suture - up to 5 cm			\$	385.00	1/1/1999	1/1/1999		
D7912	Complicated suture – greater than 5 cm			\$	110.00	1/1/1999	1/1/1999		
D7999	Unspecified oral surgery procedure, by report								

ANESTHESIA

APPENDIX 508B - COVERED ORAL HEALTH SERVICES FOR ADULTS 21 YEARS OF AGE AND OLDER PRIOR AUTHORIZATION MUST BE OBTAINED WHEN SERVICE LIMITS ARE EXCEEDED

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, analolysis	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)

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

APPENDIX 505C - COVERED PREVENTIVE AND RESTORATIVE SERVICES FOR ADULTS OVER AGE 21
REQUIREMENTS OF PA REQUIREMENTS THESE SERVICES HAVE A \$1,000 CALENDAR YEAR LIMIT

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
CLINICAL ORAL EVALUATION							
D0130	Periodic exam	2 per calendar year		27.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children)
D0150	Initial comprehensive exam	1 per calendar year		38.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children)
D0180	Comprehensive periodontal evaluation	1 per calendar year		50.00	1/1/2021	1/1/2021	1/1/21 for adults
DIAGNOSTIC IMAGING							
D0210	Intraoral - comprehensive series of radiographic images	1 per 2 years		82.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children). requires PA per CR when code expanded for adults
D0220	Bleewings - single radiographic image	4 per calendar year		19.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children). requires PA per CR when code expanded for adults - used price from dental consultant
D0272	Bleewings - two radiographic images	1 per calendar year		27.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children). requires PA per CR when code expanded for adults
D0273	Bleewings - three radiographic images	1 per calendar year		33.00	1/1/2010	1/1/2021	1/1/21 for adults (code originally opened 1/1/10 for children). requires PA per CR when code expanded for adults
D0274	Bleewings - four radiographic images	1 per calendar year		40.70	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children). requires PA per CR when code expanded for adults
D0312	Periapical tomography - comprehensive series of radiographic images	1 per calendar year		82.50	1/1/2023	1/1/2023	Fee recommendation from Keypno
D0313	Intraoral tomography - bleewing radiographic image	1 per calendar year		19.80	1/1/2023	1/1/2023	Fee recommendation from Keypno
D0314	Intraoral tomography - panoramic radiographic image	1 per calendar year		16.50	1/1/2023	1/1/2023	Fee recommendation from Keypno
D0387	Intraoral tomography - comprehensive series of radiographic images - image capture only	1 per calendar year		41.35	1/1/2023	1/1/2023	Fee recommendation from Keypno
D0393	Intraoral tomography - bleewing radiographic image - image capture only	1 per calendar year		9.90	1/1/2023	1/1/2023	Fee recommendation from Keypno
D0398	Intraoral tomography - panoramic radiographic image - image capture only	1 per calendar year		8.25	1/1/2023	1/1/2023	Fee recommendation from Keypno

