

<b>ISSUE DATE</b>  June 13, 2022	<b>EFFECTIVE DATE</b>  May 2, 2022	<b>NUMBER</b>  08-22-13, 27-22-07
<b>SUBJECT</b>  Teledentistry Guidelines and Dental Fee Schedule Updates		<b>BY</b>   Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

## **PURPOSE:**

The purpose of this Medical Assistance (MA) bulletin is to notify dentists, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs) that the Department of Human Services (Department) will pay for teledentistry, effective with dates of service on and after May 2, 2022, as well as to announce that procedure codes for counseling services have been added to the MA Program Fee Schedule.

## **SCOPE:**

This bulletin applies to MA enrolled dentists (all specialties), FQHCs, and RHCs that provide dental services to MA beneficiaries in the fee-for-service (FFS) and MA managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization (MCO) with any billing questions.

## **BACKGROUND:**

On March 13, 2020, COVID-19 was declared a nationwide public health emergency (PHE) under the Stafford Act retroactive to March 1, 2020. In response to the COVID-19 pandemic, the Department issued Provider Quick Tip # 237, "Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics" (<https://www.dhs.pa.gov/providers/Quick-Tips/Documents/PROMISeQuickTip237.pdf>) for teledentistry services rendered on and after March 1, 2020. The Department is updating the

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

teledentistry guidelines for the MA Program, and Provider Quick Tip # 237 is now obsolete for dates of services on and after May 2, 2022. These guidelines are to extend beyond the PHE. Additional telemedicine information for all providers can be found within MA Bulletin 99-22-02, titled "Updates to Guidelines for the Delivery of Physical Health Services via Telemedicine," issued and effective May 6, 2022

(<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022050601.pdf>).

Providers requested that counseling codes be added to the MA Program Dental Fee Schedule. The Department has considered this request, the Department, following a clinical review, is adding procedure codes D1310 and D1330 to the MA Program Dental Fee Schedule.

### **DISCUSSION:**

Teledentistry is two-way, real time interactive communication between the patient and dentist. Teledentistry may be provided by any means that allows for two-way, real time interactive audio-video communication, such as through conferencing hosted by a secure mobile application. Audio only technology may be utilized for two procedure codes as described below.

Teledentistry may be used by dentists, FQHCs, and RHCs to provide dental services to MA beneficiaries. The provider must be licensed in Pennsylvania and enrolled in the MA Program.

Teledentistry visits must be provided according to the same standard of care as if delivered in-person. Written communications, such as text or e-mail, may be used to provide supplemental communication between visits but are not considered a teledentistry visit. Providers are to obtain consent from the beneficiary receiving services or their legal guardian prior to rendering a service via teledentistry. Services rendered via teledentistry may not be recorded without the beneficiary's consent. Beneficiaries may elect not to receive services via teledentistry at any time. Providers cannot use a beneficiary's refusal to receive services via teledentistry as a basis to limit the beneficiary's access to services. Providers should fully document the services rendered, as well as the telecommunication technology used to render the service, in the MA beneficiary's medical record.

### **PROCEDURE:**

#### *Teledentistry Guidelines*

Effective with dates of service on and after May 2, 2022, dentists may provide the following procedure codes, currently on the MA Program Dental Fee Schedule, via teledentistry:

Procedure Code	Code Description	Unit of Service	Limit	Teledentistry Place of Service	Rate
D0140	Limited oral evaluation - problem focused	Per visit	1 per day initiated by patient	02	\$55.22
D1206	Topical application of fluoride varnish	Per procedure	4 per calendar year (Under 21 years of age only)	02	\$18.00
D1320	Tobacco counseling for the control and prevention of oral disease	Per visit	Any combination of 99407, D1320 or D1321 once per day, greater than 10 minutes, with a maximum of 70 per calendar year	02	\$19.33

In order to identify that the dental service was rendered using teledentistry by a provider, the Department added Place of Service (POS) 02, "Telehealth," to the MA Program Dental Fee Schedule. The procedure code D9995 (teledentistry – synchronous; real-time encounter) was end-dated on May 1, 2022. Providers are now to use POS 02 to indicate teledentistry services.

Procedure codes D0140 and D1320 are the only services that can be provided via teledentistry using audio only interaction. If the service was rendered using audio-only technology, providers are to document that the services were rendered using audio-only technology, as well as the reason audio/video technology could not be used. Procedure code D0140 is to be provided via teledentistry only to respond to urgent situations, such as pain, infection, excessive bleeding, or trauma, and the service must be initiated by the patient calling into the provider's office to report one of these symptoms. Other teledentistry services must be provided using audio/video technology.

