

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

APPENDIX 505C - COVERED PREVENTATIVE AND RESTORATIVE SERVICES FOR ADULTS OVER AGE 21
REGARDLESS OF PA REQUIREMENT THESE SERVICES HAVE A \$1,000 A 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							
D0120	Periodic exam	2 per calendar years		\$ 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 years		\$ 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
D0270	Biteewing - 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, not on ADA survey when opened - used price from dental consultant
D0272	Biteewings – 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	Biteewings – three radiographic images	1 per calendar year		\$ 33.00	11/1/2010	1/1/2021	1/1/21 for adults (code originally opened 11/1/10 for children), requires PA per CR when code expanded for adults
D0274	Biteewings - 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
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	1 per calendar year		\$ 82.50	1/1/2023	1/1/2023	Fee recommendation from Keypro
D0373	intraoral tomosynthesis - biteewing radiographic image	1 per calendar year		\$ 19.80	1/1/2023	1/1/2023	Fee recommendation from Keypro
D0374	intraoral tomosynthesis - periapical radiographic image	1 per calendar year		\$ 16.50	1/1/2023	1/1/2023	Fee recommendation from Keypro
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	1 per calendar year		\$ 41.25	1/1/2023	1/1/2023	Fee recommendation from Keypro
D0388	intraoral tomosynthesis - biteewing radiographic image - image capture	1 per calendar year		\$ 9.90	1/1/2023	1/1/2023	Fee recommendation from Keypro
D0389	intraoral tomosynthesis - periapical radiographic image - image capture only	1 per calendar year		\$ 8.25	1/1/2023	1/1/2023	Fee recommendation from Keypro

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 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	vaccine 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	vaccine 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	vaccine 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 PROPHYLAXIS							
D1110	Prophylaxis-adult	1 per 6 months		\$ 60.50	11/1/2010	1/1/2021	1/1/21 for adults (code originally opened 11/1/10 for children), requires PA per CR when code expanded for adults
OTHER PREVENTIVE SERVICES							
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.	\$ 56.10	1/1/2018	1/1/2023	1/1/23 for adults (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	\$ 97.90	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
D2160	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	\$ 127.60	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 – DIRECT							
D2330	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
D2331	Resin-based composite - two surfaces, anterior	5 surfaces per tooth number per 3 years	Requires prior authorization	\$ 113.30	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
D2332	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
D2335	resin-based composite - four or more surfaces (anterior)	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 predominately 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 predominately base metal	1 tooth number per 5 years	Requires prior authorization	\$ 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
OTHER RESTORATIVE SERVICES							
D2920	Recement crown	1 per tooth number per 1 calendar year	Requires prior authorization	\$ 27.50	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
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
D2940	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	Core buildup, 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	1/1/2024	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)
ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, 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/PERIRADICULAR 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)							
D4210	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	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
D4211	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	1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
NON-SURGICAL PERIODONTAL SERVICE							
D4341	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
D4342	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
D4346	scaling in presence of generalized moderate or severe gingival inflammation – 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
D4355	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							
D4910	Periodontal Maintenance	1 per calendar year	Requires prior authorization	\$ 60.00	1/1/2021	1/1/2021	
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	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	\$ 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

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-DELIVERY 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 (including retentive/clasping materials, rests 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/clasping materials, rests 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	1/1/1999	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
D5411	Adjust complete denture – mandibular	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
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	1/1/1999	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
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 5610. 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 5610. 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 5620. 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 5620. 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/clasp 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	Replace 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	\$ 55.00	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 REBASED 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							
D5730	Reline complete maxillary denture (chairside)	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
D5731	Reline complete mandibular denture (chairside)	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
D5740	Reline maxillary partial denture (chairside)	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
D5741	Reline mandibular partial denture (chairside)	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
D5750	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
D5751	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
D5760	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
D5761	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
D5810	Interim (temporary) complete upper denture	1 per 5 years	Requires prior authorization	\$ 300.00	1/1/2021	1/1/2021	
D5811	Interim (temporary) complete lower denture	1 per 5 years	Requires prior authorization	\$ 300.00	1/1/2021	1/1/2021	
D5820	Interim (temporary) Partial upper denture with clasps	1 per lifetime	Requires prior authorization	\$ 300.00	1/1/2021	1/1/2021	
D5821	Interim (temporary) Partial lower denture with clasps	1 per lifetime	Requires prior authorization	\$ 300.00	1/1/2021	1/1/2021	
D5850	Tissue conditioning-maxillary tissue		Requires prior authorization	\$ 25.00	1/1/2021	1/1/2021	
D5851	Tissue conditioning-mandibular		Requires prior authorization	\$ 25.00	1/1/2021	1/1/2021	

OTHER FIXED DENTURE SERVICES							
D6930	Recement fixed partial denture	1 per calendar year	Requires prior authorization	\$ 77.00	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 SURGICAL PROCEDURES							
D7250	Surgical removal unexposed root	1 per tooth per lifetime	Requires prior authorization	\$ 100.00	1/1/2021	1/1/2021	
D7284	Excisional biopsy of minor salivary glands		Requires prior authorization	\$ 74.80	1/1/2024	1/1/2024	Fee recommendation from Dental Consultant (Dr. Taylor & update for code D7283) Adult Only
ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE							
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	1 quadrant UR, UL, LL, LR per lifetime	Requires prior authorization	\$ 96.80	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
EXCISION OF BONE TISSUE							
D7471	Removal of lateral exostosis (maxilla or mandible)		Requires prior authorization	\$ 138.60	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
D7472	Removal of torus palatinus		Requires prior authorization	\$ 231.00	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
D7473	Removal of torus mandibularis		Requires prior authorization	\$ 231.00	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
D7485	Surgical reduction of osseous tuberosity		Requires prior authorization	\$ 231.00	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
D7490	Radical resection of maxilla or mandible		Requires prior authorization	\$ 2,695.00	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
OTHER SERVICES							
D7509	marsupialization of odontogenic cyst	1 per calendar year	Requires prior authorization	\$ 200.00	1/1/2023	1/1/2023	Fee recommendation from Keypro
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	1 per calendar year	Requires prior authorization	\$ 375.00	1/1/2023	1/1/2023	Fee recommendation from Keypro
D7957	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	Fee recommendation from Keypro
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		Requires prior authorization	\$ 55.00	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
D9610	Therapeutic parenteral drug		Requires prior authorization	\$ 27.00	1/1/2021	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, requires PA per CR when code opened for adults
D9630	Other drugs and/or medicaments, by report		Requires prior authorization	\$ 16.00	1/1/1999	1/1/1999	Fee reduced to 2020 ADA Survey of Fees to keep in line with our WV State Plan 4/1/22
D9910	Application of desensitizing medicament		Requires prior authorization	\$ 20.65	4/1/1995	1/1/2021	1/1/21 for adults (code originally opened 4/1/95 for children), requires PA per CR when code expanded for adults
D9944	Occlusal Guard-hard appliance, full arch	1 per 5 years	Requires prior authorization	\$ 132.00	1/1/2019	1/1/2021	Replaces D9940, 1/1/21 for adults (code originally opened 1/1/99 for children), requires PA per CR when code expanded for adults
D9945	Occlusal Guard-soft appliance, full arch	1 per 5 years	Requires prior authorization	\$ 132.00	1/1/2019	1/1/2019	Replaces D9940
D9999	Unspecified adjunctive procedure, by report		Requires prior authorization	Priced per 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 Edit 225