pennsylvania
DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
August 6, 2026	August 6, 2026	27-26-53

SUBJECT

2026 Medical Assistance Program
Dental Fee Schedule Update

BY

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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: https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx.

PURPOSE:

The purpose of this bulletin is to advise providers of updates to the Medical Assistance (MA) Program Dental Fee Schedule.

SCOPE:

This bulletin applies to MA enrolled dentists who provide services to MA beneficiaries in the Fee-for-Service (FFS) delivery system. Providers rendering services in the MA Managed Care delivery system should address any coding or billing questions to the appropriate managed care organization (MCO).

NOTE: These procedure code updates do not apply to dental services provided in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC). The Department of Human Services (Department) will continue to pay FQHCs and RHCs their provider-specific Prospective Payment System rate for dental services when the FQHC or RHC submits claims following instructions in their PROMISe™ Billing Guide.

BACKGROUND:

The 2026 Healthcare Common Procedure Coding System (HCPCS) Updates contain a subset of 2026 Current Dental Terminology (CDT) procedure codes. The Department is updating the MA Program Dental Fee Schedule to reflect the added and deleted 2026 CDT procedure codes.

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.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

DISCUSSION:

The Department is adding the following procedure codes to the MA Program Dental Fee Schedule as a result of the 2026 HCPCS Updates, effective August 1, 2026:

Procedure Codes		
D9224	D9225	D9244
D9245	D9246	D9247

The Department is end-dating procedure code D9248 from the MA Program Dental Fee Schedule as a result of the 2026 HCPCS Updates, effective August 1, 2026.

Limits

The MA Program established limits for some of these procedure codes. When a provider determines an MA beneficiary needs a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (PE) process. For instructions on how to apply for a PE, please refer to your MA Program Provider Handbook at: https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.

MA MCOs are not required to impose the limits that apply in the MA FFS delivery system, although they are permitted to do so. An MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits. MA MCOs may, with advanced written approval from the Department, require prior authorization for services that are subject to limits on the MA Program Fee Schedule.

PROCEDURE:

Attached is the updated MA Program Dental Fee Schedule, effective August 1, 2026. Included in this document are the procedure codes, procedure code descriptions, provider type, provider specialty, place of service, fees, limits, and reporting requirements. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization" heading.

For additional information, providers should refer to the current PROMISe™ Provider Handbook and Billing Guides that may be viewed on the Department's website at the following link: https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html.

The Department updated the MA Program Dental Fee Schedule to reflect the changes discussed in this MA bulletin. Providers may access the updated version on the Department's

website at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/documents/dental-care/dental-fee-schedule.pdf.

ATTACHMENT:

Medical Assistance Program Dental Fee Schedule, Effective August 1, 2026

Medical Assistance Program Dental Fee Schedule
Effective August 1, 2026

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	MA Fee	Prior Authorization	Limits	** Reporting Requirements
DIAGNOSTIC								
Clinical Oral Evaluations								
D0120	Periodic oral evaluation - established patient	27	All	11, 12, 21, 23, 24, 31, 32, 99	$20.00	No	1 per 180 days	N
D0140	Limited oral evaluation - problem focused	27	All	02, 10, 11, 12, 21, 23, 27, 31, 32, 99	$55.22	No	1 per day (must be initiated by patient for POS 02 and 10)	N
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	27	All	11, 12, 21, 23, 24, 27, 99	$20.00	No	1 per 180 days	N
D0150	Comprehensive oral evaluation - new or established patient	27	All	11, 12, 21, 23, 24, 31, 32, 52, 99	$20.00	No	1 per lifetime per provider	N
Pre-diagnostic Services								
D0190	Screening of a patient	27	All	27	$20.00	No	1 per 365 days	N
D0191	Assessment of a patient	27	All	27	$20.00	No	1 per 365 days	N
Diagnostic Imaging								
(Maximum allowance for any combination of dental radiographs, per patient per provider per calendar year is $69.00)								
D0210	Intraoral - comprehensive series of radiographic images	27	All	11, 12, 31, 32	$45.00	No	1 per 5 years	N
D0220	Intraoral - periapical first radiographic image	27	All	11, 12, 31, 32	$8.00	No	1 per day	N
D0230	Intraoral - periapical each additional radiographic image	27	All	11, 12, 31, 32	$8.00	No	10 per day	N
D0240	Intraoral – occlusal radiographic image	27	All	11, 12, 31, 32	$12.00	No	2 per day	N
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	27	All	11, 12, 31, 32	$8.00	No	1 per day	N
D0251	Extra-oral posterior dental radiographic image	27	All	11, 12, 31, 32	$8.00	No	10 per day	N