Services rendered via teledentistry will be paid at the rate listed on the MA Program Dental Fee Schedule. No additional payment will be made for the technology.

FQHCs and RHCs are to continue billing procedure code T1015 with the U9 modifier to indicate dental visits/encounters rendered via teledentistry to patients. FQHCs and RHCs should no longer use the GT modifier, as previously directed in Provider Quick Tip # 237, "Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics" (<https://www.dhs.pa.gov/providers/Quick-Tips/Documents/PROMISeQuickTip237.pdf>), and must begin using POS 02 as of May 2, 2022.

MA MCOs may also cover teledentistry visits and encounters. MA MCOs may negotiate payment for services rendered via telemedicine. FQHCs and RHCs that have opted into the

Alternative Payment Methodology (APM) will receive at least their provider-specific MA FFS Prospective Payment System (PPS) rate for a dental encounter from the MA MCO. If the FQHC or RHC has not opted into this APM, then the Department will make supplemental payments to the provider that equal the difference between the payment under the PPS rate and the payment provided by the MA MCO.

*Other Dental Fee Schedule Updates*

The following procedure codes have been added to the MA Program Dental Fee Schedule, effective with dates of service on and after May 2, 2022, and can be rendered via teledentistry, as well as in-person. Procedure codes D1310 and D1330 must be rendered to the MA beneficiary during a single visit and must have a combined total of a minimum of 12 minutes. The procedure codes must be billed together, and POS 02 must be used if provided via teledentistry. Otherwise, enter the appropriate location code.

<b>Procedure Code</b>	<b>Code Description</b>	<b>Unit of Service</b>	<b>Limit</b>	<b>Places of Service</b>	<b>Rate</b>
D1310	Nutritional counseling for control of dental disease	1	1 per 180 days in combination with D1330, totalling 12 minutes or more	02, 11, 12, 31, 32, 99	\$10.87
D1330	Oral hygiene instructions	1	1 per 180 days in combination with D1310, totalling 12 minutes or more	02, 11, 12, 31, 32, 99	\$11.08

**ATTACHMENT:**

MA Program Dental Fee Schedule – Effective May 2, 2022

**Medical Assistance Program Dental Fee Schedule  
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Procedure Code	Provider Type	Provider Specialty	Place of Service	Description	Units of Service	Limits	MA Fee	Prior Authorization
<b>DIAGNOSTIC</b>								
<b>Clinical Oral Evaluation</b>								
D0120	27	All	11, 12, 21, 23, 24, 31, 32, 99	Periodic oral evaluation - established patient	Per visit	1 oral evaluation per 180 days, per patient	\$20.00	No
D0140	27	All	02, 11, 12, 21, 23, 31, 32, 99	Limited oral evaluation - problem focused	Per visit	1 per day (must be initiated by patient for POS 02)	\$55.22	No
D0145	27	All	11, 12, 21, 23, 24, 31, 32, 99	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Per visit	1 oral evaluation per 180 days, per patient (Under 3 years of age only)	\$20.00	No
D0150	27	All	11, 12, 21, 23, 24, 31, 32, 52, 99	Comprehensive oral evaluation - new or established patient	Per visit	1 per patient per dentist per lifetime	\$20.00	No
<b>Radiographs/Diagnostic Imaging</b>								
(Maximum allowance for any combination of dental radiographs, per patient per dentist per calendar year is \$69.00)								
D0210	27	All	11, 12, 31, 32	Intraoral - complete series of radiographic images	Per series	1 image per 5 years	\$45.00	No
D0220	27	All	11, 12, 31, 32	Intraoral - periapical first radiographic image	Per image	1 image per day	\$8.00	No
D0230	27	All	11, 12, 31, 32	Intraoral - periapical each additional radiographic image	Per image	10 images per day	\$8.00	No
D0240	27	All	11, 12, 31, 32	Intraoral – occlusal radiographic image	Per image	2 images per day	\$12.00	No
D0250	27	All	11, 12, 31, 32	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	Per image	1 image per day	\$8.00	No
D0251	27	All	11, 12, 31, 32	Extra-oral posterior dental radiographic image	Per image	10 images per day	\$8.00	No
D0270	27	All	11, 12, 31, 32	Bitewing – single radiographic image	Per image	1 image per day	\$8.00	No

