

West Virginia Dental Fee Schedule - 4/1/23 - 3/31/24

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	2023 Fee effective 4/1/23 - 12/31/22	Code Open Effective Date	Notes
D0120	Periodic oral Evaluation - established patient	\$ 27.50	\$ 27.50	\$ 27.50	7/1/2009	^ Adult Expanded, description change
D0140	Limit oral eval problm focus	\$ 38.50	\$ 38.50	\$ 38.50	7/1/2009	^ Adult Expanded
D0145	Oral evaluation, pt < 3yrs	\$ 27.50	\$ 27.50	\$ 27.50	7/1/2009	
D0150	Comprehensve oral evaluation	\$ 38.50	\$ 38.50	\$ 38.50	7/1/2009	^ Adult Expanded
D0180	Comprehensive periodontal evaluation - new or established	\$ 50.00	\$ 50.00	\$ 50.00	1/1/2021	^ Adult Expanded Only, description change
D0210	intraoral - comprehensive series of radiographic images	\$ 82.50	\$ 82.50	\$ 82.50	7/1/2009	^ Adult Expanded, description change
D0220	Intraoral periapical first f	\$ 16.50	\$ 16.50	\$ 16.50	7/1/2009	^ Adult Expanded
D0230	Intraoral periapical ea add	\$ 11.00	\$ 11.00	\$ 11.00	7/1/2009	^ Adult Expanded
D0240	Intraoral occlusal film	\$ 19.80	\$ 19.80	\$ 19.80	7/1/2009	
D0250	Extraoral first film	\$ 17.60	\$ 17.60	\$ 17.60	7/1/2009	
D0270	Dental bitewing single film	\$ 19.80	\$ 19.80	\$ 19.80	7/1/2009	^ Adult Expanded, not on ADA survey, used price from dental consultant
D0272	Dental bitewings two films	\$ 27.50	\$ 27.50	\$ 27.50	7/1/2009	^ Adult Expanded
D0273	Dental bitewings three films	\$ 33.00	\$ 33.00	\$ 33.00	11/1/2010	^ Adult Expanded
D0274	Dental bitewings four films	\$ 40.70	\$ 40.70	\$ 40.70	7/1/2009	^ Adult Expanded
D0320	Dental tmj arthrogram incl i	\$ 169.40	\$ 169.40	\$ 169.40	1/1/1999	
D0321	Dental other tmj films	\$ 77.00	\$ 77.00	\$ 77.00	1/1/1999	
D0322	Dental tomographic survey	\$ 77.00	\$ 77.00	\$ 77.00	1/1/1999	
D0330	Dental panoramic film	\$ 73.70	\$ 73.70	\$ 73.70	7/1/2009	^ Adult Expanded
D0340	Dental cephalometric film	\$ 66.07	\$ 66.07	\$ 66.07	1/1/1999	
D0350	Oral/facial photo images	\$ 20.00	\$ 20.00	\$ 20.00	1/1/1999	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	\$ 82.50	1/1/2023	Fee recommendation from Keypro
D0373	intraoral tomosynthesis - bitewing radiographic image		\$ 19.80	\$ 19.80	1/1/2023	Fee recommendation from Keypro
D0374	intraoral tomosynthesis - periapical radiographic image		\$ 16.50	\$ 16.50	1/1/2023	Fee recommendation from Keypro
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image		\$ 41.25	\$ 41.25	1/1/2023	Fee recommendation from Keypro
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only		\$ 9.90	\$ 9.90	1/1/2023	Fee recommendation from Keypro
D0389	intraoral tomosynthesis-periapical radiographic image - image capture only		\$ 8.25	\$ 8.25	1/1/2023	Fee recommendation from Keypro
D0470	Diagnostic casts	\$ 39.60	\$ 39.60	\$ 39.60	1/1/1999	
D0474	Micro w exam of surg margins	\$ 68.20	\$ 68.20	\$ 68.20	1/1/2004	
D0486	Accession of brush biopsy	\$ 82.50	\$ 82.50	\$ 82.50	1/1/2007	
D0801	3D dental surface scan - direct		\$ 39.60	\$ 39.60	1/1/2023	Fee recommendation from Keypro
D0802	3D dental surface scan - indirect		\$ 39.60	\$ 39.60	1/1/2023	Fee recommendation from Keypro Not to be billed with D0801
D0803	3D facial surface scan - direct		\$ 275.00	\$ 275.00	1/1/2023	Fee recommendation from Keypro
D0804	3D facial surface scan - indirect		\$ 75.00	\$ 75.00	1/1/2023	Fee recommendation from Keypro
D1110	Dental prophylaxis adult	\$ 60.50	\$ 60.50	\$ 60.50	11/1/2010	^ On FS but per Adult Expanded dental new as of 1/1/2