D0270	Bitewing – single radiographic image	27	All	11, 12, 31, 32	$8.00	No	1 per day	N
D0272	Bitewings – two radiographic images	27	All	11, 12, 31, 32	$16.00	No	1 per day	N
D0273	Bitewings – three radiographic images	27	All	11, 12, 31, 32	$22.00	No	1 per day	N
D0274	Bitewings – four radiographic images	27	All	11, 12, 31, 32	$28.00	No	1 per day	N
D0330	Panoramic radiographic image	27	All	11, 12, 31, 32	$37.00	No	1 per 5 years	N
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	27	All	11, 31, 32	$19.50	No	1 per 3 years (under 21 years of age only)	N
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	27	All	11, 12, 31, 32	$45.00	No	1 per 5 years	N
D0373	Intraoral tomosynthesis - bitewing radiographic image	27	All	11, 12, 31, 32	$8.00	No	4 per day	N
D0374	Intraoral tomosynthesis - periapical radiographic image	27	All	11, 12, 31, 32	$8.00	No	11 per day	N
PREVENTIVE								
Dental Prophylaxis								
D1110	Prophylaxis – adult	27	All	11, 12, 21, 24, 31, 32, 99	$36.00	No	1 per 180 days (12 years of age and older only)	N
D1120	Prophylaxis – child	27	All	11, 12, 21, 24, 31, 32, 99	$30.00	No	1 per 180 days (under 12 years of age only)	N
Topical Fluoride Treatment (Office Procedure)								
D1206	Topical application of fluoride varnish	27	All	02, 10, 11, 12, 21, 24, 27, 31, 32, 99	$18.00	No	6 per 365 days (under 21 years of age only)	N
D1208	Topical application of fluoride - excluding varnish	27	All	11, 12, 21, 24, 31, 32, 99	$18.72	No	1 per 180 days (under 21 years of age only)	N
Other Preventive Services								

99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	27	370	02, 10, 11,12, 31, 32, 99	$19.33	No	Any combination of 99407, D1320 or D1321 - 1 per day - maximum of 70 per 365 days	N
D1310	Nutritional counseling for control of dental disease	27	All	02, 10, 11, 12, 27, 31, 32, 99	$10.87	No	1 per 180 days	N
D1320	Tobacco counseling for the control and prevention of oral disease	27	370	02, 10, 11, 12, 27, 31, 32, 99	$19.33	No	Any combination of 99407, D1320 or D1321 - 1 per day - maximum of 70 per 365 days	N
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	27	All	11, 12, 27, 31, 32, 99	$13.10	No	Any combination of 99407, D1320 or D1321 - 1 per day - maximum of 70 per 365 days	N
D1330	Oral hygiene instructions	27	All	02, 10, 11, 12, 27, 31, 32, 99	$11.08	No	1 per 180 days	N
D1351	Sealant - per tooth	27	All	11, 12, 21, 24, 31, 32, 99	$25.00	No	1 per lifetime on permanent premolars and permanent 1st and 2nd molars - Includes 1st and 2nd molars where a buccal restoration may exist (under 21 years of age only)	T
D1354	Application of caries arresting medicament – per tooth	27	All	11, 12, 31, 32, 99	$25.00	No	4 per 365 days, 6 per lifetime, maximum of 10 teeth per day (under 21 years of age only)	T
Space Maintenance (Passive Appliance)								