D0801	3D dental surface scan - direct	1 per calendar year		\$	39.60	1/1/2023	1/1/2023	Fee recommendation from Keypro	
D0802	3D dental surface scan - indirect	1 per calendar year		\$	39.60	1/1/2023	1/1/2023	Fee recommendation from Keypro Keypro Not to be billed with D0801	
D0803	3D facial surface scan - direct	1 per calendar year		\$	275.00	1/1/2023	1/1/2023	Fee recommendation from Keypro	
D0804	3D facial surface scan - indirect	1 per calendar year		\$	75.00	1/1/2023	1/1/2023	Fee recommendation from Keypro	
VACCINE ADMINISTRATION									
D1301	Immunization Counseling	2 per calendar year		\$	31.87	1/1/2024	1/1/2024	Fee recommendation from Dental Consultant (Dr. Taylor & price like tobacco counseling)	
D1781	varicella administration-human papillomavirus - Dose 1		Greater than or equal to 9 years old up to 27 years of age	\$	12.00	1/1/2023	1/1/2023	Fee recommendation from Keypro	
D1782	varicella administration-human papillomavirus -Dose 2		Greater than or equal to 9 years old up to 27 years of age	\$	12.00	1/1/2023	1/1/2023	Fee recommendation from Keypro	
D1783	varicella administration-human papillomavirus - Dose 3		Greater than or equal to 9 years old up to 27 years of age	\$	12.00	1/1/2023	1/1/2023	Fee recommendation from Keypro	
DENTAL PROCEDURES									
D1110	Prophylaxis-adult	1 per 6 months		\$	60.50	1/1/2020	1/1/2021	1/1/21 for adult (code originally opened 1/1/10 for children) requires PA per CR when code expanded for adults	
OTHER PREVENTIVE SERVICES									
D1354	Application of resin arresting medication - per tooth Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medication and without mechanical removal of sound tooth structure.]	2 per tooth per year	Per quadrant - UR, UL, LR, LL must be included on claim form for payment consideration.	\$	56.30	1/1/2018	1/1/2023	1/1/23 for adult (code originally opened 1/1/18 for children)	
AMALGAM RESTORATIONS (INCLUDING POLISHING)									
D2140	Amalgam - one surface, primary or permanent.	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	80.30	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D2150	Amalgam - two surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	97.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D2150	Amalgam - three surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	114.40	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D2161	Amalgam - four or more surfaces, primary or permanent	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	127.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	

RESIN-BASED COMPOSITE RESTORATIONS – ANHCT								
D2390	Resin-based composite - one surface anterior	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	93.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2391	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	113.90	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2392	Resin-based composite - three surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	137.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2395	Resin-based composite - four or more surfaces (interior)	5 surfaces per tooth number per 3 years	Requires prior authorization	\$	162.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2390	Resin-based composite crown, anterior	1 tooth number per 3 years	Requires prior authorization	\$	181.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2391	Resin-based composite - one surface, posterior	5 surfaces per tooth per 3 years	Requires prior authorization	\$	102.30	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2392	Resin-based composite - two surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization	\$	125.40	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2393	Resin-based composite three surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization	\$	151.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
D2394	Resin-based composite - four or more surfaces, posterior	5 surfaces per tooth per 3 years	Requires prior authorization	\$	173.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults

CROWNS - SINGLE RESTORATIONS ONLY								
D2740	Crown- porcelain/ceramic	1 tooth number per 5 years	Requires prior authorization	\$	698.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
D2750	Crown - porcelain fused to high noble metal	1 tooth number per 5 years	Requires prior authorization	\$	698.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
D2751	Crown- porcelain fused to predominantly base metal	1 tooth number per 5 years	Requires prior authorization	\$	698.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
D2752	Crown - porcelain fused to noble metal		Requires prior authorization	\$	698.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
D2791	Crown - full cast predominantly base metal	1 tooth number per 5 years	Requires prior authorization	\$	698.00	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
OTHER RESTORATIVE SERVICES								
D2930	Remnant crown	1 per tooth number per 1 calendar year	Requires prior authorization	\$	27.50	1/1/2009	1/1/2021	1/1/21 for adults (code originally opened 1/1/09 for children); requires PA per CR when code expanded for adults
D2931	Prefabricated stainless steel crown - permanent tooth	1 per tooth number per 1 calendar year	Requires prior authorization	\$	173.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
D2932	Prefabricated resin crown	1 per tooth number per 1 calendar year	Requires prior authorization	\$	178.20	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults
D2980	Protective restoration	2 per calendar year per tooth number	Requires prior authorization	\$	55.00	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children); requires PA per CR when code expanded for adults