D1120	Dental prophylaxis child	\$ 44.00	\$ 44.00	\$ 44.00	7/1/2009	
D1203	Topical app fluoride child	\$ 20.90	\$ 20.90	\$ 20.90	7/1/2009	
D1206	Topical fluoride varnish	\$ 22.00	\$ 22.00	\$ 22.00	7/1/2009	
D1208	Topical application of fluoride	\$ 22.00	\$ 22.00	\$ 22.00	1/1/2013	
D1320	Tobacco counseling	\$ -	\$ -	\$ 31.87	4/1/2023	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 the 2022 ADA Survey of Fees so fee has been reestablished effective 4/1/23
D1351	Dental sealant per tooth	\$ 33.00	\$ 33.00	\$ 33.00	7/1/2009	
D1353	Sealant Repair - per tooth	\$ 16.50	\$ 16.50	\$ 16.50	1/1/2015	
D1354	Application of caries arresting medicament application - per	\$ 56.10	\$ 56.10	\$ 56.10	1/1/2018	^ Description change, Adult expanded dental as of 1/1/2
D1510	Fixed, unilateral - per quadrant. Excludes a distal shoe space	\$ 154.00	\$ 154.00	\$ 154.00	1/1/1999	Description change

D1516	Space Maintainer-fixed bilateral, maxillary	\$ 220.00	\$ 220.00	\$ 220.00	1/1/2019		Replaces D1515
D1517	Space Maintainer-fixed bilateral, mandibular	\$ 220.00	\$ 220.00	\$ 220.00	1/1/2019		Replaces D1515
D1520	Space Maintainer - removable, - unilateral - per quadrant	\$ 90.20	\$ 90.20	\$ 90.20	1/1/2019		Description change
D1526	Space Maintainer-Removable-bilateral, maxillary	\$ 132.00	\$ 132.00	\$ 132.00	1/1/2019		Replaces D1525
D1527	Space Maintainer-Removable-bilateral, mandibular	\$ 132.00	\$ 132.00	\$ 132.00	1/1/2019		Replaces D1525
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$ 27.50	\$ 27.50	\$ 27.50	1/1/2020		Replaces D1550
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$ 27.50	\$ 27.50	\$ 27.50	1/1/2020		Replaces D1550
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	\$ 27.50	\$ 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	\$ 154.00	1/1/2017		Description change
D1781	vaccine administration-human papillomavirus - Dose 1		\$ 12.00	\$ 12.00	1/1/2023		Fee recommendation from Keypro
D1782	vaccine administration-human papillomavirus - Dose 2		\$ 12.00	\$ 12.00	1/1/2023		Fee recommendation from Keypro
D1783	vaccine administration-human papillomavirus - Dose 3		\$ 12.00	\$ 12.00	1/1/2023		Fee recommendation from Keypro
D2140	Amalgam one surface permanen	\$ 80.30	\$ 80.30	\$ 80.30	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2150	Amalgam two surfaces permene	\$ 97.90	\$ 97.90	\$ 97.90	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2160	Amalgam three surfaces permene	\$ 114.40	\$ 114.40	\$ 114.40	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2161	Amalgam 4 or > surfaces perm	\$ 127.60	\$ 127.60	\$ 127.60	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2330	Resin one surface-anterior	\$ 93.50	\$ 93.50	\$ 93.50	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2331	Resin two surfaces-anterior	\$ 113.30	\$ 113.30	\$ 113.30	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2332	Resin three surfaces-anterior	\$ 137.50	\$ 137.50	\$ 137.50	7/1/2009	^	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	\$ 162.80	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2390	Ant resin-based cmpst crown	\$ 181.50	\$ 181.50	\$ 181.50	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2391	Post 1 srfc resinbased cmpst	\$ 102.30	\$ 102.30	\$ 102.30	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2392	Post 2 srfc resinbased cmpst	\$ 125.40	\$ 125.40	\$ 125.40	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2393	Post 3 srfc resinbased cmpst	\$ 151.80	\$ 151.80	\$ 151.80	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2394	Post >=4srfc resinbase cmpst	\$ 173.80	\$ 173.80	\$ 173.80	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2740	Crown - porcelain/ceramic substrate	\$ 698.50	\$ 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	\$ 698.50	1/1/2021	^	Adult Expanded Only