D1510	Space maintainer – fixed, unilateral - per quadrant	27	All	11, 12, 21, 24, 31, 32	$120.00	No	1 per lifetime (under 21 years of age only)	Q
D1516	Space maintainer – fixed - bilateral, maxillary	27	All	11, 12, 21, 24, 31, 32	$190.00	No	1 per lifetime (under 21 years of age only)	N
D1517	Space maintainer – fixed - bilateral, mandibular	27	All	11, 12, 21, 24, 31, 32	$190.00	No	1 per lifetime (under 21 years of age only)	N
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	27	All	11, 12, 21, 24, 31, 32	$30.00	No	1 per 365 days (under 21 years of age only)	N
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	27	All	11, 12, 21, 24, 31, 32	$30.00	No	1 per 365 days (under 21 years of age only)	N
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	27	All	11, 12, 21, 24, 31, 32	$30.00	No	1 per 365 days (under 21 years of age only)	Q
D1556	Removal of fixed unilateral space maintainer – per quadrant	27	All	11, 12, 21, 24, 31, 32	$25.00	No	1 per 365 days (under 21 years of age only)	Q
D1557	Removal of fixed bilateral space maintainer – maxillary	27	All	11, 12, 21, 24, 31, 32	$25.00	No	1 per 365 days (under 21 years of age only)	N
D1558	Removal of fixed bilateral space maintainer – mandibular	27	All	11, 12, 21, 24, 31, 32	$25.00	No	1 per 365 days (under 21 years of age only)	N
RESTORATIVE								
Amalgam Restorations (Including Polishing)								
D2140	Amalgam – one surface, primary or permanent	27	All	11, 12, 21, 24, 31, 32	$45.00	No	1 per 180 days	T
D2150	Amalgam – two surfaces, primary or permanent	27	All	11, 12, 21, 24, 31, 32	$55.00	No	1 per 180 days	T
D2160	Amalgam – three surfaces, primary or permanent	27	All	11, 12, 21, 24, 31, 32	$65.00	No	1 per 180 days	T
D2161	Amalgam – four or more surfaces, primary or permanent	27	All	11, 12, 21, 24, 31, 32	$65.00	No	1 per 180 days	T
Resin-Based Composite Restorations - Direct								
D2330	Resin-based composite – one surface, anterior	27	All	11, 12, 21, 24, 31, 32	$50.00	No	1 per 180 days	T
D2331	Resin-based composite – two surfaces, anterior	27	All	11, 12, 21, 24, 31, 32	$60.00	No	1 per 180 days	T
D2332	Resin-based composite – three surfaces, anterior	27	All	11, 12, 21, 24, 31, 32	$65.00	No	1 per 180 days	T

D2335	Resin-based composite – four or more surfaces (anterior)	27	All	11, 12, 21, 24, 31, 32	$65.00	No	1 per 180 days	T
D2390	Resin-based composite crown, anterior	27	All	11, 12, 21, 24, 31, 32	$150.00	No	1 per 180 days (under 21 years of age only)	T
D2391	Resin-based composite – one surface, posterior	27	All	11, 12, 21, 24, 31, 32	$50.00	No	1 per 180 days	T
D2392	Resin-based composite – two surfaces, posterior	27	All	11, 12, 21, 24, 31, 32	$60.00	No	1 per 180 days	T
D2393	Resin-based composite – three surfaces, posterior	27	All	11, 12, 21, 24, 31, 32	$65.00	No	1 per 180 days	T
D2394	Resin-based composite – four or more surfaces, posterior	27	All	11, 12, 21, 24, 31, 32	$65.00	No	1 per 180 days	T
Crowns - Single Restorations Only								
* D2710	Crown - resin-based composite (indirect)	27	All	11, 12, 21, 24, 31, 32	$150.00	Yes	1 per 3 years	T
* D2721	Crown – resin with predominantly base metal	27	All	11, 12, 21, 24, 31, 32	$200.00	Yes	1 per 5 years	T
* D2740	Crown – porcelain/ceramic	27	All	11, 12, 21, 24, 31, 32	$500.00	Yes	1 per 5 years	T
* D2751	Crown – porcelain fused to predominantly base metal	27	All	11, 12, 21, 24, 31, 32	$500.00	Yes	1 per 5 years	T
* D2791	Crown – full cast predominantly base metal	27	All	11, 12, 21, 24, 31, 32	$475.00	Yes	1 per 5 years	T
Other Restorative Services								
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	27	All	11, 12, 21, 24, 31, 32	$25.00	No	1 per 180 days	T
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	27	All	11, 12, 21, 24, 31, 32	$25.00	No	1 per 180 days	T
D2920	Re-cement or re-bond crown	27	All	11, 12, 21, 24, 31, 32	$25.00	No	1 per 180 days	T
D2930	Prefabricated stainless steel crown - primary tooth	27	All	11, 12, 21, 24, 31, 32	$99.00	No	1 per 365 days (under 21 years of age only)	T

