
MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE

Dental – General Payment Policies

Children under 21 years of age are eligible for all medically necessary dental services. For children under 21 years of age who require medically necessary dental services beyond the fee schedule limits, the dentist should request a waiver of the limits, as applicable, through the 1150 Administrative Waiver (Program Exception) process.

All dental procedures are considered to be outpatient procedures. These procedures are not compensable on an inpatient basis unless there is medical justification, which is documented, in the patient's medical record.

Provider types **27** – Dentist and **31** – Physician are the only provider types eligible to receive payment for dental services.

Provider type **31** (Physician) is eligible for payment only for procedure codes **D7450** through **D7471**, **D7960** and **D7970**. (This does not exclude provider type **27** – Dentist.)

Provider type **27** (Dentist) who is a board certified or board eligible orthodontist is the only provider type eligible for payment of orthodontic services.

DENTAL ANESTHESIA/SEDATION

Anesthesia

Provider type **31** (Physician) is the only provider type eligible for the anesthesia allowance when provided in a hospital short procedure unit, ambulatory surgical center, emergency room or inpatient hospital.

Provider type **27** (Dentist) is eligible for payment only for procedure codes **D9220** for Deep Sedation/General Anesthesia and **D9221** Deep Sedation/General Anesthesia- each additional 15 minutes, **D9230** for Analgesia, Anxiolysis, Inhalation of Nitrous Oxide, **D9241** for Intravenous Conscious Sedation, or **D9248** for Non-intravenous Conscious Sedation provided in a dentist's office or a dental clinic. A copy of the practitioners current anesthesia permit must be on file with the Department.

Please Note:

Provider type **27** (Dentist) is eligible for payment only for general anesthesia, intravenous sedation, conscious sedation, and nitrous oxide provided in the dentist's office or a dental clinic (Procedure code **D9220**- Deep Sedation/General Anesthesia and Procedure code **D9221**- Deep Sedation/General Anesthesia- each additional 15 minutes, **D9230**- Analgesia, Anxiolysis, Inhalation of Nitrous Oxide, **D9241**- Intravenous Conscious Sedation/Analgesia, or **D9248**- Non-intravenous Conscious Sedation) in conjunction with a compensable surgical procedure. Refer to the special billing information section of the

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Dental Services Provider Handbook for detailed anesthesia billing information. The Medical Assistance guidelines for outpatient General Anesthesia also apply Intravenous Sedation with the exception of the administration of the sedation agent by a certified registered nurse anesthetist (CRNA).

Procedure Codes **D9230** (Analgesia, Anxiolysis, Inhalation of Nitrous Oxide) is only compensable for eligible individuals under 21 years of age. Procedure codes **D9230** and **D9248** (Non-intravenous Conscious Sedation) are compensable in conjunction with the dental treatment of the mentally, physically, or medically compromised individual or those whose psychological or emotional maturity limit the ability to undergo successful dental treatment.

Provider type **27** (Dentist) is not eligible for anesthesia/sedation services provided in a short procedure unit ((SPU), a hospital emergency room, an ambulatory surgical center (ASC) or an inpatient basis.

Payment for any one of the following procedure codes: **D9220** (Deep Sedation/General Anesthesia), **D9230** (Analgesia, Anxiolysis, Inhalation of Nitrous Oxide), **D9241** (Intravenous Conscious Sedation/Analgesia), **D9248** (Non-intravenous Conscious Sedation) and **D9920** (Behavior Management), precludes payment for any of the remaining codes on the same date of service.

The person responsible for the administration of the Deep Sedation/General Anesthesia, Analgesia, Anxiolysis, Inhalation of Nitrous Oxide, Intravenous Conscious Sedation and Non-intravenous Sedation must be in compliance with all rules, regulations, certifications, and licensure by the Pennsylvania State Board of Dentistry. A copy of the anesthesia permit must be submitted to the Department upon renewal.