D2751	Crown porcelain fused base m	\$ 698.50	\$ 698.50	\$ 698.50	7/1/2009	^	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	\$ 698.50	1/1/2021	^	Adult Expanded Only
D2791	Crown full cast base metal	\$ 693.00	\$ 693.00	\$ 693.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2920	Dental recement crown	\$ 27.50	\$ 27.50	\$ 27.50	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/2
D2929	Pediatric Zirconia Crowns for Anterior teeth		\$ 161.70	\$ 161.70	1/1/2023		Children's contract & benefits, Fee recommendation from Keypro
D2930	Prefab stnlss steel crwn pri	\$ 161.70	\$ 161.70	\$ 161.70	7/1/2009		
D2931	Prefab stnlss steel crown pe	\$ 173.80	\$ 173.80	\$ 173.80	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2932	Prefabricated resin crown	\$ 178.20	\$ 178.20	\$ 178.20	7/1/2009	^	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	\$ 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	\$ 161.70	1/1/2023		Children's contract & benefits, Fee recommendation from Keypro
D2940	Dental sedative filling	\$ 55.00	\$ 55.00	\$ 55.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D2950	Core build-up incl any pins	\$ 154.00	\$ 154.00	\$ 154.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/2
D2951	Tooth pin retention	\$ 16.50	\$ 16.50	\$ 16.50	7/1/2009		
D2952	Post and core cast + crown	\$ 72.60	\$ 72.60	\$ 72.60	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/2
D2954	Prefab post/core + crown	\$ 176.00	\$ 176.00	\$ 176.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D3120	Pulp cap - indirect (excluding final restoration)		\$ 68.00	\$ 68.00	1/1/2023		Children's contract & benefits, priced per 2022 ADA Survey of fees
D3220	Therapeutic pulpotomy	\$ 101.20	\$ 101.20	\$ 101.20	7/1/2009		
D3310	End thxpy, anterior tooth	\$ 445.50	\$ 445.50	\$ 445.50	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D3320	End thxpy, bicuspid tooth	\$ 548.90	\$ 548.90	\$ 548.90	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D3330	End thxpy, molar	\$ 693.00	\$ 693.00	\$ 693.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/2
D3346	Retreat root canal anterior	\$ 176.00	\$ 176.00	\$ 176.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/2
D3347	Retreat root canal bicuspid	\$ 209.00	\$ 209.00	\$ 209.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/2

D3348	Retreat root canal molar	\$ 275.00	\$ 275.00	\$ 275.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D3351	Apexification/recalc initial	\$ 149.60	\$ 149.60	\$ 149.60	7/1/2009		
D3352	Apexification/recalc interim	\$ 104.50	\$ 104.50	\$ 104.50	7/1/2009		
D3353	Apexification/recalc final	\$ 246.40	\$ 246.40	\$ 246.40	7/1/2009		
D3410	Apicoect/perirad surg anter	\$ 374.00	\$ 374.00	\$ 374.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D3421	Root surgery bicuspid	\$ 154.00	\$ 154.00	\$ 154.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D4210	Gingivectomy/plasty per quad	\$ 143.00	\$ 143.00	\$ 143.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D4211	Gingivectomy/plasty per toot	\$ 48.40	\$ 48.40	\$ 48.40	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D4260	Osseous surgery per quadrant	\$ 246.40	\$ 246.40	\$ 246.40	1/1/1999		