D2931	Prefabricated stainless steel crown - permanent tooth	27	All	11, 12, 21, 24, 31, 32	$110.00	No	1 per 365 days (under 21 years of age only)	T
D2932	Prefabricated resin crown	27	All	11, 12, 21, 24, 31, 32	$50.00	No	1 per 365 days (under 21 years of age only)	T
D2933	Prefabricated stainless steel crown with resin window	27	All	11, 12, 21, 24, 31, 32	$145.00	No	1 per 365 days (under 21 years of age only)	T
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	27	All	11, 12, 21, 24, 31, 32	$145.00	No	1 per 365 days (under 21 years of age only)	T
* D2952	Post and core in addition to crown, indirectly fabricated	27	All	11, 12, 21, 24, 31, 32	$80.00	No	1 per 5 years	T
* D2954	Prefabricated post and core in addition to crown	27	All	11, 12, 21, 24, 31, 32	$80.00	No	1 per 5 years	T
D2980	Crown repair necessitated by restorative material failure	27	All	11, 12, 21, 24, 31, 32	$42.00	No	1 per 365 days	T
D2991	Application of hydroxyapatite regeneration medicament - per tooth	27	All	11, 12, 31, 32, 99	$44.16	No	1 per lifetime	T
ENDODONTICS								
Pulpotomy								
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	27	All	11, 21, 24	$75.00	No	1 per lifetime (under 21 years of age only)	T
Endodontic Therapy on Primary Teeth								
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	27	All	11, 21, 24	$150.00	No	1 per lifetime (under 21 years of age only)	T
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	27	All	11, 21, 24	$180.00	No	1 per lifetime (under 21 years of age only)	T
Endodontic Therapy (Inlcuding Treatment Plan, Clinical Procedures and Follow-Up Care)								
* D3310	Endodontic therapy, anterior tooth (excluding final restoration)	27	All	11, 21, 24, 31, 32	$275.00	Yes	1 per lifetime	T
* D3320	Endodontic therapy, premolar tooth (excluding final restoration)	27	All	11, 21, 24, 31, 32	$375.00	Yes	1 per lifetime	T