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D0272	27	All	11, 12, 31, 32	Bitewings – two radiographic images	Per image pair	1 image per day	\$16.00	No
D0273	27	270, 271, 272, 273, 274, 275, 277, 279, 282, 283	11, 12, 31, 32	Bitewings – three radiographic images	Per image set	1 image per day	\$22.00	No
D0274	27	All	11, 12, 31, 32	Bitewings – four radiographic images	Per image set	1 image per day	\$28.00	No
D0330	27	All	11, 12, 31, 32	Panoramic radiographic image	Per image	1 image per 5 years	\$37.00	No
D0340	27	All	11, 31, 32	2D cephalometric radiographic image - acquisition, measurement and analysis	Per image	1 image per day (Under 21 years of age only)	\$19.50	No
<b>PREVENTIVE</b>								
<b>Dental Prophylaxis</b>								
D1110	27	All	11, 12, 21, 22, 24, 31, 32, 99	Prophylaxis – adult	Per visit	1 per 180 days, per patient (12 years of age and older only)	\$36.00	No
D1120	27	All	11, 12, 21, 24, 31, 32, 99	Prophylaxis – child	Per visit	1 per 180 days, per patient (Under 12 years of age only)	\$30.00	No
D1206	27	270, 271, 272, 273, 274, 275, 277, 279, 282, 283	02, 11, 12, 21, 24, 31, 32, 99	Topical application of fluoride varnish	Per procedure	4 per calendar year (Under 21 years of age only)	\$18.00	No
D1208	27	All	11, 12, 21, 24, 31, 32, 99	Topical application of fluoride - excluding varnish	Per procedure	1 per 180 days, per patient (16 years of age or under only)	\$18.72	No
<b>Other Preventive Services</b>								

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99407	27	370	11,12, 31, 32, 99	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Greater than ten minutes; face-to-face encounter	Any combination of 99407, D1320 or D1321 once per day, greater than 10 minutes, with a maximum of 70 per calendar year	\$19.33	No
D1310	27	All	02, 11, 12, 31, 32, 99	Nutritional counseling for control of dental disease	Per visit	1 per 180 days in combination with D1330, totalling 12 minutes or more	\$10.87	No
D1320	27	370	02, 11, 12, 31, 32, 99	Tobacco counseling for the control and prevention of oral disease	Per visit	Any combination of 99407, D1320 or D1321 once per day, greater than 10 minutes, with a maximum of 70 per calendar year	\$19.33	No
D1321	27	All	11, 12, 31, 32, 99	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Per Visit	Any combination of 99407, D1320 or D1321 once per day, greater than 10 minutes, with a maximum of 70 per calendar year	\$13.10	No
D1330	27	All	02, 11, 12, 31, 32, 99	Oral hygiene instructions	Per visit	1 per 180 days in combination with D1310, totalling 12 minutes or more	\$11.08	No

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D1351	27	All	11, 12, 21, 24, 31, 32, 99	Sealant - per tooth	Per tooth	1 application per indicated 1st and 2nd premolars – 1 application per permanent 1st and 2nd molars per lifetime. Includes 1st and 2nd molars where a buccal restoration may exist (Under 21 years of age only)	\$25.00	No
D1354	27	All	11, 12, 21, 24, 31, 32, 99	Interim caries arresting medicament application - per tooth	Per tooth	10 units per day (Under 21 years of age only)	\$25.00	No
<b>Space Maintenance (Passive Appliances)</b>								
D1510	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed, unilateral - per quadrant	Per appliance	1 per quadrant (Under 21 years of age only; 4 per lifetime)	\$120.00	No
D1516	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed - bilateral, maxillary	Per appliance	1 per arch (Under 21 years of age only; 1 per lifetime)	\$190.00	No
D1517	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed - bilateral, mandibular	Per appliance	1 per arch (Under 21 years of age only; 1 per lifetime)	\$190.00	No
D1551	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond bilateral space maintainer – maxillary	Per appliance	1 unit per day (Under 21 years of age only)	\$30.00	No
D1552	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond bilateral space maintainer – mandibular	Per appliance	1 unit per day (Under 21 years of age only)	\$30.00	No