D4261	Osseous surgl-3teethperquad	\$ 165.00	\$ 165.00	\$ 165.00	1/1/1999		
D4341	Periodontal scaling & root	\$ 162.80	\$ 162.80	\$ 162.80	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D4342	Periodontal scaling 1-3teeth	\$ 89.10	\$ 89.10	\$ 89.10	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D4346	Scaling in presence of generalized moderate or severe gingival	\$ 93.50	\$ 93.50	\$ 93.50	7/1/2020	^	On FS but per Adult Expanded dental new as of 1/1/21
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$ 93.50	\$ 93.50	\$ 93.50	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21, description change
D4910	Periodontal maintenance	\$ 60.00	\$ 60.00	\$ 60.00	1/1/2021	^	Adult Expanded Only
D5110	Dentures complete maxillary	\$ 595.00	\$ 595.00	\$ 595.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5120	Dentures complete mandible	\$ 595.00	\$ 595.00	\$ 595.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5130	Dentures immediat maxillary	\$ 595.00	\$ 595.00	\$ 595.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5140	Dentures immediat mandible	\$ 595.00	\$ 595.00	\$ 595.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5211	Maxillary partial denture - resin	\$ 595.00	\$ 595.00	\$ 595.00	1/1/2021	^	Adult Expanded Only
D5212	Mandibular partial denture - resin	\$ 595.00	\$ 595.00	\$ 595.00	1/1/2021	^	Adult Expanded Only
D5213	Dentures maxill part metal	\$ 595.00	\$ 595.00	\$ 595.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5214	Dentures mandibl part metal	\$ 595.00	\$ 595.00	\$ 595.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 595.00	\$ 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	\$ 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	\$ 247.50	1/1/2019		Replaces D5281
D5283	Removable unilateral partial denture-one piece case metal (including clasps and teeth),	\$ 247.50	\$ 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	\$ 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	\$ 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	\$ 15.40	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21, description change
D5411	Adjust complete denture - mandibular	\$ 15.40	\$ 15.40	\$ 15.40	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21, description change
D5421	Adjust partial denture - maxillary	\$ 15.40	\$ 15.40	\$ 15.40	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21, description change
D5422	Adjust partial denture - mandibular	\$ 15.40	\$ 15.40	\$ 15.40	1/1/1999	^	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	\$ 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	\$ 50.60	1/1/2018	^	Replaces D5510, On FS but per Adult Expanded dental new as of 1/1/21