Crowns

Adult MA recipients 21 years of age and older, who do not reside in a nursing facility, or in an intermediate care facility (ICF/MR) (ICF/ORC), are eligible for crowns and adjunctive crown services (D2710, D2721, D2740, D2751, D2791, D2910, D2915, D2920, D2952, D2954, D2980) only if the Department approves a dental benefit limit exception request.*

For adult MA eligible recipients 21 years of age and older residing in a nursing facility or in an intermediate care facility (ICF/MR) (ICF/ORC), crown coverage is limited to one crown per tooth for five years and is limited to four per calendar year with no more than two crowns per arch. Procedure Code **D2710**; crown-resin (indirect) is limited to one crown per three years.

Procedure codes **D2710** through **D2791** are compensable only for fully developed permanent teeth and primary teeth with no permanent successors. Payment is not made for prefabricated and/or self-curing dental materials.

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Procedure codes **D2390; D2930 – D2934** are crowns for primary or developing permanent teeth only, and are not compensable with construction of a permanent crown.

Procedure codes **D2390; D2930 – D2934** are payable for individuals under 21 years of age only.

Dentures

Adult MA recipients 21 years of age and older who do not reside in a nursing facility, or in an intermediate care facility (ICF/MR) (ICF/ORC), are limited to one (full or partial denture) per upper arch, regardless of procedure (D5110, D5130, D5211, D5213) and one (full or partial denture) per lower arch, regardless of procedure code (D5120, D5140, D5212, D5214) per lifetime. Partial dentures must include one anterior tooth and/or three posterior teeth (excluding third molars) on the denture. All must be anatomically correct (natural size, shape and color) to be compensable.

The Department will review claims payment history for dates of service on and after April 27, 2015, to determine if the recipient previously received a denture for the arch. Additional dentures require a Department approved Benefit Limit Exception Request.*

For adult MA recipients 21 years of age and older residing in a nursing facility or in an intermediate care facility (ICF/MR) (ICF/ORC), partial dentures must include one anterior tooth and/or three posterior teeth (excluding third molars) on the denture all of which must be anatomically correct (natural size, shape and color) to be compensable; limited to one per arch, regardless of procedure code, every five years.

For adult MA recipients 21 years of age and older residing in a nursing facility or in an intermediate care facility (ICF/MR) (ICF/ORC), complete dentures are limited to one per arch, regardless of procedure code, every five years.

The fees for dentures and partial dentures include all necessary adjustments and/or denture relines during the six-month period following insertion of the denture.

Denture Relines

Individuals age 21 years of age and older – relining of dentures is limited to one per arch, per denture type (complete or partial) regardless of procedure code (chair side or laboratory), every two years.

Chair side Reline – includes the use of light cured, self-curing and/or cold cure material in which the reline material is utilized as the impression material.

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Laboratory Reline – includes the use of an impression material technique from which a model is poured, mounted and upon which the reline material is cured. The reline material is not utilized as the impression material.

The use of tissue conditioners and temporary liners is not compensable.

Root Canals

Adult MA recipients 21 years of age and older not residing in a nursing facility, or in an intermediate care facility (ICF/MR) (ICF/ORC), are eligible for root canals (D3310, D3320, D3330, D3410, D3421, D3425, D3426), only if the Department approves a Dental Benefit Limit Exception Request.*

Root canals are not covered in the following situations:

- Intentional (elective) endodontics.
- Third molar (unless it is an abutment tooth).
- Teeth with advanced periodontal disease.
- Teeth with subosseous and/or furcation carious involvement.
- Teeth which cannot be restored with conventional methods (i.e. amalgam, composite or crowns).
- Teeth which have received prior endodontics treatment.

Restorations

Two or more restorations on the same surface of a tooth are considered as one restoration.

To bill for two or more restorations on one tooth, use the appropriate multiple procedure code.

The fees for restoration and filling include local anesthesia, polishing, bonding agents, cement bases, acid etch, light cured material and the necessary medications where indicated.

Management Fee

Procedure code **D9920** is limited to four per calendar year.

Payment for the management fee precludes payment for outpatient deep sedation/general anesthesia, intravenous conscious sedation, non-intravenous conscious sedation, or analgesia, anxiolysis, inhalation of nitrous oxide on the same date of service.

