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**EXPANSION OF KENTUCKY ADULT
MEDICAID SERVICES FOR 2023**

WILLIAM E. COLLINS DMD

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I am Dr. William E. Collins, a graduate from the University of Louisville School of Dentistry 1991. I have practiced in Eastern Kentucky for over 30 years and have always been a Medicaid provider. Kentucky Medicaid reimbursement fees are 33 to 38% of Usual and Customary Fees. After 2012 and the implementation of the Managed Care Organizations (MCO's) the fees were cut approximately 10% per provider (General Dentist). Specialists did not experience the same cuts as the General Dentists. The MCO's can set their own fees and pay providers less than Medicaid's reimbursement fee schedule. Providers have not had a fee increase in over thirty plus years. Many providers have stopped taking Medicaid and have left it to the FQHC's and Primary Care to provide the care because their fees are supplemented by the federal government. With the elimination of the coalfields in Eastern Kentucky, the Medicaid population increased drastically, many providers could no longer survive with the current Medicaid fees and had to close their doors. This decreases access to care for those in need.

Much of the economic growth in Kentucky in recent years was concentrated in the Golden Triangle which is the region including and surrounding Covington, Lexington, and Louisville. In other areas of the state, economic recovery and industrial development after the most recent economic recession are slower; many regions in the state continue to suffer from the demise of the coal mining and tobacco growing industries. The rates of joblessness or of underemployment and the prevalence of populations living in poverty are higher now than when these industries were prospering.

WalletHub compared the fifty states and the District of Columbia across twenty-six key indicators of dental wellness. In 2023 Kentucky ranks 41st in overall oral health, and ranks 49th in percent of adults that

visited a dentist last year. (<https://wallethub.com/edu/states-with-best-worst-dental-health/31498>)

According to the Center for Health Workforce Studies (CHWS) at the University of Albany's technical report, Kentucky is second in the nation in the incidence of oral and pharyngeal cancers. Kentucky is fifth highest in the U.S. for adults sixty-five or older who have had all their natural teeth extracted. Less than half of children insured through Medicaid received dental care in 2014. In 2014, Eastern Kentucky had the lowest percentage of adults in all regions of the state who visited a dentist or dental clinic in the past year. (<https://kyoralhealthcoalition.org/new-reports-highlight-oral-health-successes-and-challenges-in-kentucky/>)

The decision to expand adult Medicaid dental benefits gave the Commonwealth an opportunity to improve oral health outcomes for our most vulnerable Kentuckians – including those with substance use disorders and pregnant women. While it was a worthy debate about the process to expand services, the reality now is that 900,000 low-income, disabled, and other vulnerable Kentucky adults must once again go without critical dental care. The need for comprehensive dental benefits is well-established in the Commonwealth, which ranks nationally in the bottom five states on several oral health indicators and has more adults age 65+ with no natural teeth than any other state. Ensuring adults have access to routine dental visits as well as restorative treatment improves oral health outcomes and reduces costs. In fact, states that offer comprehensive adult Medicaid dental benefits see a dramatic reduction in spending on ER visits for non-traumatic dental care each year. (<https://kyoralhealthcoalition.org/statement-final-passage-of-sb-65/>)

The expansion of adult Medicaid dental services is much needed and should be supported and allowed to continue. BUT it is not merely the expanding of procedures that need to be considered but a Medicaid reimbursement fee increase is overdue and needed to provide adequate access to care. Before the Medicaid adult expansion in 2023, the fee for implant placement was approximately 1100 dollars and only allowed for individuals under 21 years of age, when the expansion occurred the fee for implant placement went above 2000 dollars and included both those under 21 years of age and for adults while the fees for basic restorative services remained at a very low reimbursement rate. For example, a resin four surface restoration is reimbursed by the MCO at \$78.00, the same fee as the State Medicaid. But the difference being, the MCO's are free to cut or raise fees per provider, just as any commercial insurance company does. The Usual, Customary, and Reasonable fee guidelines at our office for this same restoration is \$255.00 and we are a non-profit. The American Dental Association 2020 survey of fees for the four-surface restoration is \$303.46. Another example is removable complete denture. The Medicaid reimbursement fee is \$656.00 and the Usual and Customary fee for our office is \$1100.00. The American Dental Association 2020 survey of fees for the complete denture is \$1476.68. Until these fees are increased providers cannot continue to treat Medicaid patients. Providers that treat Medicaid patients must be aware of their cost and cannot afford to increase wages and benefits of employees. Our laboratory fee for the denture is \$492.00, the materials we use is approximately \$116.00. Materials and lab fee combined is \$606.00 dollars. This does not include the time of employees and the dentist. All our assistants and receptionists are paid more than twelve dollars per hour. I hope this gives you an idea of why fees must be increased overall. This is not about making dentists wealthy but about creating access to care and

providers training and keeping employees. The Prior Authorization for implant placement requires the implant be medically necessary and documentation from physicians and dentists, most will be unable to meet the requirements. Many patients that will be needing crowns and root canals will be unable to meet the prior authorization requirements, the mouth must be free of other decay and good oral hygiene demonstrated by the patient. Even with the expansion of services, most will not overcome the prior authorization process. I applaud Governor Beshear for wanting to expand services, but I beg him to also increase Medicaid reimbursement fees so that we may increase access to care. Without a fee increase in the primary phase of care, no practitioner can overcome the burden of restoring the patient to a healthy mouth and meeting the requirements for a prior authorization. FQHC and Primary Care organizations are compensated by the federal government and more likely to overcome the financial strain of low state Medicaid reimbursement.

In summary, expanding the services to adult Medicaid and not increasing the Medicaid reimbursement fees (or Medicaid reimbursement rates) is nothing more than a smoke and mirrors and will not increase access to care. The prior authorization process will eliminate most Medicaid patients from qualifying for implants, crowns, bridges, and endodontic treatment. I appreciate Commissioner Lee and the Cabinet for all their hard work, but I also beg them to include dentists that have been loyal Medicaid providers for many years to help shape this expansion into a viable program. The state needs a dentist or dentists to consult that have been Medicaid providers for more than 20 years because they have experienced the strain on the practitioner. I pray for an expanded program that will increase access to care and move Kentucky up the rank in overall oral health. I want a program that

our Governor, our legislators, our cabinet, our dental professionals, and our people can be proud of.

Thank you for your time,
Respectfully,

William E. Collins DMD

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(Enclosed are the ADA fee schedule for 2020 for Kentucky, the 2023 Medicaid Dental Fee Schedule, Humana Medicaid 2023 dental fee schedule and Aetna 2023 dental fee schedule)

American Dental Association 2020 survey of fees:

<https://ebusiness.ada.org/Assets/docs/85994.pdf>

Kentucky Medicaid Dental Fee Schedule 2023

<https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/2023DentalFeeSchedule.pdf>

2020 Survey of Dental Fees
General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D0120	periodic oral evaluation - established patient	44.01	9.37	30	38	45	51	52	54	55	57	92
D0140	limited oral evaluation - problem focused oral evaluation for a patient under three years of age and counseling with primary caregiver	64.18	14.52	45	55	65	74	76	79	82	88	88
D0145	comprehensive oral evaluation - new or established patient	55.60	15.28	37	42	50	68	70	75	77	80	55
D0150	detailed and extensive oral evaluation - problem focused, by report	70.92	16.22	50	60	72	82	86	87	90	96	91
D0160	re-evaluation - limited, problem focused (established patient; not post-operative visit)	103.52	45.25	50	75	100	146	154	155	157	162	62
D0170	re-evaluation – post-operative office visit	48.82	21.81	0	40	50	66	69	74	76	77	60
D0171	comprehensive periodontal evaluation - new or established patient	21.64	28.13	0	0	0	40	54	57	65	75	40
D0180	intraoral - complete series of radiographic images	88.33	15.25	71	79	90	97	100	101	105	117	60
D0210	intraoral - periapical first radiographic image	127.76	20.24	101	112	126	138	146	147	151	174	77
D0220	intraoral - periapical each additional radiographic image	26.65	5.62	20	23	28	30	30	31	33	37	89
D0230	bitewings - two radiographic images	22.28	5.94	14	18	23	25	28	29	30	32	87
D0272	bitewings - three radiographic images	42.40	5.16	35	40	42	45	45	47	48	53	80
D0273	bitewings - four radiographic images	51.06	5.74	42	48	51	55	55	56	58	60	51
D0274	vertical bitewings - 7 to 8 radiographic images	62.53	9.44	50	55	60	68	70	75	75	81	76
D0277	panoramic radiographic image	94.62	18.16	68	85	93	104	104	105	112	124	38
D0330	2D oral/facial photographic image obtained intra-orally or extra-orally	107.98	15.94	85	95	109	118	122	125	130	133	80
D0350	diagnostic casts	55.60	38.88	0	30	66	75	81	99	100	125	42
D0470	prophylaxis - adult	101.05	45.88	60	75	98	110	114	125	139	263	67
D1110		80.90	13.16	63	70	82	90	91	94	96	104	92

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D1120	prophylaxis - child	61.81	9.99	50	54	63	67	69	70	75	76	92
D1206	topical application of fluoride varnish	36.50	8.32	25	30	36	42	44	48	50	50	70
D1208	topical application of fluoride – excluding varnish	34.01	7.01	25	30	35	38	38	40	43	50	64
D1320	tobacco counseling for the control and prevention of oral disease	37.86	29.67	0	0	40	68	74	74	77	82	42
D1330	oral hygiene instructions	29.52	23.77	0	0	30	52	56	60	61	61	48
D1351	sealant - per tooth	48.42	7.77	38	42	50	53	55	55	58	60	81
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	86.45	33.15	52	60	84	99	100	114	125	182	31
D1510	space maintainer - fixed, unilateral – per quadrant	302.85	53.71	252	275	296	322	327	333	377	390	53
D1515	space maintainer - fixed, bilateral	419.83	55.57	350	385	418	446	462	483	510	514	48
D2140	amalgam - one surface, primary or permanent	127.43	22.84	96	110	130	145	150	150	153	160	64
D2150	amalgam - two surfaces, primary or permanent	159.15	27.05	122	139	162	179	179	180	200	201	62
D2160	amalgam - three surfaces, primary or permanent	187.39	34.82	142	158	185	209	213	220	228	240	64
D2161	amalgam - four or more surfaces, primary or permanent	227.03	47.29	167	200	225	251	259	266	282	298	64
D2330	resin-based composite - one surface, anterior	153.45	24.08	116	137	156	171	175	179	184	195	80
D2331	resin-based composite - two surfaces, anterior	187.80	28.20	148	169	186	208	215	216	224	240	80
D2332	resin-based composite - three surfaces, anterior	223.83	36.62	171	197	230	247	250	258	266	290	81
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	280.59	74.03	205	234	282	311	317	328	344	380	84
D2390	resin-based composite crown, anterior	374.18	103.32	240	263	390	440	444	450	475	500	47

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				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D2391	resin-based composite - one surface, posterior	166.95	23.52	137	150	166	183	188	192	195	199	77
D2392	resin-based composite - two surfaces, posterior	212.30	30.86	161	195	210	232	240	245	246	259	77
D2393	resin-based composite - three surfaces, posterior	257.27	40.22	198	228	264	282	294	301	304	310	78
D2394	resin-based composite - four or more surfaces, posterior	303.46	51.49	228	258	314	343	344	350	352	364	79
D2520	inlay - metallic - two surfaces	711.28	173.55	485	555	656	848	869	874	886	1,067	33
D2543	onlay - metallic - three surfaces	875.20	168.46	678	700	903	950	950	1,035	1,132	1,190	37
D2620	inlay - porcelain/ceramic - two surfaces	872.08	157.13	635	800	905	950	960	992	1,049	1,200	40
D2642	onlay - porcelain/ceramic - two surfaces	882.32	149.63	684	740	890	987	995	1,044	1,081	1,176	38
D2643	onlay - porcelain/ceramic - three surfaces	964.60	138.55	780	856	950	1,042	1,069	1,130	1,176	1,190	36
D2644	onlay - porcelain/ceramic - four or more surfaces	1,022.89	145.71	850	907	999	1,112	1,166	1,224	1,244	1,262	38
D2710	crown - resin-based composite (indirect)	654.14	240.86	315	410	640	851	889	947	974	997	43
D2740	crown - porcelain/ceramic	1,062.70	138.35	900	950	1,025	1,175	1,200	1,202	1,285	1,322	81
D2750	crown - porcelain fused to high noble metal	1,056.40	137.75	910	955	1,007	1,130	1,175	1,202	1,282	1,335	76
D2751	crown - porcelain fused to predominantly base metal	952.36	126.69	800	875	947	999	1,000	1,080	1,103	1,265	59
D2752	crown - porcelain fused to noble metal	993.26	104.60	861	936	994	1,045	1,071	1,103	1,137	1,236	62
D2780	crown - 3/4 cast high noble metal	1,000.08	115.85	830	947	975	1,089	1,112	1,115	1,180	1,211	35
D2783	crown - 3/4 porcelain/ceramic	1,048.51	115.58	910	950	1,045	1,115	1,158	1,194	1,218	1,295	35
D2790	crown - full cast high noble metal	1,114.63	176.05	950	999	1,055	1,215	1,259	1,300	1,302	1,430	70
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	292.96	116.87	113	239	300	389	400	400	408	459	57
D2920	re-cement or re-bond crown	101.12	21.00	75	88	101	109	115	116	128	150	75
D2930	prefabricated stainless steel crown - primary tooth	252.12	41.65	198	233	250	275	278	281	290	320	67

Source: American Dental Association, Health Policy Institute, 2020 Survey of Dental Fees. Copyright © 2020 American Dental Association.