D2950	Care building, including any pins	1 per calendar year per tooth number	Requires prior authorization	\$	154.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D2952	Post and core in addition to crown indirectly fabricated	1 per 3 years per tooth number	Requires prior authorization	\$	72.60	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D2954	Prefabricated post and core in addition to crown	1 per 3 years per tooth number	Requires prior authorization	\$	176.00	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D2976	Band stabilization - per tooth		Requires prior authorization	\$	75.00	1/1/2004	1/1/2024	Fee recommendation from Dental Consultant (Dr. Taylor & this is in addition to restoring the tooth)	
D2991	Application of hydroxyapatite regeneration medication - per tooth		Requires prior authorization	\$	56.10	1/1/2024	1/1/2024	Fee recommendation from Dental Consultant (Dr. Taylor & this is in addition to restoring the tooth, similar to D2354)	
ENDODONTIC THERAPY (INCLUDING TREATING PAIN, CLINICAL PROCEDURES AND FOLLOW UP CARE)									
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 tooth number per lifetime		\$	445.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	1 tooth number per lifetime		\$	548.90	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D3330	Endodontic therapy, molar tooth (excluding final restorations)	1 tooth number per lifetime		\$	693.00	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
ENDODONTIC RETREATMENT									
D3346	Retreatment of previous root canal therapy - anterior	1 tooth number per lifetime		\$	176.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D3347	Retreatment of previous root canal therapy - premolar	1 tooth number per lifetime		\$	209.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D3348	Retreatment of previous root canal therapy - molar	1 tooth number per lifetime		\$	275.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
APICOECTOMY/PERIAPICAL SERVICES									
D3410	Apicoectomy/periradicular surgery - anterior	1 tooth number per lifetime		\$	374.00	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D3421	Apicoectomy - premolar (first root)	1 tooth number per lifetime		\$	154.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	

SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE CARE)									
D0210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year		\$	143.00	1/1/1999	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
D0211	Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 quadrant per calendar year		\$	48.40	1/1/1999	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
NON-SURGICAL PERIODONTAL SERVICE									
D0341	Periodontal scaling and root planing, per quadrant - four or more teeth	1 quadrant per calendar year	Requires prior authorization.	\$	162.80	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D0342	Periodontal scaling and root planing, per quadrant - one to three teeth	1 quadrant per calendar year	Requires prior authorization.	\$	89.10	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D0346	Scaling in presence of generalized moderate or severe gingivitis - full mouth, after oral evaluation	1 per 2 years	Requires prior authorization.	\$	93.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults	
D0355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	1 per 6 months	Requires prior authorization.	\$	93.50	7/1/2009	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults, description change	
OTHER PERIODONTAL SERVICE									
D04910	Periodontal Maintenance	1 per calendar year	Requires prior authorization	\$	60.00	1/1/2021	1/1/2021		
COMPLETE DENTURES (INCLUDING ADJUSTIVE POST-ALIGNMENT CARE)									
D5110	Complete denture - maxillary	1 per 5 years	Requires prior authorization	\$	593.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5120	Complete denture - mandibular	1 per 5 years	Requires prior authorization	\$	593.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	

D5130	Immediate denture – maxillary	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5140	Immediate denture – mandibular	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
PARTIAL DENTURES (INCLUDING ROUTINE POST-DENTURE CARE)									
D5211	Upper partial denture resin base	1 per 5 years	Requires prior authorization	\$	595.00	1/1/2021	1/1/2021		
D5212	Lower partial denture resin base	1 per 5 years	Requires prior authorization	\$	595.00	1/1/2021	1/1/2021		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (resin and teeth)	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clipping materials, resins and teeth)	1 per 5 years	Requires prior authorization	\$	595.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5225	Upper Partial Case - Flexible Base	1 per 5 years	Requires prior authorization	\$	595.00	1/1/2021	1/1/2021		
D5226	Lower Partial Case - Flexible Base	1 per 5 years	Requires prior authorization	\$	595.00	1/1/2021	1/1/2021		
ADJUSTMENTS TO DENTURES									
D5410	Adjust complete denture – maxillary	3 per calendar year	Requires prior authorization	\$	15.40	1/1/1989	1/1/2021	1/1/21 for adults (code originally opened 1/1/89 for children), requires PA per CR when code expanded for adults, description change	
D5411	Adjust complete denture – mandibular	3 per calendar year	Requires prior authorization	\$	15.40	1/1/1989	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults, description change	
D5421	Adjust partial denture – maxillary	3 per calendar year	Requires prior authorization	\$	15.40	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults, description change	
D5422	Adjust partial denture – mandibular	3 per calendar year	Requires prior authorization	\$	15.40	1/1/1989	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults, description change	
REPAIRS TO COMPLETE DENTURES									
D5511	Repair broken complete denture base, mandibular	2 per calendar year per arch	Requires prior authorization	\$	50.60	1/1/2018	1/1/2021	1/1/21 for adults (code originally opened 1/1/18 for children), requires PA per CR when code expanded for adults	
D5512	Repair broken complete denture base, maxillary	2 per calendar year per arch	Requires prior authorization	\$	50.60	1/1/2018	1/1/2021	1/1/21 for adults (code originally opened 1/1/18 for children), requires PA per CR when code expanded for adults	
D5520	Replace missing or broken teeth - complete denture (each tooth)	2 per calendar year per tooth number	Requires prior authorization	\$	42.90	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	

