

West Virginia Dental Fee Schedule

Note:

Listing of Service and Fee is not an indication of a covered benefit.
 For a complete listing of available benefits please refer to the Dental Manual
 published on the Bureau For Medical Services Web-site at : www.wvdhhr.org/bms

| Code | Description | 2022 Fee, effective 4/1/22 - 12/31/22 | 2023 Fee, effective 1/1/23 - 3/31/23 | Code Open Effective Date | Notes |
|-------|---|--|---|-----------------------------|--|
| D0120 | Periodic oral Evaluation - established patient | \$ 27.50 | \$ 27.50 | 2009-07-01 00:00:00 | ^ Adult Expanded, description change |
| D0140 | Limit oral eval probm focus | \$ 38.50 | \$ 38.50 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0145 | Oral evaluation, pt < 3yrs | \$ 27.50 | \$ 27.50 | 2009-07-01 00:00:00 | |
| D0150 | Comprehensve oral evaluation | \$ 38.50 | \$ 38.50 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0180 | Comprehensive periodontal evaluation - new or established | \$ 50.00 | \$ 50.00 | 1/1/2021 | ^ Adult Expanded Only, description change |
| D0210 | intraoral - comprehensive series of radiographic images | \$ 82.50 | \$ 82.50 | 2009-07-01 00:00:00 | ^ Adult Expanded, description change |
| D0220 | Intraoral periapical first f | \$ 16.50 | \$ 16.50 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0230 | Intraoral periapical ea add | \$ 11.00 | \$ 11.00 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0240 | Intraoral occlusal film | \$ 19.80 | \$ 19.80 | 2009-07-01 00:00:00 | |
| D0250 | Extraoral first film | \$ 17.60 | \$ 17.60 | 2009-07-01 00:00:00 | |
| D0270 | Dental bitewing single film | \$ 19.80 | \$ 19.80 | 2009-07-01 00:00:00 | ^ Adult Expanded, not on ADA survey, used price from dental consultant |
| D0272 | Dental bitewings two films | \$ 27.50 | \$ 27.50 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0273 | Dental bitewings three films | \$ 33.00 | \$ 33.00 | 2010-11-01 00:00:01 | ^ Adult Expanded |
| D0274 | Dental bitewings four films | \$ 40.70 | \$ 40.70 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0320 | Dental tmj arthrogram incl i | \$ 169.40 | \$ 169.40 | 1999-01-01 00:00:00 | |
| D0321 | Dental other tmj films | \$ 77.00 | \$ 77.00 | 1999-01-01 00:00:00 | |
| D0322 | Dental tomographic survey | \$ 77.00 | \$ 77.00 | 1999-01-01 00:00:00 | |
| D0330 | Dental panoramic film | \$ 73.70 | \$ 73.70 | 2009-07-01 00:00:00 | ^ Adult Expanded |
| D0340 | Dental cephalometric film | \$ 66.07 | \$ 66.07 | 1999-01-01 00:00:00 | |
| D0350 | Oral/facial photo images | \$ 20.00 | \$ 20.00 | 1999-01-01 00:00:00 | Fee reduced to ADA Survey of Fees to keep in line with our WV State Plan |
| D0372 | intraoral tomosynthesis - comprehensive series of radiographic images | | \$ 82.50 | 1/1/2023 | Fee recommendation from Keypro |
| D0373 | intraoral tomosynthesis - bitewing radiographic image | | \$ 19.80 | 1/1/2023 | Fee recommendation from Keypro |
| D0374 | intraoral tomosynthesis - periapical radiographic image | | \$ 16.50 | 1/1/2023 | Fee recommendation from Keypro |
| D0387 | intraoral tomosynthesis - comprehensive series of radiographic images - image | | \$ 41.25 | 1/1/2023 | Fee recommendation from Keypro |
| D0388 | intraoral tomosynthesis - bitewing radiographic image - image capture only | | \$ 9.90 | 1/1/2023 | Fee recommendation from Keypro |
| D0389 | intraoral tomosynthesis-periapical radiographic image - image capture only | | \$ 8.25 | 1/1/2023 | Fee recommendation from Keypro |
| D0470 | Diagnostic casts | \$ 39.60 | \$ 39.60 | 1999-01-01 00:00:00 | |
| D0474 | Micro w exam of surg margins | \$ 68.20 | \$ 68.20 | 2004-01-01 00:00:00 | |
| D0486 | Accession of brush biopsv | \$ 82.50 | \$ 82.50 | 2007-01-01 00:00:00 | |
| D0801 | 3D dental surface scan - direct | | \$ 39.60 | 1/1/2023 | Fee recommendation from Keypro |
| D0802 | 3D dental surface scan - indirect | | \$ 39.60 | 1/1/2023 | Fee recommendation from Keypro Not to be billed with D0801 |
| D0803 | 3D facial surface scan - direct | | \$ 275.00 | 1/1/2023 | Fee recommendation from Keypro |
| D0804 | 3D facial surface scan - indirect | | \$ 75.00 | 1/1/2023 | Fee recommendation from Keypro |