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D1553	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond unilateral space maintainer – per quadrant	Per appliance	4 units per day (Under 21 years of age only)	\$30.00	No
D1556	27	All	11, 12, 21, 24, 31, 32	Removal of fixed unilateral space maintainer – per quadrant	Per appliance	4 units per day (Under 21 years of age only)	\$25.00	No
D1557	27	All	11, 12, 21, 24, 31, 32	Removal of fixed bilateral space maintainer – maxillary	Per appliance	1 unit per day (Under 21 years of age only)	\$25.00	No
D1558	27	All	11, 12, 21, 24, 31, 32	Removal of fixed bilateral space maintainer – mandibular	Per appliance	1 unit per day (Under 21 years of age only)	\$25.00	No
<b>RESTORATIVE</b>								
<b>Amalgam Restoration (Including Polishing)</b>								
D2140	27	All	11, 12, 21, 24, 31, 32	Amalgam – one surface, primary or permanent	Per procedure	1 unit per day	\$45.00	No
D2150	27	All	11, 12, 21, 24, 31, 32	Amalgam – two surfaces, primary or permanent	Per procedure	1 unit per day	\$55.00	No
D2160	27	All	11, 12, 21, 24, 31, 32	Amalgam – three surfaces, primary or permanent	Per procedure	1 unit per day	\$65.00	No
D2161	27	All	11, 12, 21, 24, 31, 32	Amalgam – four or more surfaces, primary or permanent	Per procedure	1 unit per day	\$65.00	No
<b>Resin-based Composite Restorations</b>								
D2330	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – one surface, anterior	Per procedure	1 unit per day	\$50.00	No
D2331	27	All	11, 12, 21, 22, 24, 31, 32, 49	Resin-based composite – two surfaces, anterior	Per procedure	1 unit per day	\$60.00	No
D2332	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – three surfaces, anterior	Per procedure	1 unit per day	\$65.00	No
D2335	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Per procedure	1 unit per day	\$65.00	No
D2390	27	All	11, 12, 21, 24, 31, 32	Resin-based composite crown, anterior	Per procedure	1 unit per day (Under 21 years of age only)	\$150.00	No

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D2391	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – one surface, posterior	Per procedure	1 unit per day	\$50.00	No
D2392	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – two surfaces, posterior	Per procedure	1 unit per day	\$60.00	No
D2393	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – three surfaces, posterior	Per procedure	1 unit per day	\$65.00	No
D2394	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – four or more surfaces, posterior	Per procedure	1 unit per day	\$65.00	No
<b>Crowns - Single Restoration Only</b>								
* D2710	27	All	11, 12, 21, 24, 31, 32	Crown - resin-based composite (indirect)	Per tooth	1 per 3 years	\$150.00	Yes
* D2721	27	All	11, 12, 21, 24, 31, 32	Crown – resin with predominantly base metal	Per tooth	1 per 5 years	\$200.00	Yes
* D2740	27	All	11, 12, 21, 24, 31, 32	Crown – porcelain/ceramic	Per tooth	1 per 5 years	\$500.00	Yes
* D2751	27	All	11, 12, 21, 24, 31, 32	Crown – porcelain fused to predominantly base metal	Per tooth	1 per 5 years	\$500.00	Yes
* D2791	27	All	11, 12, 21, 24, 31, 32	Crown – full cast predominantly base metal	Per tooth	1 per 5 years	\$475.00	Yes
<b>Other Restorative Services</b>								
D2910	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Per tooth	1 unit per day	\$25.00	No
D2915	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Per tooth	1 unit per day	\$25.00	No
D2920	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond crown	Per tooth	1 unit per day	\$25.00	No
D2930	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown - primary tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$99.00	No
D2931	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown - permanent tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$110.00	No

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D2932	27	All	11, 12, 21, 24, 31, 32	Prefabricated resin crown	Per tooth	1 unit per day (Under 21 years of age only)	\$50.00	No
D2933	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown with resin window	Per tooth	1 unit per day (Under 21 years of age only)	\$145.00	No
D2934	27	All	11, 12, 21, 24, 31, 32	Prefabricated esthetic coated stainless steel crown - primary tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$145.00	No
* D2952	27	All	11, 12, 24, 31, 32	Post and core in addition to crown, indirectly fabricated	Per tooth	1 unit per day	\$80.00	No
* D2954	27	All	11, 12, 21, 24, 31, 32	Prefabricated post and core in addition to crown	Per tooth	1 unit per day	\$80.00	No
D2980	27	All	11, 12, 21, 24, 31, 32	Crown repair necessitated by restorative material failure	Per tooth	1 unit per day	\$42.00	No
<b>ENDODONTICS</b>								
<b>Pulpotomy</b>								
D3220	27	All	11, 12, 21, 24, 31, 32	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Per tooth	6 units per day (Under 21 years of age only)	\$75.00	No
D3230	27	All	11, 12, 21, 24, 31, 32	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Per tooth	1 unit per day (Under 21 years of age only)	\$150.00	No
D3240	27	All	11, 12, 21, 24, 31, 32	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Per tooth	1 unit per day (Under 21 years of age only)	\$180.00	No
* D3310	27	All	11, 21, 24, 31, 32	Endodontic therapy, anterior tooth (excluding final restoration)	Per tooth	1 unit per day	\$275.00	No
* D3320	27	All	11, 21, 24, 31, 32	Endodontic therapy, premolar tooth (excluding final restoration)	Per tooth	1 unit per day	\$375.00	No