* D3330	Endodontic therapy, molar tooth (excluding final restoration)	27	All	11, 21, 24	$500.00	Yes	1 per lifetime	T
Apicoectomy/Periradicular Services								
* D3410	Apicoectomy - anterior	27	All	11, 21, 24	$70.00	No	1 per lifetime	T
* D3421	Apicoectomy - premolar (first root)	27	All	11, 21, 24	$70.00	No	1 per lifetime	T
* D3425	Apicoectomy - molar (first root)	27	All	11, 21, 24	$70.00	No	1 per lifetime	T
* D3426	Apicoectomy (each additional root)	27	All	11, 21, 24	$70.00	No	1 per lifetime	T
* D3471	Surgical repair of root resorption-anterior	27	270, 272	11, 21, 24	$208.00	Yes	1 per lifetime	T
* D3472	Surgical repair of root resorption-premolar	27	270, 272	11, 21, 24	$208.00	Yes	1 per lifetime	T
* D3473	Surgical repair of root resorption-molar	27	270, 272	11, 21, 24	$208.00	Yes	1 per lifetime	T
* D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	27	270, 272	11, 21, 24	$208.00	Yes	1 per lifetime	T
* D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	27	270, 272	11, 21, 24	$208.00	Yes	1 per lifetime	T
* D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	27	270, 272	11, 21, 24	$208.00	Yes	1 per lifetime	T
* D3921	Decoronation or submergence of an erupted tooth	27	All	11, 21, 24	$210.00	Yes	1 per lifetime	T
PERIODONTICS								
Surgical Services (Including Usual Postoperative Care)								
* D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	27	All	11, 21, 24	$125.00	Yes	1 per 2 years	Q
Non-Surgical Periodontal Services								
* D4341	Periodontal scaling and root planing – four or more teeth per quadrant	27	All	11, 12, 21, 24, 31, 32	$75.00	Yes	1 per 2 years - maximum of 2 quadrants per day	Q

* D4342	Periodontal scaling and root planing - one to three teeth per quadrant	27	All	11, 12, 21, 24, 31, 32	$72.89	Yes	1 per 2 years - maximum of 4 quadrants per day	Q
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral eval	27	All	11, 12, 21, 24, 31, 32	$43.20	No	1 per 180 days	N
* D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	27	All	11, 12, 21, 24, 31, 32	$60.00	No - requires post operative review.	1 per 365 days	N
Other Periodontal Services								
* D4910	Periodontal maintenance	27	All	11, 12, 21, 24, 31, 32	$44.00	Yes	1 per 90 days	N
PROSTHODONTICS, REMOVABLE								
Complete Dentures (Including Routine Post-Delivery Care)								
D5110	Complete denture – maxillary	27	All	11, 12, 31, 32	$525.00	Yes	1 per lifetime	N
D5120	Complete denture – mandibular	27	All	11, 12, 31, 32	$525.00	Yes	1 per lifetime	N
D5130	Immediate denture – maxillary	27	All	11, 12, 21, 24, 31, 32	$525.00	Yes	1 per lifetime	N
D5140	Immediate denture – mandibular	27	All	11, 12, 21, 24, 31, 32	$525.00	Yes	1 per lifetime	N
Partial Dentures (Including Routine Post-Delivery Care)								
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	27	All	11, 12, 31, 32	$375.00	Yes	1 per lifetime	N
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	27	All	11, 12, 31, 32	$375.00	Yes	1 per lifetime	N
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	27	All	11, 12, 31, 32	$550.00	Yes	1 per lifetime	N

D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	27	All	11, 12, 31, 32	$550.00	Yes	1 per lifetime	N
Adjustments to Dentures								
D5410	Adjust complete denture – maxillary	27	All	11, 12, 21, 24, 31, 32	$20.00	No	4 per 365 days starting 180 days after insertion	N
D5411	Adjust complete denture – mandibular	27	All	11, 12, 21, 24, 31, 32	$20.00	No	4 per 365 days starting 180 days after insertion	N
D5421	Adjust partial denture – maxillary	27	All	11, 12, 21, 24, 31, 32	$20.00	No	4 per 365 days starting 180 days after insertion	N
D5422	Adjust partial denture – mandibular	27	All	11, 12, 21, 24, 31, 32	$20.00	No	4 per 365 days starting 180 days after insertion	N
Repairs to Complete Dentures								
D5511	Repair broken complete denture base, mandibular	27	All	11, 12, 21, 24, 31, 32	$50.00	No	2 per 365 days	N
D5512	Repair broken complete denture base, maxillary	27	All	11, 12, 21, 24, 31, 32	$50.00	No	2 per 365 days	N
D5520	Replace missing or broken teeth – complete denture-per tooth	27	All	11, 12, 21, 24, 31, 32	$45.00	No	1 per 180 days	T
Repairs to Partial Dentures								
D5611	Repair resin partial denture base, mandibular	27	All	11, 12, 21, 24, 31, 32	$50.00	No	2 per 365 days	N
D5612	Repair resin partial denture base, maxillary	27	All	11, 12, 21, 24, 31, 32	$50.00	No	2 per 365 days	N
D5621	Repair cast partial framework, mandibular	27	All	11, 12, 21, 24, 31, 32	$60.00	No	2 per 365 days	N
D5622	Repair cast partial framework, maxillary	27	All	11, 12, 21, 24, 31, 32	$60.00	No	2 per 365 days	N