D5520	Replace denture teeth complt	\$ 42.90	\$ 42.90	\$ 42.90	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5611	Repair resin partial denture base, madibular	\$ 50.60	\$ 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	\$ 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	\$ 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	\$ 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	\$ 64.90	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5640	Replace part denture teeth	\$ 41.80	\$ 41.80	\$ 41.80	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5650	Add tooth to partial denture	\$ 55.00	\$ 55.00	\$ 55.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5660	Add clasp to partial denture	\$ 70.40	\$ 70.40	\$ 70.40	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5710	Dentures rebase cmplt maxil	\$ 150.70	\$ 150.70	\$ 150.70	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5711	Dentures rebase cmplt mand	\$ 150.70	\$ 150.70	\$ 150.70	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21

D5720	Dentures rebase part maxill	\$ 150.70	\$ 150.70	\$ 150.70	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5721	Dentures rebase part mandbl	\$ 150.70	\$ 150.70	\$ 150.70	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5730	Denture reln cmplt maxil ch	\$ 88.00	\$ 88.00	\$ 88.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5731	Reline completed maxillary denture (direct)	\$ 88.00	\$ 88.00	\$ 88.00	1/1/1999	^	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	\$ 88.00	1/1/1999	^	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	\$ 88.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D5750	Reline complete maxillary denture (indirect)	\$ 132.00	\$ 132.00	\$ 132.00	1/1/1999	^	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	\$ 132.00	1/1/1999	^	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	\$ 132.00	1/1/1999	^	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	\$ 132.00	1/1/1999	^	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	\$ 300.00	1/1/2021	^	Adult Expanded Only
D5811	Interim (Temporary) complete lower denture	\$ 300.00	\$ 300.00	\$ 300.00	1/1/2021	^	Adult Expanded Only
D5820	Interim (Temporary) complete upper denture with clasps	\$ 300.00	\$ 300.00	\$ 300.00	1/1/2021	^	Adult Expanded Only
D5821	Interim (Temporary) complete lower denture with clasps	\$ 300.00	\$ 300.00	\$ 300.00	1/1/2021	^	Adult Expanded Only
D5850	SP - Tissue Conditioning - maxillary tissue	\$ 25.00	\$ 25.00	\$ 25.00	1/1/2021	^	Adult Expanded Only
D5851	SP - Tissue Conditioning - mandibular	\$ 25.00	\$ 25.00	\$ 25.00	1/1/2021	^	Adult Expanded Only
D5911	Facial moulage sectional	\$ 275.00	\$ 275.00	\$ 275.00	1/1/1999		
D5915	Orbital prosthesis	\$ 668.14	\$ 668.14	\$ 668.14	1/1/1999		
D5924	Cranial prosthesis	\$ 711.54	\$ 711.54	\$ 711.54	1/1/1999		
D5925	Facial augmentation implant	\$ 672.17	\$ 672.17	\$ 672.17	1/1/1999		
D5931	Surgical obturator	\$ 847.00	\$ 847.00	\$ 847.00	1/1/1999		
D5932	Postsurgical obturator	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999		
D5952	Pediatric speech aid	\$ 550.00	\$ 550.00	\$ 550.00	1/1/1999		
D5955	Palatal lift prosthesis	\$ 880.00	\$ 880.00	\$ 880.00	1/1/1999		
D5982	Surgical stent	\$ 220.00	\$ 220.00	\$ 220.00	1/1/1999		
D5986	Fluoride applicator	\$ 55.00	\$ 55.00	\$ 55.00	1/1/1999		
D6211	Bridge base metal cast	\$ 341.00	\$ 341.00	\$ 341.00	1/1/1999		
D6241	Bridge porcelain base metal	\$ 341.00	\$ 341.00	\$ 341.00	1/1/1999		
D6545	Dental retainr cast metl	\$ 112.20	\$ 112.20	\$ 112.20	1/1/1999		
D6930	Dental recement bridge	\$ 77.00	\$ 77.00	\$ 77.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D7140	Extraction erupted tooth/exr	\$ 88.00	\$ 88.00	\$ 88.00	7/1/2009		
D7210	Rem imp tooth w mucoper flp	\$ 143.00	\$ 143.00	\$ 143.00	7/1/2009		
D7220	Impact tooth remov soft tiss	\$ 189.20	\$ 189.20	\$ 189.20	7/1/2009		