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D2931	prefabricated stainless steel crown - permanent tooth	300.10	55.75	250	250	288	318	333	365	368	397	60
D2940	protective restoration core buildup, including any pins when required	115.85	40.57	80	90	110	121	125	129	150	213	65
D2950	post and core in addition to crown, indirectly fabricated	250.75	39.84	200	219	250	275	285	290	295	322	76
D2952	prefabricated post and core in addition to crown	368.84	57.71	304	340	359	408	412	423	435	450	58
D2954	labial veneer (resin laminate) - laboratory	299.58	48.72	234	258	300	335	339	350	351	387	74
D2961	labial veneer (porcelain laminate) - laboratory	825.48	221.94	550	625	820	1,035	1,065	1,066	1,076	1,087	40
D2962	labial veneer (porcelain laminate) - laboratory	1,161.32	211.16	900	1,000	1,100	1,300	1,357	1,400	1,500	1,565	72
D2980	crown repair necessitated by restorative material failure	239.47	69.64	145	195	233	278	288	289	297	305	51
D3110	pulp cap - direct (excluding final restoration)	68.44	18.70	45	55	68	80	84	86	90	96	64
D3120	pulp cap - indirect (excluding final restoration)	67.74	28.45	44	50	63	82	84	85	90	98	62
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	171.09	47.32	110	140	176	194	200	207	212	230	73
D3221	pulpal debridement, primary and permanent teeth	191.86	66.03	103	153	195	228	236	247	253	325	54
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	233.30	66.48	155	190	229	272	275	275	300	350	40
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	271.27	65.91	175	225	274	301	312	316	350	362	38
D3310	endodontic therapy, anterior tooth (excluding final restoration)	736.89	149.20	578	625	718	795	821	850	900	1,100	74

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D3320	endodontic therapy, premolar tooth (excluding final restoration)	844.93	156.49	683	725	825	908	932	960	1,000	1,250	71
D3330	endodontic therapy, molar tooth (excluding final restoration)	1,017.19	163.19	843	900	1,005	1,105	1,137	1,181	1,200	1,422	69
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	320.31	201.81	0	125	372	464	485	500	525	576	37
D3346	retreatment of previous root canal therapy - anterior	775.50	164.94	600	642	730	855	900	950	1,013	1,013	48
D3347	retreatment of previous root canal therapy - premolar	897.23	177.31	714	750	900	1,049	1,065	1,075	1,090	1,193	47
D3348	retreatment of previous root canal therapy - molar	1,068.79	225.95	843	875	1,025	1,214	1,282	1,300	1,393	1,452	48
D3410	apicoectomy - anterior	658.43	159.33	473	519	674	778	778	782	865	865	32
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	516.17	139.33	350	377	524	616	616	637	678	803	49
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	247.91	87.72	160	184	248	285	311	333	350	375	52
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	210.14	84.33	100	125	210	250	299	304	350	350	35
D4249	clinical crown lengthening – hard tissue	680.76	144.53	500	585	701	752	762	800	850	1,000	32
D4321	provisional splinting - extracoronal	354.22	114.14	225	250	350	447	459	459	475	500	52
D4341	periodontal scaling and root planing - four or more teeth per quadrant	236.07	35.91	190	210	237	257	266	275	276	305	75
D4342	periodontal scaling and root planing - one to three teeth per quadrant	169.05	29.48	125	150	170	192	194	200	200	217	64
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	168.41	36.40	130	142	163	182	192	205	207	215	79

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D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	96.08	49.78	40	60	84	135	149	150	168	175	52
D4910	periodontal maintenance	127.60	19.93	105	109	125	141	145	147	156	158	62
D5110	complete denture - maxillary	1,476.68	265.24	1,200	1,265	1,497	1,610	1,628	1,675	1,800	1,950	76
D5120	complete denture - mandibular	1,456.36	269.53	1,187	1,250	1,461	1,600	1,622	1,650	1,800	1,925	78
D5130	immediate denture - maxillary	1,680.90	429.71	1,250	1,425	1,600	1,785	1,820	1,892	2,250	2,574	73
D5140	immediate denture - mandibular	1,675.01	431.66	1,250	1,425	1,600	1,785	1,820	1,892	2,250	2,574	73
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,002.26	245.23	688	825	1,000	1,143	1,179	1,255	1,297	1,500	77
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	1,002.09	244.76	680	825	1,000	1,139	1,179	1,255	1,291	1,500	77
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,525.77	252.55	1,200	1,346	1,500	1,692	1,779	1,795	1,837	1,946	79
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,530.25	243.33	1,200	1,346	1,500	1,702	1,772	1,795	1,815	1,882	78
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	1,058.78	398.33	575	694	1,100	1,271	1,271	1,290	1,562	2,100	30
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	1,345.43	285.89	982	1,200	1,312	1,478	1,517	1,558	1,607	1,700	70
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	1,320.56	299.63	950	1,180	1,312	1,500	1,510	1,583	1,607	1,700	69
D5520	replace missing or broken teeth - complete denture (each tooth)	174.23	47.20	120	140	164	196	200	210	272	278	65
D5640	replace broken teeth - per tooth	170.93	46.54	121	141	158	194	196	198	245	280	69

Source: American Dental Association, Health Policy Institute. 2020 Survey of Dental Fees. Copyright © 2020 American Dental Association.

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D5650	add tooth to existing partial denture	215.70	60.94	150	175	203	225	245	267	305	366	77
D5660	add clasp to existing partial denture - per tooth	240.85	69.15	165	207	234	263	275	286	303	366	71
D5710	rebase complete maxillary denture	518.60	123.46	362	420	521	575	600	643	650	740	63
D5711	rebase complete mandibular denture	515.12	122.95	350	420	520	568	600	642	650	740	62
D5720	rebase maxillary partial denture	497.45	129.88	325	415	500	574	580	625	650	740	58
D5721	rebase mandibular partial denture	495.22	127.04	325	394	497	556	562	625	650	740	58
D5730	reline complete maxillary denture (chairside)	305.97	80.69	198	250	303	362	365	385	388	443	75
D5731	reline complete mandibular denture (chairside)	306.48	80.61	200	250	312	362	365	385	396	434	73
D5750	reline complete maxillary denture (laboratory)	413.57	115.97	253	349	420	475	500	516	575	600	82
D5751	reline complete mandibular denture (laboratory)	411.13	116.44	253	347	400	475	502	516	575	600	82
D5986	fluoride gel carrier	145.52	57.41	74	109	134	195	205	211	211	218	32
D6055	connecting bar – implant supported or abutment supported	2,829.10	1,703.75	726	1,500	2,500	3,262	3,660	5,195	6,325	6,325	30
D6056	prefabricated abutment – includes modification and placement	652.49	229.15	393	500	609	750	773	795	995	1,200	53
D6057	custom fabricated abutment – includes placement	810.53	187.69	600	675	800	900	950	968	1,040	1,100	60
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1,253.03	179.87	998	1,092	1,247	1,395	1,400	1,450	1,476	1,503	54
D6066	implant supported crown - porcelain fused to high noble alloys	1,290.33	222.19	995	1,092	1,300	1,459	1,491	1,518	1,566	1,650	57
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1,268.99	253.15	980	1,092	1,208	1,430	1,450	1,500	1,575	1,671	44

2020 Survey of Dental Fees
General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	146.06	95.34	20	75	115	242	250	260	270	276	41
D6210	pontic - cast high noble metal	1,048.36	138.02	895	958	1,004	1,151	1,189	1,250	1,296	1,298	59
D6240	pontic - porcelain fused to high noble metal	1,067.61	218.66	900	946	999	1,130	1,202	1,250	1,259	1,395	76
D6241	pontic - porcelain fused to predominantly base metal	996.47	149.58	800	890	960	1,099	1,159	1,196	1,202	1,257	55
D6245	pontic - porcelain/ceramic	1,048.05	146.46	850	925	1,025	1,166	1,196	1,202	1,295	1,302	75
D6545	retainer - cast metal for resin bonded fixed prosthesis	685.57	322.05	310	425	718	825	922	1,007	1,034	1,100	55
D6750	retainer crown - porcelain fused to high noble metal	1,053.01	131.46	922	960	1,016	1,105	1,175	1,202	1,250	1,296	70
D6751	retainer crown - porcelain fused to predominantly base metal	997.27	125.77	840	920	989	1,080	1,100	1,131	1,196	1,202	54
D6790	retainer crown - full cast high noble metal	1,066.01	199.50	910	980	1,004	1,099	1,120	1,191	1,261	1,296	59
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	433.60	229.33	150	290	420	583	600	650	767	850	30
D6930	re-cement or re-bond fixed partial denture extraction, coronal remnants – primary	146.09	46.87	100	115	135	163	166	173	185	271	79
D7111	tooth	118.62	33.02	82	90	113	130	135	155	180	195	61
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	158.08	34.71	120	138	152	177	180	182	195	228	82
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	252.17	39.58	203	220	250	275	276	293	300	317	76
D7220	removal of impacted tooth - soft tissue	298.53	49.08	234	261	292	336	342	345	381	381	55

2020 Survey of Dental Fees
General Practitioners - East South Central Division
(Alabama, Kentucky, Mississippi, Tennessee)

Procedure Code	Description of Service	Average Fee \$	Standard Deviation \$	Percentile Fees								Number of Responses
				10th \$	25th \$	Median 50th \$	75th \$	80th \$	85th \$	90th \$	95th \$	
D7230	removal of impacted tooth - partially bony	381.91	72.84	289	317	387	433	450	469	477	495	43
D7240	removal of impacted tooth - completely bony	461.70	81.55	338	411	460	515	553	553	578	620	37
D7250	removal of residual tooth roots (cutting procedure)	258.56	47.83	184	220	254	290	300	304	312	345	55
D7286	incisional biopsy of oral tissue-soft	297.54	68.30	200	240	293	356	366	371	396	396	39
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	272.46	76.38	188	210	271	304	314	321	390	427	48
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	362.22	104.49	225	289	359	435	443	466	500	520	45
D7410	excision of benign lesion up to 1.25 cm	326.57	157.49	116	200	347	400	400	411	481	648	34
D7880	occlusal orthotic device, by report	687.94	243.52	390	475	655	800	910	986	1,125	1,125	33
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	418.34	109.87	289	353	425	450	489	498	547	590	44
D9110	palliative (emergency) treatment of dental pain - minor procedure	100.82	26.16	67	85	95	118	123	127	130	150	76
D9120	fixed partial denture sectioning	146.31	66.22	70	95	146	200	200	225	246	282	52
D9210	local anesthesia not in conjunction with operative or surgical procedures	51.51	21.09	29	31	47	67	68	75	81	88	36
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	56.81	22.14	35	45	57	75	75	75	81	87	70
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	85.52	45.30	30	53	81	123	125	139	139	150	55
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	47.14	32.44	0	0	59	73	75	81	84	85	49

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)

- Notes:**
- Red indicates new codes or changes for the most current revision date.
 - The appearance of a code and rate on this fee schedule is not a guarantee of payment.
 - It is the responsibility of the provider to check member eligibility.
 - Please refer to the Oral Pathology section of this fee schedule for procedures and pricing
 - Please refer to the Orthodontic section of this fee schedule for procedures and pricing
 - Please refer to the Oral Surgeon section of this fee schedule for procedures and pricing
- Any limit or prior authorization requirement established in 907 KAR 1:026 or 907 KAR 1:626 shall apply to this fee schedule*



***Procedure Description/Practitioner**

(1) A comprehensive orthodontic procedure shall be paid for ages 0 - 21 as follows:

(a) Except as established in (b) the rate for an orthodontic consultation including examination and treatment plan development shall be \$112

*(b) The orthodontic consultation rate shall not exceed \$56 if

1. provider determines comprehensive ortho procedures are not needed;
2. provider is unable or unwilling to provide needed ortho procedure(s); or
3. Prior authorization is not approved by the department or is not requested by provider

Reimbursement for a service for an early phase of moderately severe or severe disabling malocclusion shall be:

\$1367 if provided by an orthodontist

\$1234 if provided by a general dentist

Reimbursement for a service for moderately severe disabling malocclusion shall be:

\$1825 if provided by an orthodontist

\$1659 if provided by a general dentist

A service for a severe disabling malocclusion:

\$3000 if provided by an orthodontist

\$2674 if provided by a general dentist

***DMS Payment Process orthodontics**

Reimbursement for comprehensive orthodontic treatment shall consist of two (2) payments

1. The first payment shall be two-thirds of the prior authorized payment amount
2. The second payment shall:
 - a. Be one-third of the prior authorized payment amount; and
 - b. Not be billed or paid until six (6) monthly visits are completed following the banding date
3. The two (2) payments shall include all services associated with the comprehensive orthodontic treatment

Dentist Procedures and Fee Schedule

Proc Code	Requirements	Procedure Description	UNDER AGE 21 Rate	21 and OVER Rate	Notes
D0120		PERIODIC ORAL EVALUATION ON AN ESTABLISHED PATIENT	\$27.50	\$27.50	1 per 6 months - additional allowed based on medical necessity by prior authorization
D0140		LIMITED ORAL EVALUATION	\$46.65	\$46.65	LIMITED TO A SPECIFIC ORAL HEALTH PROBLEM OR COMPLAINT AND/OR DENTAL EMERGENCY