| D1110 | Dental prophylaxis adult | \$ 60.50 | \$ 60.50 | 2010-11-01 00:00:00 | ^ On FS but per Adult Expanded dental new as of 1/1/2 |
| D1120 | Dental prophylaxis child | \$ 44.00 | \$ 44.00 | 2009-07-01 00:00:00 | |
| D1203 | Topical app fluoride child | \$ 20.90 | \$ 20.90 | 2009-07-01 00:00:00 | |
| D1206 | Topical fluoride varnish | \$ 22.00 | \$ 22.00 | 2009-07-01 00:00:00 | |
| D1208 | Topical application of fluoride | \$ 22.00 | \$ 22.00 | 2013-01-01 00:00:00 | |
| D1320 | Tobacco counseling | \$ - | \$ - | 2003-08-01 00:00:00 | Fee reduced to 2020 ADA Survey of Fees to keep in line with our WV State Plan 4/1/22 |
| D1351 | Dental sealant per tooth | \$ 33.00 | \$ 33.00 | 2009-07-01 00:00:00 | |
| D1353 | Sealant Repair - per tooth | \$ 16.50 | \$ 16.50 | 2015-01-01 00:00:00 | |
| D1354 | Application of caries arresting medicament application - per | \$ 56.10 | \$ 56.10 | 01/01/2018 | ^ Description change, Adult expanded dental as of 1/1/2 |
| D1510 | Fixed, unilateral - per quadrant. Excludes a distal shoe space | \$ 154.00 | \$ 154.00 | 1999-01-01 00:00:00 | Description change |
| D1516 | Space Maintainer-fixed bilateral, maxillary | \$ 220.00 | \$ 220.00 | 1/1/2019 | Replaces D1515 |

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|-------|--|-----------|-----------|---------------------|---|--|
| D1517 | Space Maintainer-fixed bilateral, mandibular | \$ 220.00 | \$ 220.00 | 1/1/2019 | | Replaces D1515 |
| D1520 | Space Maintainer - removable, - unilateral - per quadrant | \$ 90.20 | \$ 90.20 | 1999-01-01 00:00:00 | | Description change |
| D1526 | Space Maintainer-Removable-bilateral, maxillary | \$ 132.00 | \$ 132.00 | 1/1/2019 | | Replaces D1525 |
| D1527 | Space Maintainer-Removable-bilateral, mandibular | \$ 132.00 | \$ 132.00 | 1/1/2019 | | Replaces D1525 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | \$ 27.50 | \$ 27.50 | 1/1/2020 | | Replaces D1550 |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | \$ 27.50 | \$ 27.50 | 1/1/2020 | | Replaces D1550 |
| D1553 | Re-cement or re-bond bilateral space maintainer - per quadrant | \$ 27.50 | \$ 27.50 | 1/1/2020 | | 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 | \$ 154.00 | \$ 154.00 | 1/1/2017 | | Description change |
| 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 |
| D2140 | Amalgam one surface permanen | \$ 80.30 | \$ 80.30 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2150 | Amalgam two surfaces permane | \$ 97.90 | \$ 97.90 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2160 | Amalgam three surfaces perma | \$ 114.40 | \$ 114.40 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2161 | Amalgam 4 or > surfaces perm | \$ 127.60 | \$ 127.60 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2330 | Resin one surface-anterior | \$ 93.50 | \$ 93.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2331 | Resin two surfaces-anterior | \$ 113.30 | \$ 113.30 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2332 | Resin three surfaces-anterio | \$ 137.50 | \$ 137.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2335 | Resin 4/> surf or w incis an | \$ 162.80 | \$ 162.80 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2390 | Ant resin-based cmpst crown | \$ 181.50 | \$ 181.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2391 | Post 1 srfc resinbased cmpst | \$ 102.30 | \$ 102.30 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2392 | Post 2 srfc resinbased cmpst | \$ 125.40 | \$ 125.40 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2393 | Post 3 srfc resinbased cmpst | \$ 151.80 | \$ 151.80 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2394 | Post >=4srfc resinbase cmpst | \$ 173.80 | \$ 173.80 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2740 | Crown - porcelain/ceramic substrate | \$ 698.50 | \$ 698.50 | 1/1/2021 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2750 | Crown - porcelain fused to high noble metal | \$ 698.50 | \$ 698.50 | 1/1/2021 | ^ | Adult Expanded Only |