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* D3330	27	All	11, 21, 24, 31, 32	Endodontic therapy, molar tooth (excluding final restoration)	Per tooth	1 unit per day	\$500.00	No
<b>Apicoectomy/ Periradicular Services</b>								
* D3410	27	All	11, 21, 24, 31, 32	Apicoectomy - anterior	Per tooth	2 units per day	\$70.00	No
* D3421	27	All	11, 21, 24, 31, 32	Apicoectomy - premolar (first root)	Per tooth	2 units per day	\$70.00	No
* D3425	27	All	11, 21, 24, 31, 32	Apicoectomy - molar (first root)	Per tooth	2 units per day	\$70.00	No
* D3426	27	All	11, 21, 24, 31, 32	Apicoectomy (each additional root)	Per tooth	2 units per day	\$70.00	No
* D3471	27	270, 272	11, 21, 24	Surgical repair of root resorption- anterior	Per tooth	1 per tooth per day	\$208.00	Yes
* D3472	27	270, 272	11, 21, 24	Surgical repair of root resorption- premolar	Per tooth	1 per tooth per day	\$208.00	Yes
* D3473	27	270, 272	11, 21, 24	Surgical repair of root resorption- molar	Per tooth	1 per tooth per day	\$208.00	Yes
* D3501	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Per tooth	1 per tooth per day	\$208.00	Yes
* D3502	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Per tooth	1 per tooth per day	\$208.00	Yes
* D3503	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Per tooth	1 per tooth per day	\$208.00	Yes
<b>PERIODONTICS</b>								
<b>Surgical Services (Including Usual Post- Operative Care)</b>								
* D4210	27	All	11, 12, 21, 24, 31, 32	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Per quadrant	4 quadrants per 24 months	\$125.00	Yes

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Non-Surgical Periodontal Services								
* D4341	27	All	11, 12, 21, 24, 31, 32	Periodontal scaling and root planing – four or more teeth per quadrant	Per quadrant	1 - 2 quadrants per day; 4 quadrants per 24 months	\$75.00	Yes
* D4355	27	All	11, 12, 21, 24, 31, 32	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	Per procedure	1 per 365 days	\$60.00	No - requires post operative review.
Other Periodontal Services								
* D4910	27	All	11, 12, 21, 24, 31, 32	Periodontal maintenance	Per procedure	Any combination of routine prophylaxis and periodontal maintenance totaling 3 per year	\$44.00	Yes
<u>PROSTHODONTICS</u>								
Complete Dentures (Including Routine Post-Delivery Care)								
D5110	27	All	11, 12, 31, 32	Complete denture – maxillary	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
D5120	27	All	11, 12, 31, 32	Complete denture – mandibular	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
D5130	27	All	11, 12, 21, 24, 31, 32	Immediate denture – maxillary	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
D5140	27	All	11, 12, 21, 24, 31, 32	Immediate denture – mandibular	Per appliance	1 per arch (upper and lower) per lifetime	\$525.00	Yes
Partial Dentures (Including Routine Post-Delivery Care)								

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D5211	27	All	11, 12, 31, 32	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Per appliance	1 per arch (upper and lower) per lifetime	\$375.00	Yes
D5212	27	All	11, 12, 31, 32	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	Per appliance	1 per arch (upper and lower) per lifetime	\$375.00	Yes
D5213	27	All	11, 12, 31, 32	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Per appliance	1 per arch (upper and lower) per lifetime (6-120 years of age only)	\$550.00	Yes
D5214	27	All	11, 12, 31, 32	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Per appliance	1 per arch (upper and lower) per lifetime (6-120 years of age only)	\$550.00	Yes
<b>Adjustments to Dentures</b>								
D5410	27	All	11, 12, 21, 24, 31, 32	Adjust complete denture – maxillary	Per procedure	1 unit per day	\$20.00	No
D5411	27	All	11, 12, 21, 24, 31, 32	Adjust complete denture – mandibular	Per procedure	1 unit per day	\$20.00	No
D5421	27	All	11, 12, 21, 24, 31, 32	Adjust partial denture – maxillary	Per procedure	1 unit per day	\$20.00	No
D5422	27	All	11, 12, 21, 24, 31, 32	Adjust partial denture – mandibular	Per procedure	1 unit per day	\$20.00	No
<b>Repairs to Complete Dentures</b>								
D5511	27	All	11, 12, 21, 24, 31, 32	Repair broken complete denture base, mandibular	Per appliance	1 unit per day (6-120 years of age only)	\$50.00	No
D5512	27	All	11, 12, 21, 24, 31, 32	Repair broken complete denture base, maxillary	Per appliance	1 unit per day (6-120 years of age only)	\$50.00	No