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Sealants

Payment for sealants, payable at the fee of **\$25.00**, per (1) 1st premolars (tooth numbers 5, 12, 21, 28) and 2nd premolars (tooth numbers 4, 13, 20, 29), (2) permanent first molar (tooth numbers 3, 14, 19, 30) and permanent second molars (tooth numbers 2, 15, 18, 31), is limited to individuals under 21 years of age.

NOTE: Payment for 1st and 2nd molars includes sealants on the occlusal surface of 1st and 2nd molars where a buccal restoration may exist.

Payment is limited to one application per caries-free and restoration-free permanent molar, per lifetime.

Space Maintainers

Passive appliances designed to prevent tooth movement for posterior teeth only. A bilateral space maintainer must maintain spaces for permanent successors to prematurely lost posterior deciduous teeth occurring bilaterally in the maxillary or mandibular arch.

Radiographs

Maximum allowance for any combination of dental radiographs per patient per dentist per calendar year is **\$69.00**.

Prior Authorization

Prior authorization is required for orthodontics, complete and partial dentures, crowns, surgical extraction(s) of impacted tooth/teeth, crowns and periodontal services (except full mouth debridement which requires post operative review). All dental procedures are considered to be outpatient procedures. These procedures are not compensable on an inpatient basis unless there is medical justification, which is documented in the patient's medical record.

Prior Authorization for Extractions

Surgical Extractions

- D7240 Removal of impacted tooth – completely bony;
- D7230 Removal of impacted tooth – partially bony;
- D7220 Removal of impacted tooth - soft tissue; or
- D7250 Surgical removal of residual tooth roots (cutting procedure)

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Surgical Procedures

- D7280 Surgical access of an unerupted tooth.
- D7283 Placement of device to facilitate eruption of impacted tooth.

Prior Authorization for Periodontal Services

Adult MA recipients 21 years of age and older who do not reside in a nursing facility, or in an intermediate care facility (ICF/MR) (ICF/ORC), are eligible for periodontal services (D4210, D4341, D4355, D4910), only if the Department approves a dental benefit limit exception request.*

The following periodontal service limits only apply to adult MA recipients 21 years of age and older who reside in a nursing facility, or an intermediate care facility (ICF/MR) (ICF/ORC):

Gingivectomy or Gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant (Procedure Code D4210)

- Prior authorization required.
- Limited to no more than four different quadrant reimbursements within a 24-month period.

Periodontal Scaling and Root Planing – four or more contiguous teeth or bounded teeth spaces per quadrant (Procedure Code D4341)

- Prior authorization required.
- Limited to no more than two quadrants on a single date of service with no more than four different quadrant reimbursements within a 24-month period.
- Reimbursement for periodontal scaling and root planing includes prophylaxis.

Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis (Procedure Code D4355)

- Post-operative review required through the prior authorization program.
- Limited to one treatment per 365 days.
- Not compensable on same date as prophylaxis or other periodontal procedure.

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Periodontal Maintenance (for patients who have previously been treated for periodontal disease) (Procedure Code D4910)

- Prior authorization required.
- Active treatment excludes procedure code D4355.
- Up to four procedures or any combination of routine prophylaxis and periodontal maintenance totaling four may be paid within a 12 consecutive month period.
- Periodontal maintenance begins not less than 90 days following active periodontal therapy.

***Dental Benefit Limit Exception Requests**

The Department may approve a Dental Benefit Limit Exception (BLE) request to the dental benefit limits. Please refer to the MA Program's Dental Provider Handbook, Section 6.8 for specific instructions regarding how to submit a Dental BLE Request.

Assistant Surgeon

The maximum payment to an assistant surgeon will be an amount equal to 16% of the maximum allowable payment made to the surgeon for the surgery performed.

The assistant surgeon should bill using procedure code **D7999**. The procedure code indicating the actual surgery performed **must** be entered in the "Remarks" section of the invoice. Per national coding parameters, the dental procedure code must allow for assistance surgeon billing.