| D2751 | Crown porcelain fused base m | \$ 698.50 | \$ 698.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2752 | Crown - porcelain fused to high noble metal | \$ 698.50 | \$ 698.50 | 1/1/2021 | ^ | Adult Expanded Only |
| D2791 | Crown full cast base metal | \$ 693.00 | \$ 693.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2920 | Dental recement crown | \$ 27.50 | \$ 27.50 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2929 | Pediatric Zirconia Crowns for Anterior teeth | | \$ 161.70 | 1/1/2023 | | Children's contract & benefits, Fee recommendation from Keypro |
| D2930 | Prefab stnlss steel crwn pri | \$ 161.70 | \$ 161.70 | 2009-07-01 00:00:00 | | |
| D2931 | Prefab stnlss steel crown pe | \$ 173.80 | \$ 173.80 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2932 | Prefabricated resin crown | \$ 178.20 | \$ 178.20 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2933 | Prefab Stainless Steel Crown w/resin window | \$146.32 | \$146.32 | 1/1/2010 | | Code had been removed from the fee schedules prior to my arrival |
| D2934 | Pediatric Esthetically Coated Stainless Steel Crowns for | | \$161.70 | 1/1/2023 | | Children's contract & benefits, Fee recommendation from Keypro |
| D2940 | Dental sedative filling | \$ 55.00 | \$ 55.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2950 | Core build-up incl any pins | \$ 154.00 | \$ 154.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2951 | Tooth pin retention | \$ 16.50 | \$ 16.50 | 2009-07-01 00:00:00 | | |
| D2952 | Post and core cast + crown | \$ 72.60 | \$ 72.60 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D2954 | Prefab post/core + crown | \$ 176.00 | \$ 176.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3120 | Pulp cap - indirect (excluding final restoration) | | \$ 68.00 | 1/1/2023 | | Children's contract & benefits, priced per 2022 ADA Survey of fees |
| D3220 | Therapeutic pulpotomy | \$ 101.20 | \$ 101.20 | 2009-07-01 00:00:00 | | |
| D3310 | End thxpy, anterior tooth | \$ 445.50 | \$ 445.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3320 | End thxpy, bicuspid tooth | \$ 548.90 | \$ 548.90 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3330 | End thxpy, molar | \$ 693.00 | \$ 693.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3346 | Retreat root canal anterior | \$ 176.00 | \$ 176.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3347 | Retreat root canal bicuspid | \$ 209.00 | \$ 209.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3348 | Retreat root canal molar | \$ 275.00 | \$ 275.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3351 | Apexification/recalc initial | \$ 149.60 | \$ 149.60 | 2009-07-01 00:00:00 | | |

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|-------|---|-----------|-----------|---------------------|---|--|
| D3352 | Apexification/recalc interim | \$ 104.50 | \$ 104.50 | 2009-07-01 00:00:00 | | |
| D3353 | Apexification/recalc final | \$ 246.40 | \$ 246.40 | 2009-07-01 00:00:00 | | |
| D3410 | Apicoect/perirad surg anter | \$ 374.00 | \$ 374.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D3421 | Root surgery bicuspid | \$ 154.00 | \$ 154.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D4210 | Gingivectomy/plasty per quad | \$ 143.00 | \$ 143.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D4211 | Gingivectomy/plasty per toot | \$ 48.40 | \$ 48.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D4260 | Osseous surgery per quadrant | \$ 246.40 | \$ 246.40 | 1999-01-01 00:00:00 | | |
| D4261 | Osseous surgl-3teethperquad | \$ 165.00 | \$ 165.00 | 1999-01-01 00:00:00 | | |