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D5520	27	All	11, 12, 21, 24, 31, 32	Replace missing or broken teeth – complete denture (each tooth)	Per tooth	3 teeth per day	\$45.00	No
<b>Repairs to Partial Dentures</b>								
D5611	27	All	11, 12, 21, 24, 31, 32	Repair resin partial denture base, mandibular	Per appliance	1 unit per day	\$50.00	No
D5612	27	All	11, 12, 21, 24, 31, 32	Repair resin partial denture base, maxillary	Per appliance	1 unit per day	\$50.00	No
D5621	27	All	11, 12, 21, 24, 31, 32	Repair cast partial framework, mandibular	Per appliance	1 unit per day	\$60.00	No
D5622	27	All	11, 12, 21, 24, 31, 32	Repair cast partial framework, maxillary	Per appliance	1 unit per day	\$60.00	No
D5630	27	All	11, 12, 21, 24, 31, 32	Repair or replace broken retentive/clasping materials - per tooth	Per tooth	1 clasp per tooth, total of 4 clasps per day	\$60.00	No
D5640	27	All	11, 12, 21, 24, 31, 32	Replace broken teeth – per tooth	Per tooth	3 teeth per day	\$45.00	No
D5650	27	All	11, 12, 21, 24, 31, 32	Add tooth to existing partial denture	Per tooth	2 teeth per day	\$50.00	No
D5660	27	All	11, 12, 21, 24, 31, 32	Add clasp to existing partial denture - per tooth	Per tooth	1 clasp per tooth, total of 2 clasps per day	\$50.00	No
<b>Denture Reline Procedures</b>								
D5730	27	All	11, 12, 21, 24, 31, 32	Reline complete maxillary denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5731	27	All	11, 12, 21, 24, 31, 32	Reline complete mandibular denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5740	27	All	11, 12, 21, 24, 31, 32	Reline maxillary partial denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5741	27	All	11, 12, 21, 24, 31, 32	Reline mandibular partial denture (chairside)	Per appliance	1 unit per day	\$70.00	No
D5750	27	All	11, 12, 21, 24, 31, 32	Reline complete maxillary denture (laboratory)	Per appliance	1 unit per day	\$100.00	No
D5751	27	All	11, 12, 21, 24, 31, 32	Reline complete mandibular denture (laboratory)	Per appliance	1 unit per day	\$100.00	No

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D5760	27	All	11, 12, 21, 24, 31, 32	Reline maxillary partial denture (laboratory)	Per appliance	1 unit per day	\$100.00	No
D5761	27	All	11, 12, 21, 24, 31, 32	Reline mandibular partial denture (laboratory)	Per appliance	1 unit per day	\$100.00	No
<b>PROSTHODONTICS, FIXED</b>								
<b>Other Fixed Partial Denture Service</b>								
D6930	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond fixed partial denture	Per appliance	1 unit per day	\$30.00	No
D6980	27	All	11, 12, 21, 24, 31, 32	Fixed partial denture repair necessitated by restorative material failure	Per appliance	1 unit per day	\$35.00	No