Tobacco Cessation Treatment

In order to provide Tobacco Cessation counseling services, (procedure code **S9075**) a dentist must be pre-approved by the Department of Health (DOH) as a Tobacco Cessation Program. The Department defines one unit of a tobacco cessation counseling session as a 15 minute face-to-face encounter, for which a maximum of 70 units per individual, per calendar year may be billed. Providers must provide a **full 15-minute counseling session** in order to submit a claim for one unit of service. Providers are not permitted to round the unit of service to the next higher unit when providing a partial unit of time. Providers are not permitted to combine partial time units to equal a full unit of service.

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CLEFT PALATE SERVICES (Recipients 20 Years of Age and Under)

Surgical Services/Dental Services

All current Medical Assistance regulations and payment policies are in effect for Cleft Palate Clinics and their associated providers for procedures included in this fee schedule unless otherwise noted.

Orthodontics

Orthodontic services covered under this program must not be done solely for cosmetic purposes, but must be done in conjunction with craniofacial reconstruction and/or the correction of a severe handicapping malocclusion. Orthodontic services will not be limited to eight quarters of treatment and/or permanent dentition only for Cleft Palate Treatment.

Evaluations

After the initial evaluation has been completed by the Cleft Palate Clinic, please forward a copy to the address below. This must be updated on a yearly basis as long as the recipient is covered by the Medical Assistance Cleft Palate Program.

Department of Public Welfare
Office of Medical Assistance Programs
Cleft Palate Services
P.O. Box 8044
Harrisburg, PA 17105-8044

For medically necessary services not included in the Medical Assistance Program Fee Schedule, an 1150 Waiver (MA 97) may be submitted for review.

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<u>DIAGNOSTIC</u>			
Clinical Oral Evaluation			
D0120	periodic oral evaluation	1 per 180 days, per patient	\$20.00
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	1 oral evaluation per 180 days per patient	\$20.00
D0150	comprehensive oral evaluation	1 per patient/per dentist	\$20.00
Radiographs/Diagnostic Imaging			
D0210	intraoral - complete series (including bitewings)	1 per 5 years	\$45.00
D0220	intraoral – periapical first film		\$ 8.00
D0230	intraoral – periapical each additional film		\$ 8.00
D0240	intraoral – occlusal film		\$12.00
D0250	extraoral – first film		\$ 8.00
D0260	extraoral – each additional film		\$ 8.00
D0270	bitewing – single film		\$ 8.00
D0272	bitewings – two films		\$16.00
D0273	bitewings – three films		\$22.00
D0274	bitewings – four films		\$28.00
D0330	panoramic film	1 per 5 years	\$37.00
D0340	cephalometric film (not performed in conjunction with orthodontic treatment)		\$19.50
<u>PREVENTIVE</u>			
Dental Prophylaxis			
D1110	prophylaxis – adult (12 years of age and older)	1 per 180 days	\$36.00
D1120	prophylaxis – child (0 through 11 years of age)	1 per 180 days	\$30.00
D1206	Fluoride Varnish (child 16 years of age or younger)	4 per calendar year	\$18.00
D1208	topical application of fluoride (16 years of age or younger)	1 per 180 days	\$18.72
Other Preventive Services			
D1351	sealant – per tooth (under 21 years of age) Report tooth number(s) when billing for sealants	1 application per indicated 1 st & 2 nd premolars – 1 application per permanent 1 st & 2 nd molars per lifetime. Includes 1 st & 2 nd molars where a buccal restoration may exist.	\$25.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
Space Maintenance (passive Appliances)			
D1510	space maintainer – fixed – unilateral	1 per quadrant	\$120.00
D1515	space maintainer – fixed – bilateral	1 per arch	\$190.00
D1550	recementation of space maintainer		\$30.00
D1555	removal of fixed space maintainer		\$25.00
<u>RESTORATIVE</u>			
Amalgam Restorations (Including Polishing)			
D2140	amalgam – one surface, primary or permanent		\$45.00
D2150	amalgam – two surfaces, primary or permanent		\$55.00
D2160	amalgam – three surfaces, primary or permanent		\$65.00
D2161	amalgam – four or more surfaces, primary or permanent		\$65.00
Resin-based Composite Restorations			
D2330	resin-based composite – one surface, anterior		\$50.00
D2331	resin-based composite – two surfaces, anterior		\$60.00
D2332	resin-based composite – three surfaces, anterior		\$65.00
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)		\$65.00
D2390	resin-based composite crown – anterior		\$150.00
D2391	resin-based composite – one surface, posterior		\$50.00
D2392	resin-based composite – two surfaces, posterior		\$60.00
D2393	resin-based composite – three surfaces, posterior		\$65.00
D2394	resin-based composite – four or more surfaces, posterior		\$65.00
Crowns – Single Restorations Only – Refer to page 2 for limits for individuals 21 years of age and older. Recipients 21 years of age and older are only eligible for crowns and adjunctive services when approved by the Department through the Dental BLE Request process. Refer to Section 6.8 of the Dental Provider Handbook for information on how to request a Dental BLE.			
D2710	crown – resin (indirect)	1 per 3 years	\$150.00 PA
D2721	crown – resin with predominantly base metal	1 per 5 years	\$200.00 PA
D2740	crown – porcelain/ceramic substrate	1 per 5 years	\$500.00 PA