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D0145		ORAL EVALUATION FOR A PATIENT UNDER THREE (3) YEARS OF AGE AND COUNSELING WITH THE PRIMARY CAREGIVER.	\$32.50	n/c	Under 3 years of age - 1 per 6 months
D0150		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$32.50	\$32.50	1 per 12 months per member, per provider
D0160		DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$98.35	\$98.35	
D0170		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$48.32	\$48.32	
D0171		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$58.64	\$58.64	
D0180		COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$71.91	\$71.91	
D0190		SCREENING OF A PATIENT	n/c	n/c	
D0191		ASSESSMENT OF A PATIENT	\$25.00	n/c	
D0210		INTRAORAL COMPLETE SERIES	\$79.63	\$61.25	1 per 12 months per member, per provider
D0220		INTRAORAL-PERIPICAL-FIRST FILM	\$13.00	\$10.00	fourteen (14) per 12 months,per member, per provider
D0230		INTRAORAL-PERIAPICAL-EACH ADDIT	\$9.75	\$7.50	fourteen (14) per 12 months, per member, per provider
D0270		BITEWING-SINGLE FILM	\$11.38	\$8.75	maximum of 4 films per 12 months per member, per provider
D0272		BITEWING-TWO FILMS	\$22.75	\$17.50	maximum of 4 films per 12 monthsper member, per provider
D0273		BITEWINGS - THREE IMAGES	\$39.00	\$30.00	maximum of 4 films per 12 months per member, per provider
D0274		BITEWING-FOUR FILMS	\$37.38	\$28.75	maximum of 4 films per 12 monthsper member, per provider
D0277		VERT BITEWINGS 7 TO 8 IMAGES	\$38.00	\$29.23	i set per 12 months per member, per provider
D0330		PANORAMIC FILM	\$73.70	\$56.69	1 per 12 months per member, per provider. REQUIRES PRIOR AUTHORIZATION FOR AGES 5 AND UNDER
D0340		CEPHALOMETRIC FILM	\$76.38	\$58.75	1 per 24 monthsper member, per provider
D1110		PROPHYLAXIS - ADULT	n/c	\$46.25	1 per 6 months per member, per provider
D1120		PROPHYLAXIS - CHILD	\$60.13	n/c	1 per 6 months per member, per provider
D1206		FLUORIDE VARNISH	\$18.75	n/c	Limited to 2 per 12 months per member, per provider
D1208		TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.75	n/c	Limited to 2 per 12 months per member, per provider
D1321		COUNS FOR HIGH RISK SUB USE	\$15.00	\$15.00	1 per 6 months per member, per provider
D1351	Tooth numbers: 3, 14, 19, 30 2, 15, 18, 31	SEALANT - PER TOOTH	\$24.38	n/c	limited to six (6) and twelve (12) year molars: 6 year molars are #3, #14, #19 and #30 12 year molars are #2, #15, #18, #31 once every four (4) years with a lifetime limit of three (3) sealants per tooth Limited to under 21 only
D1353	Tooth numbers 1-32, A-T	SEALANT REPAIR PER TOOTH	\$16.00	n/c	
D1352	Tooth numbers 1-32, A-T	PREV RESIN REST, PERM TOOTH	\$48.13	\$48.13	
D1354	Tooth numbers 1-32, A-T	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	\$12.00	\$12.00	Up to two times per tooth within six months

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D1510	quadrant 10, 20, 30, 40	SPACE MAINTAINER-FIXED UNILATERAL	\$169.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1516	quadrant 10, 20, 30, 40	FIXED BILAT SPACE MAINT, MAX	\$250.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1517	quadrant 10, 20, 30, 40	FIXED BILAT SPACE MAINT, MAN	\$250.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1520	quadrant 10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$167.50	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1526	quadrant 10, 20, 30, 40	REMOVE BILAT SPACE MAIN, MAX	\$190.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1527	quadrant 10, 20, 30, 40	REMOVE BILAT SPACE MAIN, MAN	\$190.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1551	quadrant 10, 20, 30, 40	RECEMENT SPACE MAINT - MAX	\$19.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1552	quadrant 10, 20, 30, 40	RECEMENT SPACE MAINT - MAN	\$19.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1553	quadrant 10, 20, 30, 40	RECEMENT UNILAT SPACE MAINT	\$19.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1556	quadrant 10, 20, 30, 40	REM FIXED UNILAT SPACE MAINT	\$25.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1557	quadrant 10, 20, 30, 40	REMOVE FIXED BILAT MAINT MAX	\$25.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1558	quadrant 10, 20, 30, 40	REMOVE FIXED BILAT MAN	\$25.00	n/c	coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D2140	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$49.40	\$38.00	once per tooth per per 12 month per member
D2150	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$65.00	\$50.00	once per tooth per per 12 month per member

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D2160	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$76.70	\$59.00	once per tooth per per 12 month per member
D2161	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-FOUR/MORE SURFACES, PRIMARY OR PERMANENT	\$93.60	\$72.00	once per tooth per per 12 month per nmember
D2330	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-ONE SURFACE, ANTERIOR	\$57.20	\$44.00	once per tooth per per 12 month per member
D2331	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-TWO SURFACES, ANTERIOR	\$71.50	\$55.00	once per tooth per per 12 month per member
D2332	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-THREE SURFACES, ANTERIOR	\$85.80	\$66.00	once per tooth per per 12 month per member
D2335	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-FOUR/MORE SURFACES, ANTERIOR	\$101.40	\$78.00	once per tooth per 12 month per member
D2390	Tooth numbers 1-32, A-T	RESIN-BASED COMPOSITE CROWN	\$101.40	n/c	1 per 5 years
D2391	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-ONE SURFACE, POSTERIOR	\$57.20	\$44.00	once per tooth per per 12 month
D2392	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-TWO SURFACES, POSTERIOR	\$71.50	\$55.00	once per tooth per per 12 month
D2393	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-THREE SURFACES, POSTERIOR	\$85.80	\$66.00	once per tooth per per 12 month
D2394	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN FOUR OR MORE SURFACES, POSTERIOR	\$101.40	\$78.00	once per tooth per per 12 month
D2710	Tooth numbers 1-32, A-T	CROWN RESIN-BASED INDIRECT	\$150.00	\$150.00	1 per 5 years per tooth

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D2721	Tooth numbers 1-32, A-T	CROWN RESIN W/ BASE METAL	\$200.00	\$200.00	1 per 5 years per tooth
D2740	Tooth numbers 1-32, A-T	CROWN PORCELAIN/CERAMIC	\$529.95	\$529.95	1 per 5 years per tooth
D2750	Tooth numbers 1-32, A-T	CROWN PORCELAIN W/ H NOBLE M	\$599.25	\$599.25	1 per 5 years per tooth
D2751	Tooth numbers 1-32, A-T	CROWN PORCELAIN FUSED BASE M	\$457.33	\$457.33	1 per 5 years per tooth
D2752	Tooth numbers 1-32, A-T	CROWN PORCELAIN W/ NOBLE MET	\$528.29	\$528.29	1 per 5 years per tooth
D2790	Tooth numbers 1-32, A-T	CROWN FULL CAST HIGH NOBLE M	\$492.81	\$492.81	1 per 5 years per tooth
D2791	Tooth numbers 1-32, A-T	CROWN FULL CAST BASE METAL	\$315.41	\$315.41	1 per 5 years per tooth
D2792	Tooth numbers 1-32, A-T	CROWN FULL CAST NOBLE METAL	\$386.37	\$386.37	1 per 5 years per tooth
D2799	Tooth numbers 1-32, A-T	INTERIM CROWN	\$150.00	\$150.00	1 per 5 years per tooth
D2920	Tooth numbers 1-32, A-T	RE-CEMENT OR RE-BOND CROWN	\$27.50	\$27.50	1 per 5 years per tooth
D2928	Tooth numbers 1-32, A-T	PREFAB PORC/CER CROWN PERM	\$153.00	\$153.00	1 per 5 years per tooth
D2930	Tooth numbers 1-32, A-T	PREFAB STAINLESS STEEL CROWN-PRIMARY	\$119.60	\$119.60	1 per 5 years per tooth
D2931	Tooth numbers 1-32, A-T	PREFAB STAINLESS STEEL CROWN-PERMANENT	\$133.90	\$133.90	1 per 5 years per tooth
D2932	Tooth numbers 1-32, A-T	PREFAB RESIN CROWN	\$113.10	\$113.10	1 per 5 years per tooth
D2950	Tooth numbers 1-32, A-T	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$100.00	\$100.00	change to adult and child 1/1/2023 no prior auth required.
D2951	Tooth numbers 16,17,18,26,27,28,36,37,38,46,47,48	PIN RETENTION-PER TOOTH, IN ADD. TO RESTOR	\$13.00	\$13.00	Permanent molars only (16,17,18,26,27,28,36,37,38,46,47,48). 1 per tooth per date of service and 2 per lifetime per member
D2954	Tooth numbers 1-32, A-T	PREFAB POST/CORE + CROWN	\$130.00	\$130.00	change to adult and child 1/1/2023 no prior auth required.
D2990	Tooth numbers 1-32, A-T	RESIN INFILTRATION OF LESION	\$97.48	\$97.48	2 per tooth per lifetime
D3110	Tooth numbers 1-32, A-T	PULP CAP-DIRECT	\$17.00	n/c	
D3220	Tooth numbers 1-32, A-T	THERAPEUTIC PULPOTOMY	\$67.60	n/c	1 per tooth per lifetime
D3310	Tooth numbers 1-32, A-T	ROOT CANAL THERAPY-ANTERIOR	\$274.30	\$274.30	1 per tooth per lifetime

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D3320	Tooth numbers 1-32, A-T	ROOT CANAL THERAPY-BICUSPID	\$344.50	\$344.50	1 per tooth per lifetime
D3330	Tooth numbers 1-32, A-T	ROOT CANAL THERAPY-MOLAR	\$481.00	\$481.00	1 per tooth per lifetime
D3346	Tooth numbers 1-32, A-T	RETREAT ROOT CANAL ANTERIOR	\$606.58	\$606.58	1 per tooth per lifetime
D3347	Tooth numbers 1-32, A-T	RETREAT ROOT CANAL PREMOLAR	\$696.20	\$696.20	1 per tooth per lifetime
D3348	Tooth numbers 1-32, A-T	RETREAT ROOT CANAL MOLAR	\$724.31	\$724.31	1 per tooth per lifetime
D3351	Tooth numbers 1-32, A-T	APEXIFICATION/RECALC INITIAL	\$149.60	\$149.60	1 per tooth per lifetime
D3352	Tooth numbers 1-32, A-T	APEXIFICATION/RECALC INTERIM	\$104.50	\$104.50	1 per tooth per lifetime
D3353	Tooth numbers 1-32, A-T	APEXIFICATION/RECALC FINAL	\$246.40	\$246.40	1 per tooth per lifetime
D3410	Tooth numbers 1-32, A-T	APICOECTOMY-ANTERIOR	\$201.50	\$155.00	1 per tooth per lifetime
D3421	Tooth numbers 1-32, A-T	APICOECTOMY-BISCUSPID FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
D3425	Tooth numbers 1-32, A-T	APICOECTOMY-MOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
D3426	Tooth numbers 1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDIT ROOT	\$197.00	\$197.00	1 per tooth per lifetime
D3430	Tooth numbers 1-32, A-T	RETROGRADE FILLING	\$134.10	\$134.10	1 per tooth per lifetime
D4210	Quadrant 10, 20, 30, 40	GINGIVECTOMY/GINGIVOPLASTY-FOUR OR MORE TEETH PER QUADRANT	\$336.70	\$259.00	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4211	Quadrant 10, 20, 30, 40	GINGIVECTOMY/GINGIVOPLASTY-ONE TO THREE TEETH PER QUADRANT	\$104.00	\$104.00	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4212	Quadrant 10, 20, 30, 40	GINGIVECTOMY/PLASTY REST	\$220.16	\$220.16	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4240	Quadrant 10, 20, 30, 40	GINGIVAL FLAP PROC W/ PLANIN	\$526.26	\$526.26	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4241	Quadrant 10, 20, 30, 40	GNGVL FLAP W ROOTPLAN 1-3 TH	\$341.20	\$341.20	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period

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D4249	Tooth numbers 1-32, A-T Quadrant 10, 20, 30, 40	CROWN LENGTHEN HARD TISSUE	\$483.71	\$483.71	1 per tooth/quadrant per lifetime
D4263	Quadrant 10, 20, 30, 40	BONE REPLCE GRAFT FIRST SITE	\$414.97	\$414.97	1 per site (quadrant) per lifetime
D4266	Quadrant 10, 20, 30, 40	GUIDED TISS REGEN RESORBLE	\$645.39	\$645.39	1 per 36 momths per quadrant
D4267	Quadrant 10, 20, 30, 40	GUIDED TISS REGEN NONRESORB	\$692.29	\$692.29	1 per 36 momths per quadrant
D4270	Tooth numbers 1-32, A-T Quadrant 10, 20, 30, 40	PEDICLE SOFT TISSUE GRAFT PR	\$554.25	\$554.25	1 per area (Quadrant/tooth) per lifetime
D4273	Tooth numbers 1-32, A-T	AUTO TISSUE GRAFT 1ST TOOTH	\$654.75	\$654.75	1 per area (tooth) per lifetime
D4277	Tooth numbers 1-32, A-T	SOFT TISSUE GRAFT FIRSTTOOTH	\$363.17	\$363.17	1 per area (tooth) per lifetime
D4322	Tooth numbers 1-32, A-T	SPLINT INTRA-CORONAL	\$240.79	\$240.79	
D4323	Tooth numbers 1-32, A-T	SPLINT EXTRA-CORONAL	\$212.46	\$212.46	
D4341	Quadrant 10, 20, 30, 40	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	\$101.40	\$78.00	Requires prior authorization
D4342	Tooth numbers 1-32, A-T	PERIODONTAL SCALING 1-3 TEETH	\$36.42	\$28.02	
D4355		FULL MOUTH DEBRIDEMENT	\$68.50	\$68.50	Adults and children
D4381	Tooth numbers 1-32, A-T	LOCALIZED DELIVERY ANTIMICRO	\$110.28	\$110.28	Prior authorization required - only allowed after treatment of periodontal disease; received perio maintenance; or an isolated pocket depth of greater than 5mm – not to be used for generalized perio thearopy.
D4910		PERIODONTAL MAINT PROCEDURES	\$96.88	\$96.88	
D4920		UNSCHEDULED DRESSING CHANGE	\$94.05	\$94.05	
D5110		DENTURES COMPLETE MAXILLARY	\$656.11	\$656.11	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5120		DENTURES COMPLETE MANDIBLE	\$611.73	\$611.73	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5130		DENTURES IMMEDIAT MAXILLARY	\$567.40	\$567.40	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5140		DENTURES IMMEDIAT MANDIBLE	\$543.95	\$543.95	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period