D7230	Impact tooth remov part bonv	\$ 225.50	\$ 225.50	\$ 225.50	7/1/2009		
D7240	Impact tooth remov comp bonv	\$ 269.50	\$ 269.50	\$ 269.50	7/1/2009		
D7250	SP - Surgical Removal Unexposed root	\$ 100.00	\$ 100.00	\$ 100.00	1/1/2021	^	Adult Expanded Only
D7260	Oral antral fistula closure	\$ 385.00	\$ 385.00	\$ 385.00	1/1/1999		
D7270	Tooth reimplantation	\$ 154.00	\$ 154.00	\$ 154.00	1/1/1999		
D7280	Exposure impact tooth orthod	\$ 154.00	\$ 154.00	\$ 154.00	1/1/1999		
D7281	Exposure tooth aid eruption	\$ 74.80	\$ 74.80	\$ 74.80	1/1/1999		
D7283	Place device impacted tooth	\$ 74.80	\$ 74.80	\$ 74.80	1/1/2005		
D7285	Biopsy of oral tissue hard	\$ 165.00	\$ 165.00	\$ 165.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D7286	Biopsy of oral tissue soft	\$ 143.00	\$ 143.00	\$ 143.00	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D7310	Alveoplasty w/ extraction	\$ 74.80	\$ 74.80	\$ 74.80	1/1/1999		
D7320	Alveoplasty w/o extraction	\$ 96.80	\$ 96.80	\$ 96.80	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7340	Vestibuloplasty ridge extens	\$ 385.00	\$ 385.00	\$ 385.00	1/1/1999		
D7350	Vestibuloplasty exten graft	\$ 1,155.00	\$ 1,155.00	\$ 1,155.00	1/1/1999		
D7410	Rad exc lesion up to 1.25 cm	\$ 94.60	\$ 94.60	\$ 94.60	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7411	Excision benign lesion>1.25c	\$ 385.00	\$ 385.00	\$ 385.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7440	Malig tumor exc to 1.25 cm	\$ 308.00	\$ 308.00	\$ 308.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7441	Malig tumor > 1.25 cm	\$ 1,540.00	\$ 1,540.00	\$ 1,540.00	1/1/1999		
D7450	Rem odontogen cyst to 1.25cm	\$ 114.40	\$ 114.40	\$ 114.40	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7451	Rem odontogen cyst > 1.25 cm	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7460	Rem nonodonto cyst to 1.25cm	\$ 115.50	\$ 115.50	\$ 115.50	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7461	Rem nonodonto cyst > 1.25 cm	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7471	Rem exostosis any site	\$ 138.60	\$ 138.60	\$ 138.60	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7472	Removal of torus palatinus	\$ 231.00	\$ 231.00	\$ 231.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7473	Remove torus mandibularis	\$ 231.00	\$ 231.00	\$ 231.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7485	Surg reduct osseoustuberosit	\$ 231.00	\$ 231.00	\$ 231.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D7490	Maxilla or mandible resectio	\$ 2,695.00	\$ 2,695.00	\$ 2,695.00	1/1/1999		
D7509	marsupialization of odontogenic cyst		\$ 200.00	\$ 200.00	1/1/2023		Fee recommendation from Keypro
D7510	I&d abscc intraoral soft tiss	\$ 137.50	\$ 137.50	\$ 137.50	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D7520	I&d abscess extraoral	\$ 192.50	\$ 192.50	\$ 192.50	7/1/2009	^	On FS but per Adult Expanded dental new as of 1/1/21
D7530	Removal fb skin/areolar tiss	\$ 133.33	\$ 133.33	\$ 133.33	1/1/1999		

D7550	Removal of sloughed off bone	\$ 231.00	\$ 231.00	\$ 231.00	1/1/1999	
D7560	Maxillary sinusotomy	\$ 693.00	\$ 693.00	\$ 693.00	1/1/1999	
D7610	Maxilla open reduct simple	\$ 1,155.00	\$ 1,155.00	\$ 1,155.00	1/1/1999	
D7620	Clsd reduct simpl maxilla fx	\$ 770.00	\$ 770.00	\$ 770.00	1/1/1999	
D7630	Open red simpl mandible fx	\$ 1,155.00	\$ 1,155.00	\$ 1,155.00	1/1/1999	