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
D2751	crown – porcelain fused to predominantly base metal	1 per 5 years	\$500.00 PA
D2791	crown – full cast predominantly base metal (CROWNS ARE LIMITED TO ONE CROWN PER TOOTH PER TIME LIMITATION REGARDLESS OF CODE)	1 per 5 years	\$475.00 PA
Other Restorative Services			
D2910	recement inlay		\$25.00
D2915	recement cast or prefabricated post and core		\$25.00
D2920	recement crown		\$25.00
D2930	prefabricated stainless steel crown - primary tooth		\$99.00
D2931	prefabricated stainless steel crown - permanent tooth		\$110.00
D2932	prefabricated resin crown		\$50.00
D2933	prefabricated stainless steel crown with resin window		\$145.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth		\$145.00
D2952	cast post and core in addition to crown		\$80.00
D2954	prefabricated post and core in addition to crown		\$80.00
D2980	crown repair		\$42.00

ENDODONTICS - Refer to page 4 for limits for individuals 21 years of age and older.

Recipients 21 years of age and older are only eligible for endodontic services approved by the Department through the Dental BLE Request process. Refer to Section 6.8 of the Dental Provider Handbook for information on how to request a Dental BLE.

Pulpotomy

D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		\$75.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$150.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$180.00
D3310	anterior (excluding final restoration)		\$275.00
D3320	bicuspid (excluding final restoration)		\$375.00
D3330	molar (excluding final restoration)		\$500.00

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Apicoectomy/Periradicular Services

D3410 apicoectomy/periradicular surgery – anterior \$70.00

<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
D3421	apicoectomy/periradicular surgery - bicuspid (first root)		\$70.00
D3425	apicoectomy/periradicular surgery - molar (first root)		\$70.00
D3426	apicoectomy/periradicular surgery (each additional root)		\$70.00

PERIODONTICS - Refer to page 6 for limits for individuals 21 years of age and older.

Recipients 21 years of age and older are only eligible for periodontal services approved by the Department through the BLE request process. Refer to Section 6.8 of the Dental Provider Handbook for information on how to request a Dental BLE.

Surgical Services (Including Usual Post-Operative Care)

D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant 4 quadrants per 24 months \$125.00 PA

Non-Surgical periodontal Services

D4341 periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant 2 quadrants on same date of service; 4 quadrants per 24-months \$75.00 PA

D4355 full mouth debridement to enable comprehensive evaluation and diagnosis 1 per 365 days \$60.00 Post-op review

Other Periodontal Services

D4910 periodontal maintenance (for patients who previously have been treated for periodontal disease) any combination of routine prophylaxis and periodontal maintenance totaling 4 per 12 months \$44.00 PA