REPAIRS TO PARTIAL DENTURES

D5611	Repair resin partial denture base, mandibular	2 per calendar year per arch	Requires prior authorization	\$	50.60	1/1/2018	1/1/2021	Replaces S510, 1/1/21 for adults (code originally opened 1/1/18 for children), requires PA per CR when code expanded for adults	
D5612	Repair resin partial denture base, maxillary	2 per calendar year per arch	Requires prior authorization	\$	50.60	1/1/2018	1/1/2021	Replaces S510, 1/1/21 for adults (code originally opened 1/1/18 for children), requires PA per CR when code expanded for adults	
D5621	Repair cast partial framework, mandibular	2 per calendar year per arch	Requires prior authorization	\$	72.60	1/1/2018	1/1/2021	Replaces S620, 1/1/21 for adults (code originally opened 1/1/18 for children), requires PA per CR when code expanded for adults	
D5622	Repair cast partial framework, maxillary	2 per calendar year per arch	Requires prior authorization	\$	72.60	1/1/2018	1/1/2021	Replaces S620, 1/1/21 for adults (code originally opened 1/1/18 for children), requires PA per CR when code expanded for adults	
D5630	Repair or replace broken retentive/clasping materials – per tooth	2 per calendar year	Requires prior authorization	\$	64.90	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5640	Repair broken teeth – per tooth	2 per calendar year	Requires prior authorization	\$	41.80	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5650	Add tooth to existing partial denture	2 per calendar year	Requires prior authorization	\$	\$5.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5660	Add clasp to existing partial denture – per tooth	2 per calendar year	Requires prior authorization	\$	70.40	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
DENTURE REPAIR PROCEDURES									
D5710	Rebase complete maxillary denture	1 per 5 years	Requires prior authorization	\$	150.70	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5711	Rebase complete mandibular denture	1 per 5 years	Requires prior authorization	\$	150.70	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5720	Rebase maxillary partial denture	1 per 5 years	Requires prior authorization	\$	150.70	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	
D5721	Rebase mandibular partial denture	1 per 5 years	Requires prior authorization	\$	150.70	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults	

DENTURE RELINE PROCEDURES									
05730	Reline complete maxillary denture (classside)	1 per 2 years	Requires prior authorization	\$	88.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05731	Reline complete mandibular denture (classside)	1 per 2 years	Requires prior authorization	\$	88.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05740	Reline maxillary partial denture (classside)	1 per 2 years	Requires prior authorization	\$	88.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05741	Reline mandibular partial denture (classside)	1 per 2 years	Requires prior authorization	\$	88.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05750	Reline complete maxillary denture (laboratory)	1 per 2 years	Requires prior authorization	\$	132.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05751	Reline complete mandibular denture (laboratory)	1 per 2 years	Requires prior authorization	\$	132.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05760	Reline maxillary partial denture (laboratory)	1 per 2 years	Requires prior authorization	\$	132.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05761	Reline mandibular partial denture (laboratory)	1 per 2 years	Requires prior authorization	\$	132.00	1/1/1999	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children); requires PA per CR when code expanded for adults	
05810	Indentim (temporary) complete upper denture	1 per 5 years	Requires prior authorization	\$	300.00	1/1/2021	1/1/2021		
05811	Indentim (temporary) complete lower denture	1 per 5 years	Requires prior authorization	\$	300.00	1/1/2021	1/1/2021		
05820	Indentim (temporary) Partial upper denture with class	1 per lifetime	Requires prior authorization	\$	300.00	1/1/2021	1/1/2021		
05821	Indentim (temporary) Partial lower denture with class	1 per lifetime	Requires prior authorization	\$	300.00	1/1/2021	1/1/2021		
05950	Tissue conditioning maxillary tissue		Requires prior authorization	\$	25.00	1/1/2021	1/1/2021		
05951	Tissue conditioning mandibular		Requires prior authorization	\$	25.00	1/1/2021	1/1/2021		