| D4341 | Periodontal scaling & root | \$ 162.80 | \$ 162.80 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D4342 | Periodontal scaling 1-3teeth | \$ 89.10 | \$ 89.10 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D4346 | Scaling in presence of generalized moderate or severe gingival | \$ 93.50 | \$ 93.50 | 7/1/2020 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D4355 | full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | \$ 93.50 | \$ 93.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D4910 | Periodontal maintenance | \$ 60.00 | \$ 60.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5110 | Dentures complete maxillary | \$ 595.00 | \$ 595.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5120 | Dentures complete mandible | \$ 595.00 | \$ 595.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5130 | Dentures immediat maxillary | \$ 595.00 | \$ 595.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5140 | Dentures immediat mandible | \$ 595.00 | \$ 595.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5211 | Maxillary partial denture - resin | \$ 595.00 | \$ 595.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5212 | Mandibular partial denture - resin | \$ 595.00 | \$ 595.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5213 | Dentures maxill part metal | \$ 595.00 | \$ 595.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5214 | Dentures mandibl part metal | \$ 595.00 | \$ 595.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$ 595.00 | \$ 595.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$ 595.00 | \$ 595.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5282 | Removable unilateral partial denture-one piece case metal (including clasps and teeth), | \$ 247.50 | \$ 247.50 | 1/1/2019 | | Replaces D5281 |
| D5283 | Removable unilateral partial denture-one piece case metal (including clasps and teeth), | \$ 247.50 | \$ 247.50 | 1/1/2019 | | Replaces D5281 |
| D5284 | Removable unilateral partial denture-one piece flexible base (including clasps and teeth), per | \$ 247.50 | \$ 247.50 | 1/1/2020 | | Rate via Keypro consultant, not on the most recent 2018 ADA Survey for the Southern Region |
| D5286 | Removable unilateral partial denture-one piece resin (including clasps and teeth), per quadrant | \$ 247.50 | \$ 247.50 | 1/1/2020 | | Rate via Keypro consultant, not on the most recent 2018 ADA Survey for the Southern Region |
| D5410 | Adjust complete denture - maxillary | \$ 15.40 | \$ 15.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5411 | Adjust complete denture - mandibular | \$ 15.40 | \$ 15.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5421 | Adjust partial denture - maxillary | \$ 15.40 | \$ 15.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5422 | Adjust partial denture - mandibular | \$ 15.40 | \$ 15.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5511 | Repair broken complete denture base, mandibular | \$ 50.60 | \$ 50.60 | 1/1/2018 | ^ | Replaces D5510, On FS but per Adult Expanded dental new as of 1/1/21 |
| D5512 | Repair broken complete denture base, maxillary | \$ 50.60 | \$ 50.60 | 1/1/2018 | ^ | Replaces D5510, On FS but per Adult Expanded dental new as of 1/1/21 |
| D5520 | Replace denture teeth cmplt | \$ 42.90 | \$ 42.90 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5611 | Repair resin partial denture base, madibular | \$ 50.60 | \$ 50.60 | 1/1/2018 | ^ | Replaces D5610, On FS but per Adult Expanded dental new as of 1/1/21 |
| D5612 | Repair resin partial denture base, maxillary | \$ 50.60 | \$ 50.60 | 1/1/2018 | ^ | Replaces D5610, On FS but per Adult Expanded dental new as of 1/1/21 |
| D5621 | Repair cast partial framework, mandibular | \$ 72.60 | \$ 72.60 | 1/1/2018 | ^ | Replaces D5620, On FS but per Adult Expanded dental new as of 1/1/21 |
| D5622 | Repair cast partial framework, mandibular | \$ 72.60 | \$ 72.60 | 1/1/2018 | ^ | Replaces D5620, On FS but per Adult Expanded dental new as of 1/1/21 |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth | \$ 64.90 | \$ 64.90 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5640 | Replace part denture teeth | \$ 41.80 | \$ 41.80 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5650 | Add tooth to partial denture | \$ 55.00 | \$ 55.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5660 | Add clasp to partial denture | \$ 70.40 | \$ 70.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5710 | Dentures rebase cmplt maxil | \$ 150.70 | \$ 150.70 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5711 | Dentures rebase cmplt mand | \$ 150.70 | \$ 150.70 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5720 | Dentures rebase part maxill | \$ 150.70 | \$ 150.70 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5721 | Dentures rebase part mandbl | \$ 150.70 | \$ 150.70 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |

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|-------|--|-------------|-------------|---------------------|---|--|
| D5730 | Denture reln cmplt maxil ch | \$ 88.00 | \$ 88.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5731 | Reline completed maxillary denture (direct) | \$ 88.00 | \$ 88.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5740 | Reline completed mandibular denture (direct) | \$ 88.00 | \$ 88.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5741 | Denture reln part mand chr | \$ 88.00 | \$ 88.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D5750 | Reline complete maxillary denture (indirect) | \$ 132.00 | \$ 132.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5751 | Reline complete mandibular denture (indirect) | \$ 132.00 | \$ 132.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5760 | Reline maxillary partial denture (indirect) | \$ 132.00 | \$ 132.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5761 | Reline mandibular partial denture (indirect) | \$ 132.00 | \$ 132.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21, description change |
| D5810 | Interim (Temporary) complete upper denture | \$ 300.00 | \$ 300.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5811 | Interim (Temporary) complete lower denture | \$ 300.00 | \$ 300.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5820 | Interim (Temporary) complete upper denture with clasps | \$ 300.00 | \$ 300.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5821 | Interim (Temporary) complete lower denture with clasps | \$ 300.00 | \$ 300.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5850 | SP - Tissue Conditioning - maxillary tissue | \$ 25.00 | \$ 25.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5851 | SP - Tissue Conditioning - mandibular | \$ 25.00 | \$ 25.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D5911 | Facial moulage sectional | \$ 275.00 | \$ 275.00 | 1999-01-01 00:00:00 | | |
| D5915 | Orbital prosthesis | \$ 668.14 | \$ 668.14 | 1999-01-01 00:00:00 | | |
| D5924 | Cranial prosthesis | \$ 711.54 | \$ 711.54 | 1999-01-01 00:00:00 | | |
| D5925 | Facial augmentation implant | \$ 672.17 | \$ 672.17 | 1999-01-01 00:00:00 | | |
| D5931 | Surgical obturator | \$ 847.00 | \$ 847.00 | 1999-01-01 00:00:00 | | |
| D5932 | Postsurgical obturator | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | | |
| D5952 | Pediatric speech aid | \$ 550.00 | \$ 550.00 | 1999-01-01 00:00:00 | | |
| D5955 | Palatal lift prosthesis | \$ 880.00 | \$ 880.00 | 1999-01-01 00:00:00 | | |
| D5982 | Surgical stent | \$ 220.00 | \$ 220.00 | 1999-01-01 00:00:00 | | |
| D5986 | Fluoride applicator | \$ 55.00 | \$ 55.00 | 1999-01-01 00:00:00 | | |
| D6211 | Bridge base metal cast | \$ 341.00 | \$ 341.00 | 1999-01-01 00:00:00 | | |
| D6241 | Bridge porcelain base metal | \$ 341.00 | \$ 341.00 | 1999-01-01 00:00:00 | | |
| D6545 | Dental retainr cast metl | \$ 112.20 | \$ 112.20 | 1999-01-01 00:00:00 | | |
| D6930 | Dental recement bridge | \$ 77.00 | \$ 77.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7140 | Extraction erupted tooth/exr | \$ 88.00 | \$ 88.00 | 2009-07-01 00:00:00 | | |
| D7210 | Rem imp tooth w mucoper flp | \$ 143.00 | \$ 143.00 | 2009-07-01 00:00:00 | | |
| D7220 | Impact tooth remov soft tiss | \$ 189.20 | \$ 189.20 | 2009-07-01 00:00:00 | | |
| D7230 | Impact tooth remov part bony | \$ 225.50 | \$ 225.50 | 2009-07-01 00:00:00 | | |
| D7240 | Impact tooth remov comp bony | \$ 269.50 | \$ 269.50 | 2009-07-01 00:00:00 | | |
| D7250 | SP - Surgical Removal Unexposed root | \$ 100.00 | \$ 100.00 | 1/1/2021 | ^ | Adult Expanded Only |
| D7260 | Oral antral fistula closure | \$ 385.00 | \$ 385.00 | 1999-01-01 00:00:00 | | |
| D7270 | Tooth reimplantation | \$ 154.00 | \$ 154.00 | 1999-01-01 00:00:00 | | |
| D7280 | Exposure impact tooth orthod | \$ 154.00 | \$ 154.00 | 1999-01-01 00:00:00 | | |
| D7281 | Exposure tooth aid eruption | \$ 74.80 | \$ 74.80 | 1999-01-01 00:00:00 | | |