D7640	Clsd red simpl mandible fx	\$ 770.00	\$ 770.00	\$ 770.00	1/1/1999	
D7671	Alveolus open reduction	\$ 462.00	\$ 462.00	\$ 462.00	1/1/1999	
D7710	Maxilla open reduct compound	\$ 1,386.00	\$ 1,386.00	\$ 1,386.00	1/1/1999	
D7720	Clsd reduct compd maxilla fx	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	
D7730	Open reduct compd mandble fx	\$ 1,556.17	\$ 1,556.17	\$ 1,556.17	1/1/1999	
D7740	Clsd reduct compd mandble fx	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	
D7750	Open red comp malar/zygma fx	\$ 2,310.00	\$ 2,310.00	\$ 2,310.00	1/1/1999	
D7770	Open reduct compd alveolus fx	\$ 462.00	\$ 462.00	\$ 462.00	1/1/1999	
D7780	Reduct compnd facial bone fx	\$ 1,353.00	\$ 1,353.00	\$ 1,353.00	1/1/1999	
D7810	Tmj open reduct-dislocation	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	1/1/1999	
D7820	Closed tmp manipulation	\$ 154.00	\$ 154.00	\$ 154.00	1/1/1999	
D7830	Tmj manipulation under anest	\$ 616.00	\$ 616.00	\$ 616.00	1/1/1999	
D7850	Tmj meniscectomy	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	1/1/1999	
D7852	Tmj repair of joint disc	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	1/1/1999	
D7858	Tmj reconstruction	\$ 3,850.00	\$ 3,850.00	\$ 3,850.00	1/1/1999	
D7865	Tmj reshaping components	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	1/1/1999	
D7870	Tmj aspiration joint fluid	\$ 231.00	\$ 231.00	\$ 231.00	1/1/1999	
D7872	Tmj diagnostic arthroscopy	\$ 1,155.00	\$ 1,155.00	\$ 1,155.00	1/1/1999	
D7873	Tmj arthroscopy lysis adhesn	\$ 1,540.00	\$ 1,540.00	\$ 1,540.00	1/1/1999	
D7874	Tmj arthroscopy disc reposi	\$ 1,540.00	\$ 1,540.00	\$ 1,540.00	1/1/1999	
D7876	Tmj arthroscopy discectomy	\$ 1,925.00	\$ 1,925.00	\$ 1,925.00	1/1/1999	
D7877	Tmj arthroscopy debridement	\$ 1,155.00	\$ 1,155.00	\$ 1,155.00	1/1/1999	
D7880	Occlusal orthotic appliance	\$ 273.90	\$ 273.90	\$ 273.90	1/1/1999	
D7899	Tmj unspecified therapy	\$ 53.90	\$ 53.90	\$ 53.90	1/1/1999	
D7910	Dent sutur recent wnd to 5cm	\$ 53.90	\$ 53.90	\$ 53.90	1/1/1999	
D7911	Dental suture wound to 5 cm	\$ 385.00	\$ 385.00	\$ 385.00	1/1/1999	
D7912	Suture complicate wnd > 5 cm	\$ 110.00	\$ 110.00	\$ 110.00	1/1/1999	
D7920	Dental skin graft	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization,	\$ 16.50	\$ 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	\$ 2,310.00	1/1/1999	
D7943	Cutting ramus open w/graft	\$ 3,080.00	\$ 3,080.00	\$ 3,080.00	1/1/1999	
D7944	Bone cutting segmented	\$ 1,540.00	\$ 1,540.00	\$ 1,540.00	1/1/1999	
D7946	Reconstruction maxilla total	\$ 3,080.00	\$ 3,080.00	\$ 3,080.00	1/1/1999	
D7947	Reconstruct maxilla segment	\$ 1,485.00	\$ 1,485.00	\$ 1,485.00	1/1/1999	
D7948	Reconstruct midface no graft	\$ 1,342.08	\$ 1,342.08	\$ 1,342.08	1/1/1999	
D7949	Reconstruct midface w/graft	\$ 1,503.47	\$ 1,503.47	\$ 1,503.47	1/1/1999	
D7950	Mandible graft	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	
D7955	Repair maxillofacial defects	\$ 2,750.00	\$ 2,750.00	\$ 2,750.00	1/1/1999	
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site		\$ 375.00	\$ 375.00	1/1/2023	Fee recommendation from Keypro
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site		\$ 450.00	\$ 450.00	1/1/2023	Fee recommendation from Keypro
D7961	Buccal/labial frenectomy (frenulectomy)	\$ 87.00	\$ 87.00	\$ 87.00	1/1/2021	Replaces D7960
D7962	Lingual frenectomy (frenulectomy)	\$ 87.00	\$ 87.00	\$ 87.00	1/1/2021	Replaces D7960