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D5211		DENTURES MAXILL PART RESIN	\$624.64	\$624.64	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5212		DENTURES MAND PART RESIN	\$595.80	\$595.80	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5213		DENTURES MAXILL PART METAL	\$545.30	\$545.30	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5214		DENTURES MANDIBL PART METAL	\$571.75	\$571.75	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5221		IMMED MAX PART DENTURE RESIN	\$585.18	\$585.18	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5222		IMMED MAN PART DENTURE RESIN	\$487.67	\$487.67	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5282		REMOVE UNIL PART DENTURE,MAX	\$360.00	\$360.00	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5283		REMOVE UNIL PART DENTURE,MAN	\$360.00	\$360.00	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5284		REM UNILAT DENT FLEX BASE	\$400.00	\$400.00	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5286		REM UNILAT DENT 1 PC RESIN	\$400.00	\$400.00	Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D5410		DENTURES ADJUST CMPLT MAXIL	\$15.40	\$15.40	1 per 12 months
D5411		DENTURES ADJUST CMPLT MAND	\$15.40	\$15.40	1 per 12 months
D5421		DENTURES ADJUST PART MAXILL	\$15.40	\$15.40	1 per 12 months
D5422		DENTURES ADJUST PART MANDBL	\$15.40	\$15.40	1 per 12 months
D5511		REP BROKE COMP DENT BASE MAN	\$50.60	\$50.60	1 per 12 months
D5512		REP BROKE COMP DENT BASE MAX	\$50.60	\$50.60	1 per 12 months
D5520	Tooth numbers 1-32, A-T	REPLACE MISSING/BROKEN TEETH-DENTURE	\$31.00	\$31.00	1 per 12 months
D5621		REP CAST PART FRAME MAN	\$72.60	\$72.60	not exceed three (3) repairs per twelve (12) month
D5622		REP CAST PART FRAME MAX	\$72.60	\$72.60	1 per 12 months
D5630		REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	\$64.90	\$64.90	1 per 12 months

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D5640	Tooth numbers 1-32, A-T	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	\$36.40	\$36.40	1 per 12 months
D5731		DENTURE RELN CMPLT MAND DIR	\$88.00	\$88.00	1 per 12 months
D5740		RELIN MAXILLARY PARTIAL DENTURE (DIRECT)	\$88.00	\$88.00	1 per 12 months
D5750		RELIN COMPLETE MAXILLARY DENTURE	\$128.70	\$128.70	1 per 12 months
D5751		RELIN COMPLETE MANDIBULAR DENTURE	\$128.70	\$128.70	1 per 12 months
D5820		INTERIM PARTIAL DENTURE (MAXILLARY)	\$319.80	\$319.80	1 per 5 years
D5821		INTERIM PARTIAL DENTURE (MANDIBULAR)	\$336.70	\$336.70	1 per 5 years
D5913		NASAL PROSTHESIS	\$2,036.00	\$2,036.00	
D5914		AURICULAR PROSTHESIS	\$1,881.00	\$1,881.00	
D5919		FACIAL PROSTHESIS	\$3,408.00	\$3,408.00	
D5931		OBTURATOR (TEMPORARY)	\$1,121.90	\$1,121.90	
D5932		OBTURATOR (PERMANENT)	\$1,992.00	\$1,992.00	
D5934		MANDIBULAR RESECTION PROSTHESIS	\$1,660.00	\$1,660.00	
D5952		SPEECH AID PROSTHESIS, PEDIATRIC	\$2,036.00	n/c	
D5953		SPEECH AID PROSTHESIS, ADULT	n/c	\$2,036.00	
D5954		PALATAL AUGMENTATION PROSTHESIS	\$1,550.00	\$1,550.00	
D5955		PALATAL LIFT PROSTHESIS	\$1,836.00	\$1,836.00	
D5988		ORAL SURGICAL SPLINT	\$896.00	\$896.00	
D5999		UNLISTED MAXILLOFACIAL PROSTHETIC PROC	manually priced	manually priced	Requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment
D6010	Tooth numbers 1-32, A-T	ODONTICS ENDOSTEAL IMPLANT	\$2,001.07	\$2,001.07	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6056	Tooth numbers 1-32, A-T	PREFABRICATED ABUTMENT	\$600.29	\$600.29	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6057	Tooth numbers 1-32, A-T	CUSTOM ABUTMENT	\$729.95	\$729.95	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6058	Tooth numbers 1-32, A-T	ABUTMENT SUPPORTED CROWN	\$1,076.11	\$1,076.11	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6059	Tooth numbers 1-32, A-T	ABUTMENT SUPPORTED MTL CROWN	\$1,324.39	\$1,324.39	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6065	Tooth numbers 1-32, A-T	IMPLANT SUPPORTED CROWN	\$1,400.93	\$1,400.93	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6066	Tooth numbers 1-32, A-T	IMPLANT SUPPORTED MTL CROWN	\$1,057.00	\$1,057.00	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime

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D6190	Tooth numbers 1-32, A-T	RADIO/SURGICAL IMPLANT INDEX	\$411.87	\$411.87	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6103	Tooth numbers 1-32, A-T	BONE GRAFT REPAIR PERIMPLANT	\$263.86	\$263.86	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6081	Tooth numbers 1-32, A-T	SCALE & DEBRIDE, SINGLE IMP	\$238.35	\$238.35	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6104	Tooth numbers 1-32, A-T	BONE GRAFT TIME OF IMPLANT	\$288.65	\$288.65	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6211	Tooth numbers 1-32, A-T	BRIDGE BASE METAL CAST	\$341.00	\$341.00	1 per 5 years
D6240	Tooth numbers 1-32, A-T	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$483.00	\$483.00	1 per 5 years
D6241	Tooth numbers 1-32, A-T	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$341.00	\$341.00	1 per 5 years
D6242	Tooth numbers 1-32, A-T	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
D6750	Tooth numbers 1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$553.96	\$553.96	1 per 5 years
D6751	Tooth numbers 1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$341.00	\$341.00	1 per 5 years
D6752	Tooth numbers 1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
D6930	Tooth numbers 1-32, A-T	RECEMENT/BOND PART DENTURE	\$77.00	\$77.00	
D7111	Tooth numbers 1-32, A-T	CORONAL REMNANTS DECIDUOUS TOOTH	\$72.25	\$72.25	1 per lifetime per tooth per member regardless of provider
D7140	Tooth numbers 1-32, A-T	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$82.50	\$82.50	1 per lifetime per tooth per member regardless of provider
D7210	Tooth numbers 1-32, A-T	SURGICAL REMOVAL OF ERUPTED TOOTH	\$148.50	\$148.50	1 per lifetime per tooth per member regardless of provider
D7220	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH (SOFT TISSUE)	\$127.40	\$98.00	1 per lifetime per tooth per member regardless of provider
D7230	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH (PARTIALLY BONY)	\$179.40	\$138.00	1 per lifetime per tooth per member regardless of provider
D7240	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH (COMPLETELY BONY)	\$215.80	\$166.00	1 per lifetime per tooth per member regardless of provider
D7241	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH (COMP BONY-UNUSUAL)	\$222.30	\$171.00	1 per lifetime per tooth per member regardless of provider
D7250	Tooth numbers 1-32, A-T	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$142.00	\$142.00	1 per lifetime per tooth per member regardless of provider

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D7251	Tooth numbers 1-32, A-T	CORONECTOMY	\$466.37	\$466.37	1 per lifetime per tooth
D7260		OROANTRAL FISTULA CLOSURE	\$135.20	\$104.00	
D7270	Tooth numbers 1-32, A-T	TOOTH REIMPLANTATION	\$200.00	\$200.00	
D7280	Tooth numbers 1-32, A-T	SURGICAL EXPOSURE OF IMPACTED/UNERUPTED	manually priced	manually priced	Requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment
D7310	Quadrant 10, 20, 30, 40	ALVEOPLASTY IN CONJUN WITH EXTRACT/PER QUAD	\$189.49	\$189.49	
D7320	Quadrant 10, 20, 30, 40	ALVEOPLASTY NOT IN CONJ WITH EXTRACT/PER QUAD	\$189.49	\$189.49	
D7410		EXCISION OF BENIGN SOFT TISSUE LESION LESS THAN 1.25 CM	\$87.10	\$67.00	
D7411		EXCISION OF BENIGN SOFT TISSUE LESION GREATER THAN 1.25 CM	\$87.10	\$67.00	
D7471	Arch number 01, 02	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$101.40	\$78.00	
D7472		REMOVAL OF TORUS PALATINUS UPPER ARCH	\$302.47	\$302.47	1 per lifetime
D7473		SURGICAL REMOVAL OF TORUS MANDIBULARIS	\$209.28	\$209.28	1 per quadrant per lifetime
D7510		INCISION & DRAINAGE OF ABSCESS (INTRAORAL)	\$67.60	\$52.00	
D7520		INCISION & DRAINAGE OF ABSCESS (EXTRAORAL)	\$80.60	\$62.00	
D7530		REMOVAL OF FOREIGN BODY	\$201.50	\$201.50	
D7880		OCCLUSAL ORTHOTIC DEVICE	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		SUTURE OF RECENT SMALL WOUND	\$67.60	\$52.00	
D7961		BUCCAL/LABIAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D8210		REMOVABLE APPLIANCE THERAPY	\$362.00	n/c	Requires prior authorization
D8220		FIXED APPLIANCE THERAPY	\$259.00	n/c	Requires prior authorization
D8698		RECEMENT FIXED RETAINER MAX	\$75.00	n/c	
D8699		RECEMENT FIXED RETAINER MAN	\$75.00	n/c	
D8701		REPAIR FIXED RETAINER MAX	\$25.00	n/c	1 per 4 years
D8702		REPAIR OF FIXED RETAINER MAN	\$25.00	n/c	1 per 4 years
D8703		REPLACE BROKEN RETAINER MAX	\$93.64	n/c	1 per 4 years
D8704		REPLACE BROKEN RETAINER MAN	\$93.64	n/c	1 per 4 years
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN	\$61.95	\$61.95	1 per date of service
D9222		Deep sedation/general anesthesia -first 15 minutes	\$75.00	\$75.00	Effective date 01/01/2018 Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9223		DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT	\$75.00	\$75.00	Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9230		ANALGESIA	\$39.00	\$39.00	
D9239		Intravenous moderate (conscious) sedation/analgesia - first 15 minute increment	\$138.78	138.78	GP's or Ped's with anesthesia license

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D9243		intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$138.78	\$138.78	GP's or Ped's with anesthesia license
D9248		non-intravenous (conscious) sedation	\$39.00	\$39.00	GP's or Ped's with anesthesia license
D9410		EXTENDED CARE FACILITIES/HOUSE CALLS	\$67.60	\$52.00	
D9420		HOSPITAL CALL	\$67.60	\$52.00	
D9944		OCC GUARD, HARD, FULL ARCH	\$150.00	\$150.00	1 per 2 years
D9945		OCC GUARD, SOFT, FULL ARCH	\$250.00	\$250.00	1 per 2 years
D9946		OCC GUARD, HARD, PART ARCH	\$100.00	\$100.00	1 per 2 years
D9986		MISSED APPOINTMENT	n/c	n/c	
D9987		CANCELLED APPOINTMENT	n/c	n/c	

Oral Pathology Procedures and Fee Schedule

D0472		Accession of tissue gross examination, preparation and transmission of written report (only covered if provided by an oral pathologist)	\$43.71	n/c	
D0473		Accession of tissue gross and microscopic examination, preparation and transmission of written report (only covered if provided by an oral pathologist)	\$61.81	n/c	
D0474		Access of tissue, gross and microscopic examination including assessment of surgical margins for presence of disease, preparation and transmission of written report (only covered if provided by an oral pathologist)	\$152.38	n/c	
D0486		Laboratory accession of transepithelial cytologic sample microscopic examination and preparation and transmission of written report (only covered if provided by an oral pathologist)	\$35.44	n/c	
D0475		Decalcification procedure (only covered if provided by an oral pathologist)	\$12.57	n/c	
D0476		Special stain for microorganisms (only covered if provided by an oral pathologist)	\$71.03	n/c	
D0477		Special stain not for microorganisms (only covered if provided by an oral pathologist)	\$71.03	n/c	
D0478		Immunohistochemical stains (only covered if provided by an oral pathologist)	\$71.97	n/c	
D0479		Tissue in-situ hybridization, including interpretation (only covered if provided by an oral pathologist)	\$55.43	n/c	
D0482		Direct immunofluorescence (only covered if provided by an oral pathologist)	\$52.09	n/c	
D0484		Consultation report on slides prepared elsewhere (only covered if provided by an oral pathologist)	\$52.09	n/c	