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
PROSTHODONTICS (Removable) – Complete Dentures (including Routine post-Delivery Care)			
Refer to page 3 for limits for individuals 21 years of age and older.			
D5110	complete denture – maxillary	1 per 5 years	\$525.00 PA
D5120	complete denture – mandibular	1 per 5 years	\$525.00 PA
D5130	immediate denture – maxillary	1 per 5 years	\$525.00 PA
D5140	immediate denture – mandibular	1 per 5 years	\$525.00 PA
(Complete dentures are limited to 1 per denture arch per time limitation regardless of procedure code)			
Partial dentures(Including routine post-delivery care) (Identify teeth replaced) – Refer to page 3 for limits for individuals 21 years of age and older)			
D5211	maxillary partial denture – resin based (including any conventional clasps, rests and teeth)	1 per 5 years	\$375.00 PA
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	1 per 5 years	\$375.00 PA
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1 per 5 years	\$550.00 PA
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1 per 5 years	\$550.00 PA
Adjustments to Dentures			
D5410	adjust complete denture – maxillary		\$20.00
D5411	adjust complete denture – mandibular		\$20.00
D5421	adjust partial denture – maxillary		\$20.00
D5422	adjust partial denture – mandibular		\$20.00
Repairs to Complete Dentures			
D5510	repair complete denture base		\$50.00
D5520	replace missing or broken teeth – complete denture (each tooth)	3 teeth	\$45.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
Repairs to Partial Dentures			
D5610	repair resin denture base		\$50.00
D5620	repair cast framework		\$60.00
D5630	repair or replace broken clasp		\$60.00
D5640	replace broken teeth – per tooth	3 teeth	\$45.00
D5650	add tooth to existing partial denture		\$50.00
D5660	add clasp to existing partial denture		\$50.00
Denture Reline Procedures – refer to page 3 for limits for individuals 21 years of age and older			
D5730	reline complete maxillary denture (chair side)		\$70.00
D5731	reline complete mandibular denture (chair side)		\$70.00
D5740	reline maxillary partial denture (chair side)		\$70.00
D5741	reline mandibular partial denture (chair side)		\$70.00
D5750	reline complete maxillary denture (laboratory)		\$100.00
D5751	reline complete mandibular denture (laboratory)		\$100.00
D5760	reline maxillary partial denture (laboratory)		\$100.00
D5761	reline mandibular partial denture (laboratory)		\$100.00
<u>PROSTHODONTICS, FIXED</u> (Each retainer and each pontic constitutes a unit in a fixed partial denture)			
Other Fixed Partial Denture Service			
D6930	recement fixed partial denture		\$30.00
D6980	fixed partial denture repair		\$35.00
<u>ORAL AND MAXILLOFACIAL SURGERY</u>			
Extractions (Includes local anesthesia, suturing if needed and routine postoperative care)			
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$65.00
Surgical Extractions (Includes local anesthesia, suturing if needed and routine postoperative care)			
D7210	surgical removal of erupted tooth requiring elevation of mucoperitoseal flap and removal of bone and/or section of tooth		\$65.00
D7220	removal of impacted tooth – soft tissue		\$90.00 PA
D7230	removal of impacted tooth – partial bony		\$170.00 PA

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
D7240	removal of impacted tooth – completely bony		\$200.00 PA
D7250	surgical removal of residual tooth roots (cutting procedure)		\$100.00 PA
Other Surgical Procedures			
D7260	oroantral fistula closure		\$75.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		\$320.00
D7280	surgical access of an unerupted tooth		\$80.00 PA
D7283	placement of device to facilitate eruption of impacted tooth. Report the surgical exposure separately using D7280		\$35.00 PA
D7288	brush biopsy – transepithelial sample collection		\$34.50
Alveoloplasty – Surgical Preparation of Ridge for Dentures			
D7310	alveoloplasty in conjunction with extractions – per quadrant	bill per quadrant with one quadrant equal to 5 – 8 teeth	\$30.00 1st quadrant \$15.00 each, 2 nd -4 th quadrant
D7320	alveoloplasty not in conjunction with extractions – per quadrant	bill per quadrant with one quadrant equal to 5 – 8 teeth	\$30.00 1st quadrant \$15.00 each, 2 nd -4 th quadrant
Surgical Excisions			
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		\$40.00
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		\$80.00
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		\$40.00
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		\$80.00
Removal of Tumors, Cysts and Neoplasms			
D7471	removal of lateral exostosis – (maxilla or mandible)		\$60.00