| D7283 | Place device impacted tooth | \$ 74.80 | \$ 74.80 | 2005-01-01 00:00:00 | | |
| D7285 | Biopsy of oral tissue hard | \$ 165.00 | \$ 165.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7286 | Biopsy of oral tissue soft | \$ 143.00 | \$ 143.00 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7310 | Alveoplasty w/ extraction | \$ 74.80 | \$ 74.80 | 1999-01-01 00:00:00 | | |
| D7320 | Alveoplasty w/o extraction | \$ 96.80 | \$ 96.80 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7340 | Vestibuloplasty ridge extens | \$ 385.00 | \$ 385.00 | 1999-01-01 00:00:00 | | |
| D7350 | Vestibuloplasty exten graft | \$ 1,155.00 | \$ 1,155.00 | 1999-01-01 00:00:00 | | |
| D7410 | Rad exc lesion up to 1.25 cm | \$ 94.60 | \$ 94.60 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7411 | Excision benign lesion>1.25c | \$ 385.00 | \$ 385.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7440 | Malig tumor exc to 1.25 cm | \$ 308.00 | \$ 308.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7441 | Malig tumor > 1.25 cm | \$ 1,540.00 | \$ 1,540.00 | 1999-01-01 00:00:00 | | |
| D7450 | Rem odontogen cyst to 1.25cm | \$ 114.40 | \$ 114.40 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7451 | Rem odontogen cyst > 1.25 cm | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7460 | Rem nonodonto cyst to 1.25cm | \$ 115.50 | \$ 115.50 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7461 | Rem nonodonto cyst > 1.25 cm | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7471 | Rem exostosis any site | \$ 138.60 | \$ 138.60 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7472 | Removal of torus palatinus | \$ 231.00 | \$ 231.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7473 | Remove torus mandibularis | \$ 231.00 | \$ 231.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7485 | Surg reduct osseoustuberosit | \$ 231.00 | \$ 231.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7490 | Maxilla or mandible resectio | \$ 2,695.00 | \$ 2,695.00 | 1999-01-01 00:00:00 | | |
| D7509 | marsupialization of odontogenic cyst | | \$ 200.00 | 1/1/2023 | | Fee recommendation from Keypro |
| D7510 | I&d abscc intraoral soft tiss | \$ 137.50 | \$ 137.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7520 | I&d abscess extraoral | \$ 192.50 | \$ 192.50 | 2009-07-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/2 |
| D7530 | Removal fb skin/areolar tiss | \$ 133.33 | \$ 133.33 | 1999-01-01 00:00:00 | | |
| D7550 | Removal of sloughed off bone | \$ 231.00 | \$ 231.00 | 1999-01-01 00:00:00 | | |
| D7560 | Maxillary sinusotomy | \$ 693.00 | \$ 693.00 | 1999-01-01 00:00:00 | | |

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|-------|---|-------------|-------------|---------------------|--|
| D7610 | Maxilla open reduct simple | \$ 1,155.00 | \$ 1,155.00 | 1999-01-01 00:00:00 | |
| D7620 | Clsd reduct simpl maxilla fx | \$ 770.00 | \$ 770.00 | 1999-01-01 00:00:00 | |
| D7630 | Open red simpl mandible fx | \$ 1,155.00 | \$ 1,155.00 | 1999-01-01 00:00:00 | |
| D7640 | Clsd red simpl mandible fx | \$ 770.00 | \$ 770.00 | 1999-01-01 00:00:00 | |
| D7671 | Alveolus open reduction | \$ 462.00 | \$ 462.00 | 1999-01-01 00:00:00 | |
| D7710 | Maxilla open reduct compound | \$ 1,386.00 | \$ 1,386.00 | 1999-01-01 00:00:00 | |
| D7720 | Clsd reduct compd maxilla fx | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | |
| D7730 | Open reduct compd mandble fx | \$ 1,556.17 | \$ 1,556.17 | 1999-01-01 00:00:00 | |
| D7740 | Clsd reduct compd mandble fx | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | |
| D7750 | Open red comp malar/zygma fx | \$ 2,310.00 | \$ 2,310.00 | 1999-01-01 00:00:00 | |
| D7770 | Open reduct compd alveolus fx | \$ 462.00 | \$ 462.00 | 1999-01-01 00:00:00 | |
| D7780 | Reduct compnd facial bone fx | \$ 1,353.00 | \$ 1,353.00 | 1999-01-01 00:00:00 | |
| D7810 | Tmj open reduct-dislocation | \$ 1,925.00 | \$ 1,925.00 | 1999-01-01 00:00:00 | |
| D7820 | Closed tmp manipulation | \$ 154.00 | \$ 154.00 | 1999-01-01 00:00:00 | |
| D7830 | Tmj manipulation under anest | \$ 616.00 | \$ 616.00 | 1999-01-01 00:00:00 | |