KY Medicaid Dental Fee Schedule 2023 <small>(Revised 6.5.2023)</small>					
D0485		Consultation report on referred material requiring preparation of slide <i>(only covered if provided by an oral pathologist)</i>	\$88.10	n/c	
Orthodontic Procedures and Fee Schedule					
D8660		PRE-ORTHODONTIC TREATMENT VISIT	\$112.00 *	n/c	Requires prior authorization - and only if individual ultimately not approved for orthodontic treatment. Age 0 - 21 only
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT	*	n/c	Requires prior authorization. Age 0 - 21 only
D8999		UNSPECIFIED ORTHODONTIC PROCEDURE	*	n/c	Requires prior authorization. Age 0 - 21 only
Oral Surgeon Procedures and Fee Schedule					
D0330		panoramic radiograph image	\$73.70	\$73.70	1 per 12 months per member, per provider. REQUIRES PRIOR AUTHORIZATION FOR AGES 5 AND UNDER
D3410	Tooth numbers 1-32, A-T	apicoectomy - anterior	\$363.00	\$363.00	1 per tooth per lifetime
D3421	Tooth numbers 1-32, A-T	apicoectomy - premolar (first root)	\$294.50	\$294.50	1 per tooth per lifetime
D3425	Tooth numbers 1-32, A-T	apicoectomy - molar (first root)	\$294.50	\$294.50	1 per tooth per lifetime
D3426	Tooth numbers 1-32, A-T	apicoectomy (each additional root)	\$197.00	\$197.00	1 per tooth per lifetime
D7111	Tooth numbers 1-32, A-T	extraction, coronal remnants - primary tooth	\$72.25	\$72.25	1 per lifetime per tooth
D7140	Tooth numbers 1-32, A-T	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$82.50	\$82.50	1 per lifetime per tooth
D7210	Tooth numbers 1-32, A-T	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$148.50	\$148.50	1 per lifetime per tooth
D7220	Tooth numbers 1-32, A-T	removal of impacted tooth - soft tissue	\$187.00	\$187.00	1 per lifetime per tooth
D7230	Tooth numbers 1-32, A-T	removal of impacted tooth - partially bony	\$236.50	\$236.50	1 per lifetime per tooth
D7240	Tooth numbers 1-32, A-T	removal of tooth - completely bony	\$295.00	\$295.00	1 per lifetime per tooth
D7241	Tooth numbers 1-32, A-T	removal of impacted tooth - completely bony, with unusual surgical complications	\$333.00	\$333.00	1 per lifetime per tooth
D7250	Tooth numbers 1-32, A-T	surgical removal of residual tooth roots (cutting procedure)	\$142.00	\$142.00	1 per lifetime per tooth
D7260		oroantral fistula closure	\$370.50	\$370.50	
D7270	Tooth numbers 1-32, A-T	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$200.00	\$200.00	

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D7280	Tooth numbers 1-32, A-T	surgical access of an unerupted tooth	\$188.20	\$188.20	Requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment
D7285		incisional biopsy of oral tissue - hard (bone, tooth)	\$210.50	\$210.50	
D7286		incisional biopsy of oral tissue - soft	\$172.59	\$172.59	
D7310	Quadrant 10, 20, 30, 40	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189.49	\$189.49	
D7320	Quadrant 10, 20, 30, 40	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189.49	\$189.49	
D7410		excision of benign lesion up to 125 cm	\$102.50	\$102.50	
D7411		excision of benign lesion greater than 125 cm	\$431.00	\$431.00	
D7471	Arch number 01, 02	removal of lateral exostosis (maxilla or mandible)	\$204.00	\$204.00	
D7472		removal of torus palatinus	\$403.50	\$403.50	1 per lifetime
D7473		removal of torus mandibularis	\$409.00	\$409.00	1 per lifetime
D7510		incision and drainage of abscess - intraoral soft tissue	\$112.24	\$112.24	
D7520		incision and drainage of abscess - extraoral soft tissue	\$144.00	\$144.00	
D7530		removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$201.50	\$201.50	
D7550		partial ostectomy/sequestrectomy for removal of non-vital bone	\$231.00	\$231.00	
D7880		occlusal orthotic device, by report	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		suture of recent small wounds up to 5 cm	\$121.47	\$121.47	
D7961		buccal/labial frenectomy (frenulectomy) - first procedure	\$167.60	\$167.60	
D7961		buccal/labial frenectomy (frenulectomy) - second procedure on same date of service	\$167.60	\$167.60	
D7962		lingual frenectomy (frenulectomy)	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D9110		palliative (emergency) treatment of dental pain - minor procedure	\$61.95	\$61.95	1 per date of service
D9222		deep sedation/general anesthesia - first 15 minute increment	\$138.75	\$138.75	Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9223		deep sedation/general anesthesia - each subsequent 15 minute increment	\$138.75	\$138.75	Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9230		inhalation of nitrous oxide/analgesia, anxiolysis	\$39.00	\$39.00	
D9239		intravenous moderate (conscious) sedation/analgesia - first 15 minute increment	\$138.78	\$138.78	GP's or Ped's with anesthesia license

KY Medicaid Dental Fee Schedule 2023 (Revised 6.5.2023)					
D9243		intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$138.78	\$138.78	GP's or Ped's with anesthesia license
D9248		non-intravenous (conscious) sedation	\$39.00	\$39.00	GP's or Ped's with anesthesia license
D9410		house/extended care facility call	\$67.60	\$67.60	
D9420		hospital or surgical center call	\$67.60	\$67.60	
D9610		therapeutic parenteral drug, single administration	\$42.28	\$42.28	

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D0120	periodic oral evaluation - established patient	\$27.50	\$27.50
D0140	limited oral evaluation - problem focused	\$41.25	\$41.25
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$32.50	NC
D0150	comprehensive oral evaluation - new or established patient	\$32.50	\$32.50
D0160	detailed and extensive oral evaluation - problem focused, by report	\$98.35	\$98.35
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$48.32	\$48.32
D0171	re-evaluation - post-operative office visit	\$58.64	\$58.64
D0180	comprehensive periodontal evaluation - new or established patient	\$71.91	\$71.91
D0191	assessment of a patient	\$25.00	NC
D0210	intraoral - comprehensive series of radiographic images	\$79.63	\$61.25
D0220	intraoral - periapical first radiographic image	\$13.00	\$10.00
D0230	intraoral - periapical each additional radiographic image	\$9.75	\$7.50
D0270	bitewing - single radiographic image	\$11.38	\$11.38
D0272	bitewing - two radiographic images	\$22.75	\$17.50
D0273	bitewings - three radiographic images	\$33.00	\$30.00
D0274	bitewing - four radiographic images	\$37.38	\$28.75
D0277	vertical bitewings - 7 to 8 radiographic images	\$38.00	\$38.00
D0330	panoramic radiograph image	\$73.70	\$73.70
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$76.38	\$58.75
D0472	accession of tissue, gross examination, preparation and transmission of written report	\$43.71	NC
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$61.81	NC
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$152.38	NC
D0475	decalcification procedure	\$35.44	NC
D0476	special stains for microorganisms	\$71.03	NC
D0477	special stains not for microorganisms	\$71.03	NC
D0478	immunohistochemical stains	\$71.97	NC
D0479	tissue in-situ hybridization, including interpretation	\$71.97	NC
D0482	direct immunofluorescence	\$55.43	NC
D0484	consultation of slides prepared elsewhere	\$52.09	NC
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	\$88.10	NC
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$35.44	NC
D1110	prophylaxis - adult	\$60.13	\$46.25
D1120	prophylaxis - child	\$60.13	NC
D1206	topical application of fluoride varnish	\$18.75	NC
D1208	topical application of fluoride	\$18.75	NC
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$15.00	\$15.00
D1351	sealant - per tooth	\$24.38	NC
D1352	preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$48.13	\$48.13
D1353	sealant repair - per tooth	\$16.00	NC
D1354	interim caries arresting medicament application, per tooth	\$12.00	\$12.00
D1510	space maintainer - fixed - unilateral	\$169.00	NC
D1516	space maintainer - fixed - bilateral, maxillary	\$250.00	NC
D1517	space maintainer - fixed - bilateral, mandibular	\$250.00	NC
D1520	space maintainer - removable - unilateral	\$167.50	NC
D1526	space maintainer - removeable - bilateral, maxillary	\$190.00	NC
D1527	space maintainer - removeable - bilateral, mandibular	\$190.00	NC
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$19.00	NC
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$19.00	NC
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$19.00	NC
D1556	removal of fixed unilateral space maintainer - per quadrant	\$25.00	NC
D1557	removal of fixed bilateral space maintainer - maxillary	\$25.00	NC
D1558	removal of fixed bilateral space maintainer - mandibular	\$25.00	NC
D2140	amalgam - one surface, permanent or primary	\$49.40	\$38.00
D2150	amalgam - two surfaces, permanent or primary	\$65.00	\$50.00
D2160	amalgam - three surfaces, permanent or primary	\$76.70	\$76.70
D2161	amalgam - four or more surfaces, permanent or primary	\$93.60	\$72.00
D2330	resin-based composite - one surface, anterior	\$57.20	\$44.00
D2331	resin-based composite - two surfaces, anterior	\$71.50	\$55.00
D2332	resin-based composite - three surfaces, anterior	\$85.80	\$66.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$101.40	\$78.00
D2390	resin-based composite crown, anterior	\$101.40	NC
D2391	resin-based composite - one surface, posterior	\$57.20	\$44.00
D2392	resin-based composite - two surfaces, posterior	\$71.50	\$55.00
D2393	resin-based composite - three surfaces, posterior	\$85.80	\$66.00
D2394	resin-based composite - four or more surfaces, posterior	\$84.24	\$78.00
D2710	crown - resin-based composite (indirect)	\$150.00	\$150.00
D2721	crown - resin with predominantly base metal	\$200.00	\$200.00
D2740	crown - porcelain/ceramic substrate	\$529.95	\$529.95
D2750	crown - porcelain fused to high noble metal	\$599.25	\$599.25
D2751	crown - porcelain fused to predominantly base metal	\$457.33	\$457.33
D2752	crown - porcelain fused to noble metal	\$528.29	\$528.29

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D2790	crown - full cast high noble metal	\$492.81	\$492.81
D2791	crown - full cast predominantly base metal	\$315.41	\$315.41
D2792	crown - full cast noble metal	\$386.37	\$386.37
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$150.00	\$150.00
D2920	re-cement or re-bond crown	\$27.50	\$27.50
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$153.00	\$153.00
D2930	prefabricated stainless steel crown - primary tooth	\$119.60	\$119.60
D2931	prefabricated stainless steel crown - permanent tooth	\$133.90	\$133.90
D2932	prefabricated resin crown	\$113.10	\$113.10
D2950	core buildup, including any when required	100.00	100.00
D2951	pin retention - per tooth, in addition to restoration	\$13.00	\$13.00
D2954	prefabricated post and core in addition to crown	130.00	130.00
D2990	resin infiltration of incipient smooth surface lesions	\$97.48	\$97.48
D3110	pulp cap - direct (excluding final restoration)	\$17.00	NC
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$67.60	NC
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$274.30	\$274.30
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$344.50	\$344.50
D3330	endodontic therapy, molar (excluding final restoration)	\$481.00	\$481.00
D3346	retreatment of previous root canal therapy - anterior	\$606.58	\$606.58
D3347	retreatment of previous root canal therapy - bicuspid	\$696.20	\$696.20
D3348	retreatment of previous root canal therapy - molar	\$724.31	\$724.31
D3351	apexification/recalcification - initial visit (apical closure/calific repair of perforation, root resorption, etc.	\$149.60	\$149.60
D3352	apexification/recalcification - interim medication replacement	\$104.50	\$104.50
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$246.40	\$246.40
D3410	apicoectomy - anterior	\$201.50	\$155.00
D3421	apicoectomy - bicuspid (first root)	\$201.50	\$155.00
D3425	apicoectomy - molar (first root)	\$201.50	\$155.00
D3426	apicoectomy (each additional root)	\$197.00	\$197.00
D3430	retrograde filling - per root	\$134.10	\$134.10
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$336.70	\$259.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$121.68	\$104.00
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$220.16	\$220.16
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$526.26	\$526.26
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$341.20	\$341.20
D4249	clinical crown lengthening - hard tissue	\$483.71	\$483.71
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$414.97	\$414.97
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$645.39	\$645.39
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site (includes membrane removal)	\$692.29	\$692.29
D4270	pedicle soft tissue graft procedure	\$554.25	\$554.25
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - first tooth, implant or edentulous tooth position in graft	\$654.75	\$654.75
D4277	free soft tissue graft procedure (including recipient and donor sites), first tooth, implant or edentulous tooth position in graft	\$363.17	\$363.17
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	\$240.79	\$240.79
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$212.46	\$212.46
D4341	periodontal scaling and root planning, four or more teeth per quadrant	\$101.40	\$78.00
D4342	periodontal scaling and root planning, one to three teeth per quadrant	\$36.42	\$26.00
D4355	full mouth debridement to enable comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	\$68.50	\$68.50
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$110.28	\$110.28
D4910	periodontal maintenance	\$96.88	\$96.88
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$94.05	\$94.05
D5110	complete denture - maxillary	\$656.11	\$656.11
D5120	complete denture - mandibular	\$611.73	\$611.73
D5130	immediate denture - maxillary	\$567.40	\$567.40
D5140	immediate denture - mandibular	\$543.95	\$543.95
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$624.64	\$624.64
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$595.80	\$595.80
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$545.30	\$545.30
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$571.75	\$571.75
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$585.18	\$585.18
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$487.67	\$487.67
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	\$360.00	\$360.00
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	\$360.00	\$360.00
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$400.00	\$400.00
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$400.00	\$400.00
D5410	adjust complete denture - maxillary	\$15.40	\$15.40
D5411	adjust complete denture - mandibular	\$15.40	\$15.40
D5421	adjust partial denture - maxillary	\$15.40	\$15.40
D5422	adjust partial denture - mandibular	\$15.40	\$15.40
D5511	repair broken complete denture base, mandibular	\$50.60	\$50.60