D7970	Excision hyperplastic tissue	\$ 104.50	\$ 104.50	\$ 104.50	1/1/1999	
D7979	Non-surgical silaolithotomy	\$ 57.75	\$ 57.75	\$ 57.75	1/1/2018	
D7980	Sialolithotomy	\$ 115.50	\$ 115.50	\$ 115.50	1/1/1999	
D7981	Excision of salivary gland	\$ 1,155.00	\$ 1,155.00	\$ 1,155.00	1/1/1999	
D7982	Sialodochoplasty	\$ 346.50	\$ 346.50	\$ 346.50	1/1/1999	
D7991	Dental coronoidectomy	\$ 924.00	\$ 924.00	\$ 924.00	1/1/1999	
D8010	Limited dental tx primary	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8020	Limited dental tx transition	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8030	Limited dental tx adolescent	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8040	Limited dental tx adult	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8050	Intercep dental tx primary	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8060	Intercep dental tx transitt	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8070	Compre dental tx transition	\$ 2,079.00	\$ 2,079.00	\$ 2,079.00	1/1/1999	
D8080	Compre dental tx adolescent	\$ 2,695.00	\$ 2,695.00	\$ 2,695.00	1/1/1999	
D8090	Compre dental tx adult	\$ 3,003.00	\$ 3,003.00	\$ 3,003.00	1/1/1999	
D8210	Orthodontic rem appliance tx	\$ 297.00	\$ 297.00	\$ 297.00	1/1/1999	
D8220	Fixed appliance therapy habt	\$ 385.00	\$ 385.00	\$ 385.00	1/1/1999	
D8680	Orthodontic retention	\$ 198.00	\$ 198.00	\$ 198.00	1/1/1999	
D8695	Removal of fixed orthodontic appliance(s) - other than at conclusion of treatment	\$ 220.00	\$ 220.00	\$ 220.00	1/1/2018	
D8696	Repair of orthodontic appliance - maxillary	\$ 55.00	\$ 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	\$ 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	\$ 27.50	1/1/2020		Replaces D8693
D8699	Re-cement or re-bond fixed retainer-mandibular	\$ 27.50	\$ 27.50	\$ 27.50	1/1/2020		Replaces D8693
D8701	Repair of fixed retainer, includes reattachment-maxillary	\$ 27.50	\$ 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	\$ 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	\$ 198.00	1/1/2020		Replaces D8692
D8704	Replacement of lost or broken retainer-mandibular	\$ 198.00	\$ 198.00	\$ 198.00	1/1/2020		Replaces D8692
D9222	Deep sedation/general anesthesia - first 15 minutes	\$ 136.20	\$ 136.20	\$ 136.20	See Calculation below	*	
D9223	Deep sedation/general anesthesia - each 15 minute increment	varies	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	\$ 44.00	7/1/2009		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15	\$ 136.20	\$ 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	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	\$ 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	\$ 55.00	1/1/1999	^	On FS but per Adult Expanded dental new as of 1/1/21
D9420	Hospital call	\$ 38.50	\$ 38.50	\$ 38.50	1/1/1999		
D9610	SP - Therapeutic Parental Drug	\$ 27.00	\$ 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	\$ 16.00	1/1/1999		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	\$ 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	\$ 132.00	1/1/2019		Replaces D9940
D9946	Occlusal Guard-soft appliance, partial arch	\$ 132.00	\$ 132.00	\$ 132.00	1/1/2019		Replaces D9940
D9951	Limited occlusal adjustment	\$ 49.50	\$ 49.50	\$ 49.50	1/1/1999		
D9952	Complete occlusal adjustment	\$ 132.00	\$ 132.00	\$ 132.00	1/1/1999		
D9995	Teledentistry	\$ 38.50	\$ 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