| D7850 | Tmj meniscectomy | \$ 1,925.00 | \$ 1,925.00 | 1999-01-01 00:00:00 | |
| D7852 | Tmj repair of joint disc | \$ 1,925.00 | \$ 1,925.00 | 1999-01-01 00:00:00 | |
| D7858 | Tmj reconstruction | \$ 3,850.00 | \$ 3,850.00 | 1999-01-01 00:00:00 | |
| D7865 | Tmj reshaping components | \$ 1,925.00 | \$ 1,925.00 | 1999-01-01 00:00:00 | |
| D7870 | Tmj aspiration joint fluid | \$ 231.00 | \$ 231.00 | 1999-01-01 00:00:00 | |
| D7872 | Tmj diagnostic arthroscopy | \$ 1,155.00 | \$ 1,155.00 | 1999-01-01 00:00:00 | |
| D7873 | Tmj arthroscopy lysis adhesn | \$ 1,540.00 | \$ 1,540.00 | 1999-01-01 00:00:00 | |
| D7874 | Tmj arthroscopy disc reposit | \$ 1,540.00 | \$ 1,540.00 | 1999-01-01 00:00:00 | |
| D7876 | Tmj arthroscopy discectomy | \$ 1,925.00 | \$ 1,925.00 | 1999-01-01 00:00:00 | |
| D7877 | Tmj arthroscopy debridement | \$ 1,155.00 | \$ 1,155.00 | 1999-01-01 00:00:00 | |
| D7880 | Occlusal orthotic appliance | \$ 273.90 | \$ 273.90 | 1999-01-01 00:00:00 | |
| D7899 | Tmj unspecified therapy | \$ 53.90 | \$ 53.90 | 1999-01-01 00:00:00 | |
| D7910 | Dent sutur recent wnd to 5cm | \$ 53.90 | \$ 53.90 | 1999-01-01 00:00:00 | |
| D7911 | Dental suture wound to 5 cm | \$ 385.00 | \$ 385.00 | 1999-01-01 00:00:00 | |
| D7912 | Suture complicate wnd > 5 cm | \$ 110.00 | \$ 110.00 | 1999-01-01 00:00:00 | |
| D7920 | Dental skin graft | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, | \$ 16.50 | \$ 16.50 | 1/1/2020 | Rate via Keypro consultant, not on the most recent 2018 ADA Survey for the Southern Region |
| D7941 | Bone cutting ramus closed | \$ 2,310.00 | \$ 2,310.00 | 1999-01-01 00:00:00 | |
| D7943 | Cutting ramus open w/graft | \$ 3,080.00 | \$ 3,080.00 | 1999-01-01 00:00:00 | |
| D7944 | Bone cutting segmented | \$ 1,540.00 | \$ 1,540.00 | 1999-01-01 00:00:00 | |
| D7946 | Reconstruction maxilla total | \$ 3,080.00 | \$ 3,080.00 | 1999-01-01 00:00:00 | |
| D7947 | Reconstruct maxilla segment | \$ 1,485.00 | \$ 1,485.00 | 1999-01-01 00:00:00 | |
| D7948 | Reconstruct midface no graft | \$ 1,342.08 | \$ 1,342.08 | 1999-01-01 00:00:00 | |
| D7949 | Reconstruct midface w/graft | \$ 1,503.47 | \$ 1,503.47 | 1999-01-01 00:00:00 | |
| D7950 | Mandible graft | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | |
| D7955 | Repair maxillofacial defects | \$ 2,750.00 | \$ 2,750.00 | 1999-01-01 00:00:00 | |
| D7956 | guided tissue regeneration, edentulous area - resorbable barrier, per site | | \$ 375.00 | 1/1/2023 | Fee recommendation from Keypro |
| D7957 | guided tissue regeneration, edentulous area - non-resorbable barrier, per site | | \$ 450.00 | 1/1/2023 | Fee recommendation from Keypro |
| D7961 | Buccal/labial frenectomy (frenulectomy) | \$ 87.00 | \$ 87.00 | 1/1/2021 | Replaces D7960 |
| D7962 | Lingual frenectomy (frenulectomy) | \$ 87.00 | \$ 87.00 | 1/1/2021 | Replaces D7960 |
| D7970 | Excision hyperplastic tissue | \$ 104.50 | \$ 104.50 | 1999-01-01 00:00:00 | |
| D7979 | Non-surgical silaolithotomy | \$ 57.75 | \$ 57.75 | 1/1/2018 | |
| D7980 | Sialolithotomy | \$ 115.50 | \$ 115.50 | 1999-01-01 00:00:00 | |
| D7981 | Excision of salivary gland | \$ 1,155.00 | \$ 1,155.00 | 1999-01-01 00:00:00 | |
| D7982 | Sialodochoplasty | \$ 346.50 | \$ 346.50 | 1999-01-01 00:00:00 | |
| D7991 | Dental coronoidectomy | \$ 924.00 | \$ 924.00 | 1999-01-01 00:00:00 | |
| D8010 | Limited dental tx primary | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8020 | Limited dental tx transition | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8030 | Limited dental tx adolescent | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8040 | Limited dental tx adult | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8050 | Intercep dental tx primary | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8060 | Intercep dental tx transitn | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8070 | Compre dental tx transition | \$ 2,079.00 | \$ 2,079.00 | 1999-01-01 00:00:00 | |
| D8080 | Compre dental tx adolescent | \$ 2,695.00 | \$ 2,695.00 | 1999-01-01 00:00:00 | |
| D8090 | Compre dental tx adult | \$ 3,003.00 | \$ 3,003.00 | 2004-01-01 00:00:00 | |