D5630	Repair or replace broken retentive/clasping materials - per tooth	27	All	11, 12, 21, 24, 31, 32	$60.00	No	1 per 180 days	T
D5640	Replace missing or broken teeth –partial denture- per tooth	27	All	11, 12, 21, 24, 31, 32	$45.00	No	1 per 180 days	T
D5650	Add tooth to existing partial denture-per tooth	27	All	11, 12, 21, 24, 31, 32	$50.00	No	1 per 365 days	T
D5660	Add clasp to existing partial denture - per tooth	27	All	11, 12, 21, 24, 31, 32	$50.00	No	1 per 365 days	T
Denture Reline Procedures								
D5730	Reline complete maxillary denture (direct)	27	All	11, 12, 21, 24, 31, 32	$70.00	No	1 per 2 years starting 180 days after insertion	N
D5731	Reline complete mandibular denture (direct)	27	All	11, 12, 21, 24, 31, 32	$70.00	No	1 per 2 years starting 180 days after insertion	N
D5740	Reline maxillary partial denture (direct)	27	All	11, 12, 21, 24, 31, 32	$70.00	No	1 per 2 years starting 180 days after insertion	N
D5741	Reline mandibular partial denture (direct)	27	All	11, 12, 21, 24, 31, 32	$70.00	No	1 per 2 years starting 180 days after insertion	N
D5750	Reline complete maxillary denture (indirect)	27	All	11, 12, 21, 24, 31, 32	$100.00	No	1 per 2 years starting 180 days after insertion	N
D5751	Reline complete mandibular denture (indirect)	27	All	11, 12, 21, 24, 31, 32	$100.00	No	1 per 2 years starting 180 days after insertion	N
D5760	Reline maxillary partial denture (indirect)	27	All	11, 12, 21, 24, 31, 32	$100.00	No	1 per 2 years starting 180 days after insertion	N
D5761	Reline mandibular partial denture (indirect)	27	All	11, 12, 21, 24, 31, 32	$100.00	No	1 per 2 years starting 180 days after insertion	N
PROSTHODONTICS, FIXED								

Other Fixed Partial Denture Services								
D6930	Re-cement or re-bond fixed partial denture	27	All	11, 12, 21, 24, 31, 32	$30.00	No	4 per 365 days	N
D6980	Fixed partial denture repair necessitated by restorative material failure	27	All	11, 12, 21, 24, 31, 32	$35.00	No	4 per 365 days	N
ORAL AND MAXILLOFACIAL SURGERY								
Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)								
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	27	All	11, 21, 24, 31, 32	$65.00	No	1 per lifetime	T
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	27	All	11, 21, 24, 31, 32	$65.00	No	1 per lifetime	T
D7220	Removal of impacted tooth – soft tissue	27	All	11, 21, 24	$90.00	Yes	1 per lifetime	T
D7230	Removal of impacted tooth – partially bony	27	All	11, 21, 24	$170.00	Yes	1 per lifetime	T
D7240	Removal of impacted tooth – completely bony	27	All	11, 21, 24	$200.00	Yes	1 per lifetime	T
D7250	Removal of residual tooth roots (cutting procedure)	27	All	11, 21, 24	$100.00	Yes	1 per lifetime	T
Other Surgical Procedures								
D7260	Oroantral fistula closure	27	All	11, 21, 24	$75.00	No	4 per lifetime	N
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	27	All	11, 12, 21, 23, 24, 31, 32	$320.00	No	1 per lifetime (under 21 years of age only)	T
D7280	Exposure of an unerupted tooth	27	All	11, 21, 24	$80.00	Yes	1 per lifetime (under 23 years of age only	T
D7283	Placement of device to facilitate eruption of impacted tooth	27	All	11, 21, 24	$35.00	Yes	1 per lifetime (under 23 years of age only)	T
D7288	Brush biopsy – transepithelial sample collection	27	All	11, 12, 21, 24, 31, 32	$34.50	No	2 per day	N
Alveoloplasty - Preparation of Ridge								