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D5512	repair broken complete denture base, maxillary	\$50.60	\$50.60
D5520	repair missing or broken teeth- complete denture (each tooth)	\$36.27	\$31.00
D5621	repair resin cast partial framework, mandibular	\$72.60	\$72.60
D5622	repair resin cast partial framework, maxillary	\$72.60	\$72.60
D5630	repair or replace broken clasp, per tooth	\$64.90	\$64.90
D5640	replaced broken teeth - per tooth	\$36.40	\$36.40
D5730	reline complete upper denture (direct)	\$88.00	\$88.00
D5731	reline complete mandibular denture (direct)	\$88.00	\$88.00
D5740	reline maxillary partial denture (direct)	\$88.00	\$88.00
D5741	reline mandibular partial denture (direct)	\$88.00	\$88.00
D5750	reline complete maxillary denture (laboratory)	\$128.70	\$128.70
D5751	reline complete mandibular denture (laboratory)	\$128.70	\$128.70
D5820	interim partial denture (maxillary)	\$319.80	\$319.80
D5821	interim partial denture (mandibular)	\$336.70	\$336.70
D5913	nasal prosthesis	\$2,036.00	\$2,036.00
D5914	auricular prosthesis	\$1,881.00	\$1,881.00
D5919	facial prosthesis	\$3,408.00	\$3,408.00
D5931	obturator, surgical	\$1,121.90	\$863.00
D5932	obturator, definitive	\$1,992.00	\$1,992.00
D5934	mandibular resection prosthesis with guide flange	\$1,660.00	\$1,660.00
D5952	speech aid prosthesis, pediatric	\$2,036.00	NC
D5953	speech aid prosthesis, adult	NC	\$2,036.00
D5954	palatal augmentation prosthesis	\$1,550.00	\$1,550.00
D5955	palatal lift prosthesis, definitive	\$1,836.00	\$1,836.00
D5988	surgical splint	\$896.00	\$896.00
D5999	unspecified maxillofacial prosthesis, by report	By Report	By Report
D6010	surgical placement of implant body; endosteal implant	\$2,001.07	\$2,001.07
D6056	prefabricated abutment - includes modification and placement	\$600.29	\$600.29
D6057	custom fabricated abutment - includes placement	\$729.95	\$729.95
D6058	abutment supported porcelain/ceramic crown	\$1,076.11	\$1,076.11
D6059	abutment supported porcelain fused to metal crown (high noble)	\$1,324.39	\$1,324.39
D6065	implant supported porcelain/ceramic crown	\$1,400.93	\$1,400.93
D6066	implant supported crown - porcelain fused to high noble alloys	\$1,057.00	\$1,057.00
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant including cleaning of the implant surfaces, without flap entry and closure	\$411.87	\$411.87
D6103	bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately.	\$263.86	\$263.86
D6104	bone graft at time of implant placement	\$238.35	\$238.35
D6190	radiographic/surgical implant index, by report	\$288.65	\$288.65
D6211	pontic - cast predominantly base metal	\$341.00	\$341.00
D6240	pontic - porcelain fused to high noble metal	\$483.00	\$483.00
D6241	pontic - porcelain fused to predominantly base metal	\$341.00	\$341.00
D6242	pontic - porcelain fused to noble metal	\$412.00	\$412.00
D6750	retainer crown - porcelain fused to high noble metal	\$553.96	\$553.96
D6751	retainer crown - porcelain fused to predominantly base metal	\$341.00	\$341.00
D6752	retainer crown - porcelain fused to noble metal	\$412.00	\$412.00
D6930	re-cement or re-bond fixed partial denture	\$77.00	\$77.00
D7111	extraction, coronal remnants - deciduous tooth	\$72.25	\$72.25
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$82.50	\$82.50
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$148.50	\$148.50
D7220	removal of impacted tooth - soft tissue	\$127.40	\$98.00
D7230	removal of impacted tooth - partially bony	\$179.40	\$138.00
D7240	removal of tooth - completely bony	\$215.80	\$166.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	\$222.30	\$171.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$142.00	\$142.00
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$466.37	\$466.37
D7260	oroantral fistula closure	\$135.20	\$104.00
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$200.00	\$200.00
D7280	surgical access of an unerupted tooth	By Report	By Report
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189.49	\$189.49
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189.49	\$189.49
D7410	excision of benign lesion up to 125 cm	\$87.10	\$67.00
D7411	excision of benign lesion greater than 125 cm	\$87.10	\$67.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$101.40	\$78.00
D7472	removal of torus palatinus	\$302.47	\$302.47
D7473	removal of torus mandibularis	\$209.28	\$209.28
D7510	incision and drainage of abscess - intraoral soft tissue	\$67.60	\$52.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$80.60	\$62.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$201.50	\$201.50
D7880	occlusal orthotic device, by report	\$424.00	\$424.00
D7910	suture of recent small wounds up to 5 cm	\$67.60	\$52.00
D7961	buccal/labial frenectomy (frenulectomy) - first procedure	\$167.60	\$167.60

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D7962	lingual frenectomy (frenulectomy)	\$167.60	\$167.60
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$2,000.00	NC
D8210	removable appliance therapy	\$362.00	NC
D8220	fixed appliance therapy	\$259.00	NC
D8660	pre-orthodontic treatment examination to monitor growth and development	\$112.00	NC
D8670	periodic orthodontic treatment visit	\$950.00	NC
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$76.50	NC
D8698	re-cement or re-bond fixed retainer - maxillary	\$75.00	NC
D8699	re-cement or re-bond fixed retainer - mandibular	\$75.00	NC
D8701	repair of fixed retainer, includes reattachment - maxillary	\$25.00	NC
D8702	repair of fixed retainer, includes reattachment - mandibular	\$25.00	NC
D8703	replacement of lost or broken retainer - maxillary	\$93.64	NC
D8704	replacement of lost or broken retainer - mandibular	\$93.64	NC
D8999	unspecified orthodontic procedure	By Report	NC
D9110	palliative treatment of dental pain - per visit	\$61.95	\$61.95
D9222	deep sedation/general anesthesia - first 15 minutes	\$81.78	\$81.78
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	\$81.78	\$81.78
D9230	nitrous oxide	\$39.00	\$39.00
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minute increment	\$138.78	\$138.78
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$138.78	\$138.78
D9248	non-intravenous conscious sedation	\$39.00	\$39.00
D9410	house/extended care facility call	\$67.60	\$52.00
D9420	hospital or ambulatory surgical center call	\$67.60	\$52.00
D9420	hospital or ambulatory surgical center call - if submitted with Place of Service Code 11	\$0.00	\$0.00
D9944	occlusal guard - hard appliances, full arch	\$150.00	\$150.00
D9945	occlusal guard - soft appliances, full arch	\$250.00	\$250.00
D9946	occlusal guard - hard appliances, partial arch	\$100.00	\$100.00
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$50.00	\$50.00

CDT CODE	NOMENCLATURE	FEES
D0120	periodic oral evaluation - established patient	\$ 24.00
D0140	limited oral evaluation - problem focused	\$ 32.00
D0150	comprehensive oral evaluation - new or established patient	\$ 38.00
D0160	detailed and extensive oral evaluation - problem focused, by report	\$ 65.00
D0170	re-evaluation - limited, problem focused (established patient)	\$ 30.00
D0171	re-evaluation - post operative office visit	\$34.56
D0180	comprehensive periodontal evaluation - new or established patient	\$ 45.00
D0210	intraoral - comprehensive series of radiographic images	\$ 70.00
D0220	intraoral - periapical first radiographic image	\$ 13.00
D0230	intraoral - periapical each additional radiographic image	\$ 9.00
D0240	Intraoral - occlusal radiographic image	\$ 21.00
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source and detector	\$ 27.75
D0251	extra-oral posterior dental radiographic image	\$13.25
D0270	bitewing - single radiographic image	\$ 15.00
D0272	bitewing - two radiographic images	\$ 22.00
D0273	bitewings - three radiographic images	\$ 28.00
D0274	bitewings - four radiographic images	\$ 32.00
D0277	vertical bitewings - 7-8 radiographic images	\$ 50.00
D0310	sialography	\$ 111.64
D0330	panoramic radiograph image	\$ 60.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$ 64.31
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$ 32.15
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$ 56.37
D0414	laboratory process of microbial specimen, culture, sensitivity, prep, report	\$46.48
D0415	collection of microorganisms for culture and sensitivity	\$ 68.68
D0416	viral culture	\$ 49.68
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$ 14.33
D0460	pulp vitality test	\$ 25.00
D0470	diagnostic casts	\$ 51.75
D0472	accession of tissue, gross examination, preparation and transmission of written report	\$ 42.00
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$ 52.67
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$ 61.92
D0475	decalcification procedure	\$ 76.15
D0476	special stains for microorganisms	\$ 124.54
D0477	special stains, not for microorganisms	\$ 124.54
D0478	immunohistochemical stains	\$ 57.64
D0479	tissue in-situ hybridization, including interpretation	\$ 86.46
D0480	accession of exfoliative cytological smears	\$ 67.93
D0481	electron microscopy	\$ 64.49
D0482	direct immunofluorescence	\$ 33.96
D0483	indirect immunofluorescence	\$ 40.75
D0484	consultation of slides prepared elsewhere	\$ 56.37
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	\$ 61.80
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$ 56.37
D0502	other oral pathology procedures, by report	\$ 61.80

CDT CODE	NOMENCLATURE	FEES
D0604	antigen testing for a public health related pathogen, including coronavirus	\$ 26.50
D0605	antibody testing for a public health related pathogen, including coronavirus	\$ 19.50
D0701	panoramic radiographic image – image capture only	\$ 30.00
D0702	2D cephalometric radiographic image – image capture only	\$ 32.00
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	\$ 16.00
D0705	extra-oral posterior dental radiographic image – image capture only	\$ 24.00
D0706	intraoral – occlusal radiographic image – image capture only	\$ 11.00
D0707	intraoral – periapical radiographic image – image capture only	\$ 7.00
D0708	intraoral – bitewing radiographic image – image capture only	\$ 9.00
D0709	intraoral - comprehensive series of radiographic images - image capture only	\$ 35.00
D0999	unspecified diagnostic procedures, by report	By Report
D1110	prophylaxis - adult	\$ 43.00
D1206	topical application of fluoride varnish	\$ 18.00
D1208	topical application of fluoride	\$ 18.00
D1355	caries preventive medicament application – per tooth	\$ 6.00
D2140	amalgam - one surface, primary or permanent	\$ 60.00
D2150	amalgam - two surfaces, primary or permanent	\$ 80.00
D2160	amalgam - three surfaces, primary or permanent	\$ 100.00
D2161	amalgam - four or more surfaces-permanent/primary	\$ 115.00
D2330	resin-based composite - one surface, anterior	\$ 65.00
D2331	resin-based composite - two surfaces, anterior	\$ 85.00
D2332	resin-based composite - three surfaces, anterior	\$ 105.00
D2335	resin-based composite - four or more surfaces or involving incisal angle	\$ 120.00
D2390	resin-based composite crown, anterior	\$ 150.00
D2391	resin-based composite - one surface posterior	\$ 70.00
D2392	resin-based composite - two surfaces posterior	\$ 90.00
D2393	resin-based composite - three surfaces posterior	\$ 110.00
D2394	resin-based composite - four or more surfaces posterior	\$ 125.00
D2542	onlay - metallic - two surfaces	\$ 453.40
D2543	onlay - metallic - three surfaces	\$ 500.43
D2544	onlay - metallic - four or more surfaces	\$ 506.76
D2642	onlay - porcelain/ceramic - two surfaces	\$ 453.40
D2643	onlay - porcelain/ceramic - three surfaces	\$ 500.43
D2644	onlay - porcelain/ceramic - four or more surfaces	\$ 560.76
D2662	onlay - resin-based composite -two surfaces	\$ 408.06
D2663	onlay - resin-based composite -three surfaces	\$ 450.38
D2664	onlay - resin-based composite - four or more surfaces	\$ 504.68
D2710	crown - resin-based composite (indirect)	\$ 320.85
D2712	crown - 3/4 resin-based composite (indirect)	\$ 320.85
D2720	crown - resin with high noble metal	\$ 524.20
D2721	crown - resin with predominately base metal	\$ 466.67
D2722	crown - resin with noble metal	\$ 494.20
D2740	crown - porcelain/ceramic	\$ 554.21
D2750	crown - porcelain fused to high noble metal	\$ 560.32
D2751	crown - porcelain fused to predominantly base metal	\$ 494.20
D2752	crown - porcelain fused to noble metal	\$ 530.32
D2753	crown - porcelain fused to titanium alloy	\$ 560.00
D2780	crown - 3/4 cast high noble metal	\$ 541.00
D2781	crown - 3/4 cast predominantly base metal	\$ 465.36
D2782	crown - 3/4 cast noble metal	\$ 511.00
D2783	crown - 3/4 porcelain/ceramic	\$ 554.21