| D8210 | Orthodontic rem appliance tx | \$ 297.00 | \$ 297.00 | 1999-01-01 00:00:00 | |
| D8220 | Fixed appliance therapy habt | \$ 385.00 | \$ 385.00 | 1999-01-01 00:00:00 | |
| D8680 | Orthodontic retention | \$ 198.00 | \$ 198.00 | 1999-01-01 00:00:00 | |
| D8695 | Removal of fixed orthodontic appliance(s) - other than at conclusion of treatment | \$ 220.00 | \$ 220.00 | 1/1/2018 | |
| D8696 | Repair of orthodontic appliance - maxillary | \$ 55.00 | \$ 55.00 | 1/1/2020 | Replaces D8961 which was not previously opened- Rate via Keypro consultant, not on the most recent 2018 ADA Survey for the Southern Region |

| | | | | | | |
|-------|--|-----------|-----------|-----------------------|-----|---|
| D8697 | Repair of orthodontic appliance - mandibular | \$ 55.00 | \$ 55.00 | 1/1/2020 | | Replaces D8961 which was not previously opened-Rate via Keypro consultant, not on the most recent 2018 ADA Survey for the Southern Region |
| D8698 | Re-cement or re-bond fixed retainer-maxillary | \$ 27.50 | \$ 27.50 | 1/1/2020 | | Replaces D8693 |
| D8699 | Re-cement or re-bond fixed retainer-mandibular | \$ 27.50 | \$ 27.50 | 1/1/2020 | | Replaces D8693 |
| D8701 | Repair of fixed retainer, includes reattachment-maxillary | \$ 27.50 | \$ 27.50 | 1/1/2020 | | 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 for the Southern Region |
| D8702 | Repair of fixed retainer, includes reattachment-mandibular | \$ 27.50 | \$ 27.50 | 1/1/2020 | | 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 for the Southern Region |
| D8703 | Replacement of lost or broken retainer-maxillary | \$ 198.00 | \$ 198.00 | 1/1/2020 | | Replaces D8692 |
| D8704 | Replacement of lost or broken retainer-mandibular | \$ 198.00 | \$ 198.00 | 1/1/2020 | | Replaces D8692 |
| D9222 | Deep sedation/general anesthesia - first 15 minutes | \$ 136.20 | \$ 136.20 | See Calculation below | * | |
| D9223 | Deep sedation/general anesthesia - each 15 minute increment | varies | varies | See Calculation below | **A | Replaces D9220 & D9221, on FS but per Adult Expanded dental new as of 1/1/21 |
| D9230 | Analgesia | \$ 44.00 | \$ 44.00 | 2009-07-01 00:00:00 | | |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 | \$ 136.20 | \$ 136.20 | See Calculation below | **A | On FS but per Adult Expanded dental new as of 1/1/21 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment | varies | varies | See Calculation below | **A | Replaces D9241 & D9242, on FS but per Adult Expanded dental new as of 1/1/21 |
| D9248 | Non-Intravenous (conscious) sedation - first 15 minutes | \$ 136.20 | \$ 136.20 | See Calculation below | **A | On FS but per Adult Expanded dental new as of 10/1/21 |
| D9310 | Dental consultation | \$ 55.00 | \$ 55.00 | 1999-01-01 00:00:00 | ^ | On FS but per Adult Expanded dental new as of 1/1/21 |
| D9420 | Hospital call | \$ 38.50 | \$ 38.50 | 1999-01-01 00:00:00 | | |
| D9610 | SP - Therapeutic Parental Drug | \$ 27.00 | \$ 27.00 | 1/1/2021 | ^ | Adult Expanded Only, Fee reduced to 2020 ADA Survey of Fees to keep in line with our WV State Plan 4/1/22 |
| D9630 | Other drugs/medicaments | \$ 16.00 | \$ 16.00 | 1999-01-01 00:00:00 | | Fee reduced to 2020ADA Survey of Fees to keep in line with our WV State Plan 4/1/22 |
| D9944 | Occlusal Guard-hard appliance, full arch | \$ 132.00 | \$ 132.00 | 1/1/2019 | | Replaces D9940, on FS but per Adult Expanded dental new as of 1/1/21 |
| D9945 | Occlusal Guard-soft appliance, full arch | \$ 132.00 | \$ 132.00 | 1/1/2019 | | Replaces D9940 |
| D9946 | Occlusal Guard-soft appliance, partial arch | \$ 132.00 | \$ 132.00 | 1/1/2019 | | Replaces D9940 |
| D9951 | Limited occlusal adjustment | \$ 49.50 | \$ 49.50 | 1999-01-01 00:00:00 | | |
| D9952 | Complete occlusal adjustment | \$ 132.00 | \$ 132.00 | 1999-01-01 00:00:00 | | |
| D9995 | Teledentistry | \$ 38.50 | \$ 38.50 | 4/1/2020 | | |

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

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

Additional minutes are calculated as follows:

$$** \text{ number of units} \times 22.70 \text{ (WV Medicaid Conversion Factor)}$$

^Part of the Adult Expanded Dental