D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	27	All	11, 21, 24	$ 30.00 1st quadrant $ 15.00 each, 2nd – 4th quadrant	No	1 per lifetime	Q
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	27	All	11, 21, 24	$ 30.00 1st quadrant $ 15.00 each, 2nd – 4th quadrant	No	1 per lifetime	Q
Excision of Intra-Osseous Lesions								
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	27	All	11, 21, 24	$40.00	No	2 per day	N
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	27	All	11, 21, 24	$80.00	No	2 per day	N
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	27	All	11, 21, 24	$40.00	No	2 per day	N
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	27	All	11, 21, 24	$80.00	No	2 per day	N
Excision of Bone Tissue								
D7471	Removal of lateral exostosis – (maxilla or mandible)	27	All	11, 21, 24	$60.00	No	4 per lifetime	N
D7472	Removal of torus palatinus	27	All	11, 21, 24	$60.00	No	4 per lifetime	N
D7473	Removal of torus mandibularis	27	All	11, 21, 24	$60.00	No	4 per lifetime	N
D7485	Reduction of osseous tuberosity	27	All	11, 21, 24	$60.00	No	4 per lifetime	N
Surgical Incision								
D7509	Marsupialization of odontogenic cyst	27	All	11, 21, 24	$40.00	No	2 per day	N
D7510	Incision and drainage of abscess – intraoral soft tissue	27	All	11, 21, 24	$25.50	No	2 per day	N

D7511	Incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	27	All	11, 21, 24	$88.50	No	2 per day	N
D7520	Incision and drainage of abscess – extraoral soft tissue	27	All	11, 21, 24	$38.50	No	2 per day	N
D7521	Incision and drainage of abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	27	All	11, 21, 24	$88.50	No	2 per day	N
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions								
D7871	Non-arthroscopic lysis and lavage	27	All	11, 21, 24	$64.50	No	1 per day	N
Other Repair Procedures								
D7961	Buccal/labial Frenectomy (frenulectomy)	27	All	11, 21, 24	$156.42	No	3 per lifetime	N
D7962	Lingual Frenectomy (frenulectomy)	27	All	11, 21, 24	$156.42	No	1 per lifetime	N
D7970	Excision of hyperplastic tissue – per arch	27	All	11, 21, 24	$80.00	No	2 per 365 days (one per arch)	N
D7999	Unspecified oral surgery procedure, by report	27	All	11, 21, 24	$80.00	No	1 per day	N
ORTHODONTICS								
Comprehensive Orthodontic Treatment								
D8080	Comprehensive orthodontic treatment of the adolescent dentition	27	273, 283	11	$1,000.00	Yes	1 per lifetime (under 21 years of age only)	N
Minor Treatment to Control Harmful Habits								
D8210	Removable appliance therapy	27	All	11, 24	$200.00	Yes	1 per lifetime per arch (under 21 years of age only)	N
D8220	Fixed appliance therapy	27	All	11, 24	$200.00	Yes	1 per lifetime per arch (under 21 years of age only)	N
Other Orthodontic Services								
D8660	Pre-orthodontic treatment examination to monitor growth and development	27	273	11	$35.00	No	1 per 365 days per provider (under 21 years of age only)	N