CDT CODE	NOMENCLATURE	FEES
D2790	crown - full cast high noble metal	\$ 541.85
D2791	crown - full cast predominantly base metal	\$ 482.20
D2792	crown - full cast noble metal	\$ 511.85
D2794	crown - titanium and titanium alloys	\$ 581.00
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.40
D2915	re-cement of re-bond indirectly fabricated or prefabricated post and core	\$ 41.40
D2920	re-cement or re-bond crown	\$ 162.49
D2921	reattachment of tooth fragment, incisal edge or cusp	\$ 69.83
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$ 192.00
D2931	prefabricated stainless steel crown - permanent tooth	\$ 169.11
D2932	prefabricated resin crown	\$ 190.96
D2940	protective restoration	\$ 43.60
D2949	restorative foundation for an indirect restoration	\$ 68.36
D2950	core buildup, including any pins when required	\$68.36
D2951	pin retention - per tooth, in addition to restoration	\$28.98
D2952	post and core in addition to crown, indirectly fabricated	\$ 44.37
D2953	each additional indirectly fabricated post - same tooth	\$ 54.22
D2954	prefabricated post and core in addition to crown	\$ 22.20
D2955	post removal	\$ 44.78
D2957	each additional prefabricated post - same tooth	\$ 44.78
D2971	additional procedures to construct new crown under existing partial denture framework	\$ 25.00
D2975	coping	\$ 54.21
D2980	crown repair necessitated by restorative material failure, by report	\$ 60.03
D2981	inlay repair necessitated by restorative material failure	\$ 60.03
D2982	onlay repair necessitated by restorative material failure	\$ 60.03
D2983	veneer repair necessitated by restorative material failure	\$ 60.03
D2999	unspecified restorative procedure, by report	By Report
D3110	pulp cap - direct (excluding final restoration)	\$ 37.43
D3120	pulp cap - indirect (excluding final restoration)	\$ 37.43
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament, not to be used for apexogenesis	\$ 42.33
D3221	pulpal debridement, primary and permanent teeth	\$ 90.00
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$ 86.17
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$139.14
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$148.96
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$ 350.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$ 425.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$ 525.00
D3331	treatment of root canal obstruction; non-surgical access	\$ 125.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured	\$ 300.00
D3333	internal root repair of perforation defects	\$ 115.00
D3346	retreatment of previous root canal therapy - anterior	\$ 500.00
D3347	retreatment of previous root canal therapy - premolar	\$ 600.00
D3348	retreatment of previous root canal therapy - molar	\$ 740.00
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforation, root resorption, etc.)	\$ 189.92
D3352	apexification/recalcification - interim medication replacement	\$ 133.58
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$ 265.00
D3410	apicoectomy - anterior	\$ 355.85
D3421	apicoectomy - premolar (first root)	\$ 398.55

CDT CODE	NOMENCLATURE	FEES
D3425	apicoectomy - molar (first root)	\$ 446.37
D3426	apicoectomy (each additional root)	\$ 178.55
D3427	periradicular surgery without apicoectomy	\$ 275.00
D3430	retrograde filling - per root	\$ 134.70
D3450	root amputation - per root	\$ 255.94
D3460	endodontic endosseous implant	\$ 588.68
D3470	intentional re-implementation (including necessary splinting)	\$ 450.00
D3910	surgical procedure for isolation of tooth with rubber dam	\$ 99.00
D3920	hemisection (including any root removal), not including root canal therapy	\$ 247.50
D3921	decoronation or submergence of an erupted tooth	\$ 200.00
D3950	canal preparation and fitting of performed dowel or post	\$ 118.80
D3999	unspecified endodontic procedures, by report	By Report
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 157.38
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 54.13
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$48.75
D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces - per quadrant	\$ 138.50
D4231	anatomical crown exposure - one to three teeth or tooth bounded spaces - per quadrant	\$ 133.50
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 234.23
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 195.54
D4245	apically positioned flap	\$ 277.20
D4249	clinical crown lengthening - hard tissue	\$ 235.00
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 341.00
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three teeth or tooth bounded spaces per quadrant	\$ 204.60
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$ 197.00
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	\$ 148.27
D4265	biologic materials to aid in soft and osseous tissue regeneration	\$ 147.00
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$ 277.00
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$ 323.16
D4268	surgical revision procedure, per tooth	\$ 248.50
D4270	pedicle soft tissue graft procedure	\$ 248.50
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - first tooth, implant or edentulous tooth position	\$ 324.19
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 202.62
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$ 301.49
D4276	combined connective tissue and double pedicle graft	\$ 343.64
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft (replaced D4271 in 2013)	\$263.42
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$203.10
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$203.10

CDT CODE	NOMENCLATURE	FEES
D4285	non-autogenous connective tissue graft (including recipient site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$203.10
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	\$ 150.75
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$ 135.00
D4341	periodontal scaling and root planing, four or more teeth per quadrant	\$ 120.00
D4342	periodontal scaling and root planing, one to three teeth per quadrant	\$ 75.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$97.34
D4355	full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$ 75.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ 105.00
D4910	periodontal maintenance	\$ 75.00
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$ 31.65
D4999	unspecified periodontal procedure, by report	By Report
D5110	complete denture - maxillary	\$ 725.00
D5120	complete denture - mandibular	\$ 725.00
D5130	immediate denture - maxillary	\$ 775.00
D5140	immediate denture - mandibular	\$ 775.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rest, and teeth)	\$ 600.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	\$ 675.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 800.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 800.00
D5221	immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$432.85
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$432.85
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$873.57
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$873.57
D5225	maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	\$ 700.00
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 700.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$432.85
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$432.85
D5282	removable unilateral partial denture, one piece cast metal, maxillary	\$ 470.00
D5283	removable unilateral partial denture, one piece cast metal, mandibular	\$ 470.00
D5284	unilateral removable partial denture, flexible base, per quadrant	\$ 310.00
D5286	unilateral removable partial denture, resin base, per quadrant	\$ 310.00
D5410	adjust complete denture - maxillary	\$ 40.00
D5411	adjust complete denture - mandibular	\$ 40.00
D5421	adjust partial denture - maxillary	\$ 40.00
D5422	adjust partial denture - mandibular	\$ 40.00
D5511	repair broken complete denture base, mandibular	\$ 80.00
D5512	repair broken complete denture base, maxillary	\$ 80.00
D5520	repair missing or broken teeth- complete denture (each tooth)	\$ 70.00
D5611	repair resin denture base, mandibular	\$ 85.00
D5612	repair resin denture base, maxillary	\$ 85.00
D5621	repair cast framework, mandibular	\$ 115.00

CDT CODE	NOMENCLATURE	FEES
D5622	repair cast framework, maxillary	\$ 115.00
D5630	repair or replace broken clasp, per tooth	\$ 115.00
D5640	replaced broken teeth - per tooth	\$ 75.00
D5650	add tooth to existing partial denture	\$ 100.00
D5660	add clasp to existing partial denture, per tooth	\$ 115.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	\$ 400.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	\$ 400.00
D5710	rebase complete maxillary denture	\$ 300.00
D5711	rebase complete mandibular denture	\$ 300.00
D5720	rebase maxillary partial denture	\$ 275.00
D5721	rebase mandibular partial denture	\$ 275.00
D5725	rebase hybrid prosthesis	\$ 275.00
D5730	reline complete maxillary denture (chairside)	\$ 165.00
D5731	reline complete mandibular denture (chairside)	\$ 165.00
D5740	reline maxillary partial denture (chairside)	\$ 150.00
D5741	reline mandibular partial denture (chairside)	\$ 150.00
D5750	reline complete maxillary denture (laboratory)	\$ 210.00
D5751	reline complete mandibular denture (laboratory)	\$ 210.00
D5760	reline maxillary partial denture (laboratory)	\$ 210.00
D5761	reline mandibular partial denture (laboratory)	\$ 210.00
D5765	soft liner for complete or partial removable denture - indirect	\$ 113.26
D5810	interim complete denture (maxillary)	\$ 453.05
D5811	interim complete denture (mandibular)	\$ 453.05
D5820	interim partial denture (maxillary)	\$ 377.54
D5821	interim partial denture (mandibular)	\$ 377.54
D5850	tissue conditioning, maxillary	\$ 113.26
D5851	tissue conditioning, mandibular	\$ 113.26
D5862	precision attachment, by report	\$ 190.00
D5863	overdenture - complete maxillary	\$ 1,132.62
D5864	overdenture - partial maxillary	\$ 1,128.00
D5865	overdenture - complete mandibular	\$ 1,132.62
D5866	overdenture - partial mandibular	\$ 1,128.00
D5867	replacement of replaceable part of semi-precision or precision attachment, per attachment	\$ 164.50
D5875	modification of removable prosthesis following implant surgery	\$ 207.14
D5899	unspecified removable prosthodontic procedure, by report	By Report
D5992	adjust maxillofacial prosthetic appliance, by report	\$75.00
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral)	\$50.00
D6205	pontic - indirect resin based composite	\$ 499.09
D6210	pontic - cast high noble metal	\$ 533.03
D6211	pontic - cast predominantly base metal	\$ 482.20
D6212	pontic - cast noble metal	\$ 511.85
D6214	pontic - titanium and titanium alloys	\$ 593.03
D6240	pontic - porcelain fused to high noble metal	\$ 563.03
D6241	pontic - porcelain fused to predominantly base metal	\$ 494.20
D6242	pontic - porcelain fused to noble metal	\$ 530.32
D6243	pontic - porcelain fused to titanium and titanium alloys	\$ 560.00
D6245	pontic - porcelain/ceramic	\$ 554.21
D6250	pontic - resin with high noble metal	\$ 545.38
D6251	pontic - resin with predominantly base metal	\$ 466.67
D6252	pontic - resin with noble metal	\$ 515.38
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	\$ 343.68

CDT CODE	NOMENCLATURE	FEES
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$ 343.68
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$ 460.40
D6549	resin retainer - for resin bonded fixed prosthesis	\$ 343.68
D6600	retainer inlay - porcelain/ceramic, two surfaces	\$ 501.00
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	\$ 543.13
D6602	retainer inlay - cast high noble metal, two surfaces	\$ 502.50
D6603	retainer inlay - cast high noble metal, three or more surfaces	\$ 542.05
D6604	retainer inlay - cast predominantly base metal, two surfaces	\$ 498.50
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	\$ 505.75
D6606	retainer inlay - cast noble metal, two surfaces	\$ 503.25
D6607	retainer inlay - cast noble metal, three or more surfaces	\$ 539.98
D6608	retainer onlay - porcelain/ceramic, two surfaces	\$ 541.52
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	\$ 572.34
D6610	retainer onlay - cast high noble metal, two surfaces	\$ 533.25
D6611	retainer onlay - cast high noble metal, three or more surfaces	\$ 569.98
D6612	retainer onlay - cast predominantly base metal, two surfaces	\$ 505.75
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	\$ 568.47
D6614	retainer onlay - cast noble metal, two surfaces	\$ 541.52
D6615	retainer onlay - cast noble metal, three or more surfaces	\$ 572.34
D6710	retainer crown - indirect resin based composite	\$ 462.34
D6720	retainer crown - resin with high noble metal	\$ 524.20
D6721	retainer crown - resin with predominantly base metal	\$ 466.67
D6722	retainer crown - resin with noble metal	\$ 494.20
D6740	retainer crown - porcelain/ceramic	\$ 554.21
D6750	retainer crown - porcelain fused to high noble metal	\$ 530.32
D6751	retainer crown - porcelain fused to predominantly base metal	\$ 543.62
D6752	retainer crown - porcelain fused to noble metal	\$ 494.20
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$ 560.00
D6780	retainer crown - 3/4 cast high noble metal	\$ 541.00
D6781	retainer crown - 3/4 cast predominantly base metal	\$ 530.32
D6782	retainer crown - 3/4 cast noble metal	\$ 482.20
D6783	retainer crown - 3/4 porcelain/ceramic	\$ 511.85
D6790	retainer crown - full cast high noble metal	\$ 541.85
D6791	retainer crown - full cast predominantly base metal	\$ 554.21
D6792	retainer crown - full cast noble metal	\$ 511.85
D6794	retainer crown - titanium and titanium alloys	\$ 581.00
D6930	re-cement or re-bond fixed partial denture	\$ 59.14
D6980	fixed partial denture repair, by report	\$ 57.13
D6999	unspecified fixed prosthodontic procedure , by report	By Report
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps)	\$ 62.62
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ 125.00
D7220	removal of impacted tooth - soft tissue	\$ 145.00
D7230	removal of impacted tooth - partially bony	\$ 195.00
D7240	removal of tooth - completely bony	\$ 225.00
D7241	removal of impacted tooth -completely bony, with unusual surgical	\$ 265.00
D7250	removal of residual tooth roots (cutting procedure)	\$ 130.00
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$ 200.00
D7260	oroantral fistula closure	\$ 175.00
D7261	primary closure of a sinus perforation	\$ 318.22
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 276.32

CDT CODE	NOMENCLATURE	FEES
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$ 345.40
D7280	surgical access of an unerupted tooth	\$ 244.84
D7282	mobilization of erupted or malpositioned tooth to aid eruption	\$ 266.72
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$ 195.87
D7286	incisional biopsy of oral tissue - soft	\$ 156.69
D7287	exfoliative cytological sample collection	\$ 78.34
D7288	brush biopsy - transepithelial sample collection	\$ 90.88
D7290	surgical repositioning of teeth	\$ 244.84
D7291	transeptal fiberotomy/supra crestal fiberotomy, by report	\$ 154.00
D7292	placement of temporary anchorage device [screw retained plate] requiring flap	\$ 718.19
D7293	placement of temporary anchorage device requiring flap	\$ 684.12
D7294	placement of temporary anchorage device without flap	\$ 540.05
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	\$ 359.10
D7299	removal of temporary anchorage device, requiring flap	\$ 342.06
D7300	removal of temporary anchorage device without flap	\$ 270.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 130.00
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 65.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 182.00
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 91.00
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	\$ 484.23
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$ 968.46
D7410	excision of benign lesion up to 1.25 cm	By report
D7411	excision of benign lesion greater than 1.25 cm	\$ 375.67
D7412	excision of benign lesion, complicated	\$ 471.25
D7413	excision of malignant lesion up to 1.25 cm	\$ 387.88
D7414	excision of malignant lesion greater than 1.25 cm	\$ 564.48
D7415	excision of malignant lesion, complicated	\$ 632.22
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	\$ 328.93
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	\$ 571.29
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25	\$ 324.78
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 378.92
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 324.78
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 396.02
D7465	destruction of lesion(s) by physical or chemical method, by report	\$ 232.15
D7471	removal of lateral exostosis (maxilla or mandible)	\$ 378.62
D7472	removal of torus palatinus	\$ 454.34
D7473	removal of torus mandibularis	\$ 438.61
D7485	surgical reduction of osseous tuberosity	\$ 396.02
D7510	incision and drainage of abscess - intraoral soft tissue	\$ 142.83
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$ 191.30
D7520	incision and drainage of abscess - extraoral soft tissue	\$ 682.06
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$ 306.80
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar	\$ 212.34
D7540	removal of reaction producing foreign bodies, musculoskeletal system	\$ 398.72
D7953	bone replacement graft for ridge preservation - per site	\$ 110.00