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<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
D7472	removal of torus palatines		\$60.00
D7473	removal of torus mandibularis		\$60.00
D7485	surgical reduction of osseous tuberosity		\$60.00
D7510	incision and drainage of abscess – intraoral soft issue		\$25.50
D7511	incision and drainage of abscess – intraoral soft issue complicated		\$88.50
D7520	incision and drainage of abscess – extraoral soft issue		\$38.50
D7521	incision and drainage of abscess – extraoral soft issue complicated		\$88.50
Other Repair Procedures			
D7871	non-arthroscopic lysis and lavage		\$64.50
D7960	frenulectomy (frenectomy or frenotomy) – separate procedure		\$80.00
D7970	excision of hyperplastic tissue – per arch		\$80.00
D7999	unspecified oral surgery procedure – assistant surgeon		\$80.00
<u>ORTHODONTICS</u> (includes orthodontic treatment for Cleft palate)			
D8660	pre-orthodontic treatment visit		\$35.00
Comprehensive Orthodontic Treatment (includes diagnostic procedures, retention – limited to formal full-banded treatment)			
D8080	comprehensive orthodontic treatment of the adolescent dentition (includes initial 1 st quarter – periodic treatment visit (as part of contract)		\$1,000.00 PA
D8670	periodic orthodontic treatment (as part of contract)		\$350.00 PA
D8680	orthodontic retention (removal of appliances, construction and placement of retainers		\$150.00 PA
Minor treatment to control harmful habits			
D8210	removable appliance therapy		\$200.00 PA
D8220	fixed appliance therapy		\$200.00 PA

MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE

<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
<u>CLEFT PALATE SERVICES</u>			
Ancillary Services			
For Provider Type 17, 19, 20, 21 27 and 31			
D0160	detailed and extensive oral evaluation – problem focused, by report	Complete initial examination at <u>Diagnostic Clinic only</u> (cleft palate) involving all licensed staff (limit 1 per patient) (This procedure code can only be billed by one member of the Cleft Palate Treatment Team and is inclusive of all providers).	\$120.00
D0170	re-evaluation – limited, problem focused (established patient; not Post-operative visit)		\$25.00
<u>ADJUNCTIVE GENERAL SERVICES</u>			
Unclassified Treatment			
D9110	palliative (emergency) treatment of dental pain – minor procedure		\$30.00
Anesthesia			
D9220	deep sedation/general anesthesia – first 30 minutes		\$244.00
D9221	deep sedation/general anesthesia – each additional 15 minutes		\$105.00
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	under 21 years of age only	\$44.00
D9241	intravenous conscious sedation/analgesia – first 30 minutes		\$257.00
D9248	non-intravenous conscious sedation		\$184.00
Miscellaneous Services			
D9920	behavior management	for difficult to manage persons with developmental disabilities; 4 per calendar year. Developmental disability – a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy)	\$125.00
D9930	treatment of complications (post-surgical) – unusual circumstances		\$15.00
S9075	Tobacco Cessation Treatment (15 minute session)	70 per calendar year	\$15.00

MEDICAL ASSISTANCE PROGRAM DENTAL FEE SCHEDULE

<u>Procedure Code</u>	<u>Terminology</u>	<u>Limits</u>	<u>MA Fee</u>
S0215	mileage – additional allowance for home, skilled nursing facility and ICF visits		\$00.10 per mile
Maxillofacial Prosthetics			
21079	impression & custom preparation: interim obturator prosthesis		\$387.00
21080	impression & custom preparation: definitive obturator prosthesis		\$387.00
21081	impression & custom preparation: mandibular resection prosthesis		\$387.00
21082	impression & custom preparation: palatal augmentation prosthesis		\$387.00
21083	impression & custom preparation: ipalatal lift prosthesis		\$387.00
21084	impression & custom preparation: speech aid prosthesis		\$387.00
21085	impression & custom preparation: oral surgical splint		\$387.00
21086	impression & custom preparation: auricular prosthesis		\$387.00
21087	impression & custom preparation: nasal prosthesis		\$387.00
21088	impression & custom preparation: facial prosthesis		\$387.00