D8670	Periodic orthodontic treatment visit	27	273, 283	11	$350.00	Yes	7 per lifetime (under 23 years of age only)	N
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	27	273	11	$150.00	Yes	1 per lifetime (under 23 years of age only)	N
D8703	Replacement of lost or broken retainer – maxillary	27	All	11, 12, 31, 32	$142.50	Yes	1 per lifetime (under 23 years of age only)	N
D8704	Replacement of lost or broken retainer – mandibular	27	All	11, 12, 31, 32	$142.50	Yes	1 per lifetime (under 23 years of age only)	N
CLEFT PALATE SERVICES **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	Detailed and extensive oral evaluation – problem focused, by report.	17	173	11, 22, 49	$120.00	No	Complete initial examination at a cleft palate clinic only involving all licensed staff (under 21 years of age only)	N
		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	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	17	173	11, 22, 49	$25.00	No	1 per day (under 21 years of age only)	N
		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				
ADJUNCTIVE GENERAL SERVICES								
Unclassified Treatment								

D9110	Palliative treatment of dental pain - per visit	27	All	11, 12, 23, 31, 32	$30.00	No	1 per day	N
Anesthesia								
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	27	284	11	$122.00	No	1 per day	N
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	27	284	11	$122.00	No	2 per day	N
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereoft	27	284	11	$156.00	No	1 per day	N
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	27	284	11	$156.00	No	2 per day	N
D9230	Administration of nitrous oxide	27	284, 285, 286	11	$44.00	No	1 per day (under 21 years of age only)	N
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	27	284, 285	11	$128.50	No	1 per day	N
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	27	284, 285	11	$128.50	No	2 per day	N
D9244	In-office administration of minimal sedation - single drug-enteral	27	284, 285, 286	11	$111.00	No	1 per day	N
D9245	Administration of moderate sedation - enteral	27	284, 285	11	$111.00	No	1 per day	N
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	27	284, 285	11	$123.00	No	1 per day	N

D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	27	284, 285	11	$101.00	No	2 per day	N
Miscellaneous Services								
D9920	Behavior Management Fee (a visit fee for difficult to manage persons with ***developmental disabilities.	27	All	11, 12, 31, 32	$125.00	No	4 per 365 days-maximum of 1 per day	N
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	27	All	11, 12, 23, 24, 31, 32	$15.00	No	1 per day	N
SLEEP APNEA SERVICES								
D9947	Custom sleep apnea appliance fabrication and placement	27	All	11, 12, 31, 32	$2,410.00	Yes	1 per lifetime	N
D9948	Adjustment of custom sleep apnea appliance	27	All	11, 12, 31, 32	$50.00	No	2 per lifetime starting 180 days after insertion	N
D9949	Repair of custom sleep apnea appliance	27	All	11, 12, 31, 32	$100.00	No	2 per lifetime starting 180 days after insertion	N
D9953	Reline custom sleep apnea appliance (indirect)	27	All	11, 12, 31, 32	$100.00	No	2 per lifetime starting 180 days after insertion	N
S0215	Mileage - additional allowance for home, skilled nursing facility and ICF visits	27	271	12, 31, 32	$0.10	No	300 miles per day	N
Maxillofacial Prosthetics								
21076	Impression and custom preparation; surgical obturator prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21079	Impression and custom preparation; Interim obturator prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N

21080	Impression and custom preparation; definitive obturator prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21081	Impression and custom preparation; mandibular resection prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21082	Impression and custom preparation; palatal augmentation prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21083	Impression and custom preparation; palatal lift prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21084	Impression and custom preparation; speech aid prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21085	Impression and custom preparation; oral surgical splint	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21086	Impression and custom preparation; auricular prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21087	Impression and custom preparation; nasal prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N
21088	Impression and custom preparation; facial prosthesis	27	All	11, 21, 24, 99	$387.00	No	1 appliance per day	N

* Requires Benefit Limit Exception for individuals 21 years of age and older unless they reside in a NF or ICF

** (N = no reporting requirements, T = tooth reporting requirement, Q = quadrant reporting requirement)
Limits for procedures that require tooth or quadrant reporting are per tooth or per quadrant.

*** For the purposes of this code, developmental disability is defined as a substantial developmental delay with onset prior to the age of 22 which results in impaired functioning of indefinite duration due to atypical neurological development.