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<b>ORAL AND MAXILLOFACIAL SURGERY</b>								
<b>Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)</b>								
D7140	27	All	11, 12, 21, 23, 24, 31, 32	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Per tooth	1 per tooth per lifetime	\$65.00	No
D7210	27	All	11, 12, 21, 23, 24, 31, 32	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Per tooth	1 per tooth per lifetime	\$65.00	No
D7220	27	All	11, 21, 23, 24, 31, 32	Removal of impacted tooth – soft tissue	Per tooth	1 per tooth per lifetime	\$90.00	Yes
D7230	27	All	11, 21, 23, 24, 31, 32	Removal of impacted tooth – partially bony	Per tooth	1 per tooth per lifetime	\$170.00	Yes
D7240	27	All	11, 21, 24, 31, 32	Removal of impacted tooth – completely bony	Per tooth	1 per tooth per lifetime	\$200.00	Yes
D7250	27	All	11, 21, 22, 24, 31, 32, 49	Removal of residual tooth roots (cutting procedure)	Per tooth	1 per tooth per lifetime	\$100.00	Yes
<b>Other Surgical Procedures</b>								
D7260	27	All	11, 21, 24, 31, 32	Oroantral fistula closure	Per procedure	1 unit per day	\$75.00	No
D7270	27	All	11, 12, 21, 23, 24, 31, 32	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Per tooth	1 unit per day (Under 21 years of age only)	\$320.00	No
D7280	27	All	11, 12, 21, 24, 31, 32	Exposure of an unerupted tooth	Per tooth	1 per tooth per lifetime (Under 24 years of age only)	\$80.00	Yes
D7283	27	All	11, 12, 21, 24, 31, 32	Placement of device to facilitate eruption of impacted tooth	Per tooth	1 unit per day (Under 24 years of age only)	\$35.00	Yes
D7288	27	All	11, 12, 21, 24, 31, 32, 49	Brush biopsy – transepithelial sample collection	Per procedure	2 units per day	\$34.50	No

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Alveoplasty - Preparation of Ridge								
D7310	27	All	11, 21, 24, 31, 32	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Per quadrant	4 units per day	\$ 30.00 1st quadrant \$ 15.00 each, 2nd – 4th quadrant	No
D7320	27	All	11, 21, 24, 31, 32	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Per quadrant	4 units per day	\$ 30.00 1st quadrant \$ 15.00 each, 2nd – 4th quadrant	No
Excision of Intraosseous Lesions								
D7450	27	All	11, 21, 24, 31, 32	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Per lesion	2 units per day	\$40.00	No
D7451	27	All	11, 21, 24, 31, 32	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Per lesion	2 units per day	\$80.00	No
D7460	27	All	11, 12, 21, 24, 31, 32	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Per lesion	2 units per day	\$40.00	No
D7461	27	All	11, 21, 24, 31, 32	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Per lesion	2 units per day	\$80.00	No
Excision of Bone Tissue								
D7471	27	All	11, 21, 22, 24, 31, 32	Removal of lateral exostosis – (maxilla or mandible)	Per procedure	2 units per day	\$60.00	No
D7472	27	All	11, 12, 21, 24, 31, 32	Removal of torus palatinus	Per procedure	2 units per day	\$60.00	No

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D7473	27	All	11, 12, 21, 24, 31, 32	Removal of torus mandibularis	Per procedure	2 units per day	\$60.00	No
D7485	27	All	11, 12, 21, 24, 31, 32	Reduction of osseous tuberosity	Per procedure	2 units per day	\$60.00	No
<b>Surgical Incision</b>								
D7510	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – intraoral soft tissue	Per procedure	2 units per day	\$25.50	No
D7511	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Per procedure	2 units per day	\$88.50	No
D7520	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – extraoral soft tissue	Per procedure	2 units per day	\$38.50	No
D7521	27	All	11, 12, 21, 24, 31, 32	Incision and drainage of abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Per procedure	2 units per day	\$88.50	No
<b>Other Repair Procedures</b>								
D7871	27	All	11, 21, 24	Non-arthroscopic lysis and lavage	Per procedure	1 unit per day	\$64.50	No
D7961	27	All	11, 21, 24	Buccal/labial Frenectomy	Per procedure	2 per lifetime	\$156.42	No
D7962	27	All	11, 21, 24	Lingual Frenectomy	Per procedure	1 per lifetime	\$156.42	No
D7970	27	All	11, 12, 21, 24, 31, 32	Excision of hyperplastic tissue – per arch	Per arch	2 units per day	\$80.00	No

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D7999	27	All	11, 21, 24	Unspecified oral surgery procedure, by report	Per procedure	1 unit per day	\$80.00	No
<b>ORTHODONTICS</b>								
<b>Comprehensive Orthodontic Treatment</b>								
D8080	27	273, 283	11	Comprehensive orthodontic treatment of the adolescent dentition	Per treatment	1 unit per day, limited to 1 per lifetime (Under 21 years of age only)	\$1,000.00	Yes
<b>Other Orthodontic Services</b>								
D8660	27	273	11, 12, 31, 32	Pre-orthodontic treatment examination to monitor growth and development	Per visit	1 per 365 days per provider (Under 21 years of age only)	\$35.00	No
D8670	27	273, 283	11, 12, 31, 32	Periodic orthodontic treatment visit	Per visit	1 unit per day, limited to 7 per lifetime (Under 23 years of age only)	\$350.00	Yes
D8680	27	273	11	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Per visit	1 unit per day (Under 23 years of age only)	\$150.00	Yes
D8703	27	All	11, 12, 31, 32	Replacement of lost or broken retainer – maxillary	Per appliance	1 unit per day (Under 23 years of age only)	\$142.50	Yes
D8704	27	All	11, 12, 31, 32	Replacement of lost or broken retainer – mandibular	Per appliance	1 unit per day (Under 23 years of age only)	\$142.50	Yes
<b>Minor Treatment to Control Harmful Habits</b>								
D8210	27	All	11, 24	Removable appliance therapy	Per procedure	1 per lifetime per arch (Under 21 years of age only)	\$200.00	Yes