OTHER FIXED DENTURE SERVICES									
OTHER SURGICAL PROCEDURES									
06930	Recent fixed partial denture	1 per calendar year	Requires prior authorization	\$	77.00	1/1/2009	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 7/1/09 for children), requires PA per CR when code expanded for adults
07250	Surgical removal unopposed root	1 per tooth per lifetime	Requires prior authorization	\$	100.00	1/1/2021	1/1/2021	1/1/2021	Fee recommendation from Dental Consultant, (Dr. Taylor & update for code 07250) Adult Only
07284	Ecdysmal biopsy of minor salivary glands		Requires prior authorization	\$	74.80	1/1/2024	1/1/2024	1/1/2024	
ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE									
EXCISION OF BONE TISSUE									
07230	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LR, LL per lifetime	Requires prior authorization	\$	96.80	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
07471	Removal of fibrous exostosis (maxilla or mandible)		Requires prior authorization	\$	138.60	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
07472	Removal of forus palatinus		Requires prior authorization	\$	231.00	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
07473	Removal of tons mandibularis		Requires prior authorization	\$	231.00	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
07485	Surgical reduction of osseous tuberosity		Requires prior authorization	\$	231.00	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
07490	Radical resection of maxilla or mandible		Requires prior authorization	\$	2,655.00	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
OTHER SERVICES									
07509	mesoplastication of odontogenic cyst	1 per calendar year	Requires prior authorization	\$	200.00	1/1/2023	1/1/2023	1/1/2023	Fee recommendation from Keppro
07556	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per calendar year	Requires prior authorization	\$	375.00	1/1/2023	1/1/2023	1/1/2023	Fee recommendation from Keppro
07957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	1 per calendar year	Requires prior authorization	\$	450.00	1/1/2023	1/1/2023	1/1/2023	Fee recommendation from Keppro
09310	Consultation - diagnostic services provided by dentist or physician other than requesting dentist or physician		Requires prior authorization	\$	55.00	1/1/1999	1/1/2021	1/1/2021	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults. Fee reduced to 2000 ADA Survey of Fees to be in line with our NY State Plan 4/1/22, requires PA per CR when code opened for adults
09610	Therapeutic parenteral drug		Requires prior authorization	\$	27.00	1/1/2021	1/1/2021	1/1/2021	Fee reduced to 2020 ADA Survey of Fees to keep in line with our NY State Plan 4/1/22
09630	Other drugs and/or medicaments, by report		Requires prior authorization	\$	16.00	1/1/1999	1/1/1999	1/1/1999	1/1/21 for adults (code originally opened 4/1/95 for children), requires PA per CR when code expanded for adults
09910	Application of desensitizing medicament		Requires prior authorization	\$	20.65	4/1/1995	1/1/2021	1/1/2021	Replaces 09940, 1/1/21 for adults (code originally opened 1/2/99 for children), requires PA per CR when code expanded for adults
09944	Occlusal Guard/hard appliance, full arch	1 per 5 years	Requires prior authorization	\$	132.00	1/1/2019	1/1/2021	1/1/2021	Replaces 09940, 1/1/21 for adults (code originally opened 1/2/99 for children), requires PA per CR when code expanded for adults
09945	Occlusal Guard-soft appliance, full arch	1 per 5 years	Requires prior authorization	\$	132.00	1/1/2019	1/1/2019	1/1/2019	Replaces 09940
09999	Unspecified adjunctive procedure, by report		Requires prior authorization	\$		***	***	***	

*** Code is open but unable to determine the effective date due to the code being priced per prior authorization. Code located in Gainwell Technologies/BMS Code 225