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D8220	27	All	11, 24	Fixed appliance therapy	Per procedure	1 per lifetime per arch (Under 21 years of age only)	\$200.00	Yes
<b>CLEFT PALATE SERVICES</b>								
The Department will pay one member of the Cleft Palate Treatment Team, and payment is inclusive of all providers.								
Ancillary Services for Provider Type 17,19, 20, 21, 27, 31								
D0160	17	173	11, 22, 49	Detailed and extensive oral evaluation – problem focused, by report.	Per visit	Complete initial examination at a Cleft Palate Clinic only involving all licensed	\$120.00	No
	19	190	11, 22, 49					
	20	200	11, 22, 49					
	21	212,213	11, 22, 49					
	27	283	11, 22, 49					
	31	All	11, 22, 49					
D0170	17	173	11, 22, 49	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Per visit	1 unit per day	\$25.00	No
	19	190	11, 22, 49					
	20	200	11, 22, 49					
	21	212,213	11, 22, 49					
	27	283	11, 22, 49					
	31	All	11, 22, 49					
<b>ADJUNCTIVE GENERAL SERVICES</b>								
Unclassified Treatment								

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D9110	27	All	11, 12, 23, 31, 32	Palliative (emergency) treatment of dental pain – minor procedure	Per visit	1 unit per day	\$ 30.00	No
<b>Anesthesia</b>								
D9222	27	284	11	Deep sedation/general anesthesia – first 15 minutes	15 minutes	1 unit of service per day	\$122.00	No
D9223	27	284	11	Deep sedation/general anesthesia – each subsequent 15 minute increment	15 minutes	2 units of service per day	\$122.00	No
D9230	27	284, 285, 286	11	Inhalation of nitrous oxide/analgesia, anxiolysis	Per procedure	1 unit per day (Under 21 years of age only)	\$44.00	No
D9239	27	284, 285	11	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	15 minutes	1 unit of service per day	\$128.50	No
D9243	27	284, 285	11	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	15 minutes	2 units of service per day	\$128.50	No
D9248	27	284, 285	11	Non-intravenous conscious sedation	Per procedure	1 unit per day	\$184.00	No
<b>Miscellaneous Services</b>								
D9920	27	All	11, 12, 31, 32	Behavior Management Fee (a visit fee for difficult to manage persons with developmental disabilities. Developmental disability – a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy)	per visit	1 unit per day; maximum 4 per calendar year	\$125.00	No
D9930	27	All	11, 12, 23, 31, 32	Treatment of complications (post-surgical) – unusual circumstances, by report	Per procedure	1 unit per day	\$15.00	No

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S0215	27	271	12, 31, 32	Mileage - additional allowance for home, skilled nursing facility and ICF visits	Per mile	300 miles per day	\$0.10	No
<b>Maxillofacial Prosthetics</b>								
21076	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation; surgical obturator prosthesis	Per appliance	1 unit per day	\$387.00	No
21079	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: Interim obturator prosthesis	Per appliance	1 unit per day	\$387.00	No
21080	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: definitive obturator prosthesis	Per appliance	1 unit per day	\$387.00	No
21081	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: mandibular resection prosthesis	Per appliance	1 unit per day	\$387.00	No
21082	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: palatal augmentation prosthesis	Per appliance	1 unit per day	\$387.00	No
21083	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: palatal lift prosthesis	Per appliance	1 unit per day	\$387.00	No
21084	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: speech aid prosthesis	Per appliance	1 unit per day	\$387.00	No
21085	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: oral surgical splint	Per appliance	1 unit per day	\$387.00	No
21086	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: auricular prosthesis	Per appliance	1 unit per day	\$387.00	No
21087	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: nasal prosthesis	Per appliance	1 unit per day	\$387.00	No
21088	27	All	11, 21, 22, 24, 49, 99	Impression and custom preparation: facial prosthesis	Per appliance	1 unit per day	\$387.00	No

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