CDT CODE	NOMENCLATURE	FEES
D7961	buccal/labial frenectomy (frenulectomy)	\$315.67
D7962	lingual frenectomy (frenulectomy)	\$315.67
D7963	frenuloplasty	\$ 315.67
D7970	excision of hyperplastic tissue - per arch	\$ 324.99
D7971	excision of pericoronal gingiva	\$ 85.90
D7972	surgical reduction of fibrous tuberosity	\$ 241.24
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	\$ 91.38
D7999	unspecified oral surgery procedure, by report	By Report
D9110	palliative treatment of dental pain - per visit	\$ 45.00
D9120	fixed partial denture sectioning	\$ 82.91
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$ 29.61
D9211	regional block anesthesia	\$ 41.15
D9212	trigeminal division block anesthesia	\$ 116.20
D9215	local anesthesia in conjunction with operative or surgical procedures	\$ 25.69
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	\$16.74
D9222	deep sedation/general anesthesia - first 15 minute increment	\$ 161.16
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	\$ 161.16
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	\$ 27.12
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minute increment	\$ 69.48
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$ 69.48
D9248	non-intravenous conscious sedation	\$ 108.48
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$ 45.00
D9410	house/extended care facility call	\$ 88.88
D9420	hospital or ambulatory surgical center call	\$ 103.99
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$ 31.08
D9440	office visit - after regularly scheduled hours	\$ 65.36
D9610	therapeutic parenteral drug, single administration	\$ 38.74
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$ 46.49
D9630	other drugs and/or medicaments, by report	\$ 13.83
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	\$ 29.88
D9912	pre-visit patient screening	\$ 24.00
D9920	behavior management, by report	\$ 49.25
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$ 54.23
D9932	cleaning and inspection of removable complete denture, maxillary	\$55.30
D9933	cleaning and inspection of removable complete denture, mandibular	\$55.30
D9934	cleaning and inspection of removable partial denture, maxillary	\$55.30
D9935	cleaning and inspection of removable partial denture, mandibular	\$55.30
D9942	repair and/or reline of occlusal guard	\$ 89.66
D9944	occlusal guard, hard appliance, full arch	\$ 236.88
D9945	occlusal guard, soft appliance, full arch	\$ 236.88
D9946	occlusal guard, hard appliance, partial arch	\$ 236.88
D9951	occlusal adjustment - limited	\$ 66.41
D9995	teledentistry - synchronous; real-time encounter	\$ 24.00
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$ 24.00
D9997	dental case management - patients with special health care needs	\$ 38.00
D9999	unspecified adjunctive procedure, by report	By report

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D0120	periodic oral evaluation - established patient	\$27.50	\$27.50
D0140	limited oral evaluation - problem focused	\$41.25	\$41.25
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$32.50	NC
D0150	comprehensive oral evaluation - new or established patient	\$32.50	\$32.50
D0160	detailed and extensive oral evaluation - problem focused, by report	\$98.35	\$98.35
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$48.32	\$48.32
D0171	re-evaluation - post-operative office visit	\$58.64	\$58.64
D0180	comprehensive periodontal evaluation - new or established patient	\$71.91	\$71.91
D0191	assessment of a patient	\$25.00	NC
D0210	intraoral - comprehensive series of radiographic images	\$79.63	\$61.25
D0220	intraoral - periapical first radiographic image	\$13.00	\$10.00
D0230	intraoral - periapical each additional radiographic image	\$9.75	\$7.50
D0270	bitewing - single radiographic image	\$11.38	\$11.38
D0272	bitewing - two radiographic images	\$22.75	\$17.50
D0273	bitewings - three radiographic images	\$33.00	\$30.00
D0274	bitewing - four radiographic images	\$37.38	\$28.75
D0277	vertical bitewings - 7 to 8 radiographic images	\$38.00	\$38.00
D0330	panoramic radiograph image	\$73.70	\$73.70
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$76.38	\$58.75
D0472	accession of tissue, gross examination, preparation and transmission of written report	\$43.71	NC
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$61.81	NC
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$152.38	NC
D0475	decalcification procedure	\$35.44	NC
D0476	special stains for microorganisms	\$71.03	NC
D0477	special stains not for microorganisms	\$71.03	NC
D0478	immunohistochemical stains	\$71.97	NC
D0479	tissue in-situ hybridization, including interpretation	\$71.97	NC
D0482	direct immunofluorescence	\$55.43	NC
D0484	consultation of slides prepared elsewhere	\$52.09	NC
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	\$88.10	NC
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$88.10	NC
D1110	prophylaxis - adult	\$60.13	\$46.25
D1120	prophylaxis - child	\$60.13	NC
D1206	topical application of fluoride varnish	\$18.75	NC
D1208	topical application of fluoride	\$18.75	NC
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$15.00	\$15.00
D1351	sealant - per tooth	\$24.38	NC
D1352	preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$48.13	\$48.13
D1353	sealant repair - per tooth	\$16.00	NC
D1354	interim caries arresting medicament application, per tooth	\$12.00	\$12.00
D1510	space maintainer - fixed - unilateral	\$169.00	NC
D1516	space maintainer - fixed - bilateral, maxillary	\$262.60	NC
D1517	space maintainer - fixed - bilateral, mandibular	\$262.60	NC
D1520	space maintainer - removable - unilateral	\$167.50	NC
D1526	space maintainer - removable - bilateral, maxillary	\$202.00	NC
D1527	space maintainer - removable - bilateral, mandibular	\$202.00	NC
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$19.00	NC
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$19.00	NC
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$19.00	NC
D1556	removal of fixed unilateral space maintainer - per quadrant	\$25.00	NC
D1557	removal of fixed bilateral space maintainer - maxillary	\$25.00	NC
D1558	removal of fixed bilateral space maintainer - mandibular	\$25.00	NC
D2140	amalgam - one surface, permanent or primary	\$49.40	\$38.00
D2150	amalgam - two surfaces, permanent or primary	\$65.00	\$50.00
D2160	amalgam - three surfaces, permanent or primary	\$76.70	\$76.70
D2161	amalgam - four or more surfaces, permanent or primary	\$93.60	\$72.00
D2330	resin-based composite - one surface, anterior	\$57.20	\$44.00
D2331	resin-based composite - two surfaces, anterior	\$71.50	\$55.00
D2332	resin-based composite - three surfaces, anterior	\$85.80	\$66.00
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$101.40	\$78.00
D2390	resin-based composite crown, anterior	\$101.40	NC
D2391	resin-based composite - one surface, posterior	\$57.20	\$44.00
D2392	resin-based composite - two surfaces, posterior	\$71.50	\$55.00
D2393	resin-based composite - three surfaces, posterior	\$85.80	\$66.00

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D2394	resin-based composite - four or more surfaces, posterior	\$101.40	\$78.00
D2710	crown - resin-based composite (indirect)	\$150.00	\$150.00
D2721	crown - resin with predominantly base metal	\$200.00	\$200.00
D2740	crown - porcelain/ceramic substrate	\$529.95	\$529.95
D2750	crown - porcelain fused to high noble metal	\$599.25	\$599.25
D2751	crown - porcelain fused to predominantly base metal	\$457.33	\$457.33
D2752	crown - porcelain fused to noble metal	\$528.29	\$528.29
D2790	crown - full cast high noble metal	\$492.81	\$492.81
D2791	crown - full cast predominantly base metal	\$315.41	\$315.41
D2792	crown - full cast noble metal	\$386.37	\$386.37
D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$150.00	\$150.00
D2920	re-cement or re-bond crown	\$27.50	\$27.50
D2928	prefabricated porcelain/ceramic crown - permanent tooth	\$153.00	\$153.00
D2930	prefabricated stainless steel crown - primary tooth	\$119.60	\$119.60
D2931	prefabricated stainless steel crown - permanent tooth	\$133.90	\$133.90
D2932	prefabricated resin crown	\$113.10	\$113.10
D2950	core buildup, including any when required	\$100.00	\$100.00
D2951	pin retention - per tooth, in addition to restoration	\$13.00	\$13.00
D2954	prefabricated post and core in addition to crown	\$130.00	\$130.00
D2990	resin infiltration of incipient smooth surface lesions	\$97.48	\$97.48
D3110	pulp cap - direct (excluding final restoration)	\$17.00	NC
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$67.60	NC
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$274.30	\$274.30
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$344.50	\$344.50
D3330	endodontic therapy, molar (excluding final restoration)	\$481.00	\$481.00
D3346	retreatment of previous root canal therapy - anterior	\$606.58	\$606.58
D3347	retreatment of previous root canal therapy - bicuspid	\$696.20	\$696.20
D3348	retreatment of previous root canal therapy - molar	\$724.31	\$724.31
D3351	apexification/recalcification - initial visit (apical closure/calific repair of perforation, root resorption, etc.	\$149.60	\$149.60
D3352	apexification/recalcification - interim medication replacement	\$104.50	\$104.50
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$246.40	\$246.40
D3410	apicoectomy - anterior	\$201.50	\$155.00
D3421	apicoectomy - bicuspid (first root)	\$201.50	\$155.00
D3425	apicoectomy - molar (first root)	\$201.50	\$155.00
D3426	apicoectomy (each additional root)	\$197.00	\$197.00
D3430	retrograde filling - per root	\$134.10	\$134.10
D4210	gingivectomy or gingivoplasty - four of more contiguous teeth or tooth bounded spaces per quadrant	\$336.70	\$259.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$135.20	\$104.00
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$220.16	\$220.16
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$526.26	\$526.26
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$341.20	\$341.20
D4249	clinical crown lengthening - hard tissue	\$483.71	\$483.71
D4263	bone replacement graft - retained natural tooth - first site in quadrant	\$414.97	\$414.97
D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	\$645.39	\$645.39
D4267	guided tissue regeneration, natural teeth - non-resorbable barrier, per site (includes membrane removal)	\$692.29	\$692.29
D4270	pedicle soft tissue graft procedure	\$554.25	\$554.25
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - first tooth, implant or edentulous tooth position in graft	\$654.75	\$654.75
D4277	free soft tissue graft procedure (including recipient and donor sites), first tooth, implant or edentulous tooth position in graft	\$363.17	\$363.17
D4322	splint - intra-coronal; natural teeth or prosthetic crowns	\$240.79	\$240.79
D4323	splint - extra-coronal; natural teeth or prosthetic crowns	\$212.46	\$212.46
D4341	periodontal scaling and root planning, four or more teeth per quadrant	\$101.40	\$78.00
D4342	periodontal scaling and root planning, one to three teeth per quadrant	\$36.42	\$26.00
D4355	full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$68.50	\$68.50
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$110.28	\$110.28
D4910	periodontal maintenance	\$96.88	\$96.88
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	\$94.05	\$94.05
D5110	complete denture - maxillary	\$656.11	\$656.11
D5120	complete denture - mandibular	\$611.73	\$611.73
D5130	immediate denture - maxillary	\$567.40	\$567.40

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D5140	immediate denture - mandibular	\$543.95	\$543.95
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$624.64	\$624.64
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$595.80	\$595.80
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$545.30	\$545.30
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$571.75	\$571.75
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$585.18	\$585.18
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$487.67	\$487.67
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	\$360.00	\$360.00
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	\$360.00	\$360.00
D5284	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$400.00	\$400.00
D5286	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$400.00	\$400.00
D5410	adjust complete denture - maxillary	\$15.40	\$15.40
D5411	adjust complete denture - mandibular	\$15.40	\$15.40
D5421	adjust partial denture - maxillary	\$15.40	\$15.40
D5422	adjust partial denture - mandibular	\$15.40	\$15.40
D5511	repair broken complete denture base, mandibular	\$50.60	\$50.60
D5512	repair broken complete denture base, maxillary	\$50.60	\$50.60
D5520	repair missing or broken teeth - complete denture (each tooth)	\$31.00	\$31.00
D5621	repair resin cast partial framework, mandibular	\$72.60	\$72.60
D5622	repair resin cast partial framework, maxillary	\$72.60	\$72.60
D5630	repair or replace broken clasp, per tooth	\$64.90	\$64.90
D5640	replaced broken teeth - per tooth	\$36.40	\$36.40
D5730	reline complete upper denture (direct)	\$88.00	\$88.00
D5731	reline complete mandibular denture (direct)	\$88.00	\$88.00
D5740	reline maxillary partial denture (direct)	\$88.00	\$88.00
D5741	reline mandibular partial denture (direct)	\$88.00	\$88.00
D5750	reline complete maxillary denture (laboratory)	\$128.70	\$128.70
D5751	reline complete mandibular denture (laboratory)	\$128.70	\$128.70
D5820	interim partial denture (maxillary)	\$319.80	\$319.80
D5821	interim partial denture (mandibular)	\$336.70	\$336.70
D5913	nasal prosthesis	\$2,036.00	\$2,036.00
D5914	auricular prosthesis	\$1,881.00	\$1,881.00
D5919	facial prosthesis	\$3,408.00	\$3,408.00
D5931	obturator, surgical	\$1,121.90	\$863.00
D5932	obturator, definitive	\$1,992.00	\$1,992.00
D5934	mandibular resection prosthesis with guide flange	\$1,660.00	\$1,660.00
D5952	speech aid prosthesis, pediatric	\$2,036.00	NC
D5953	speech aid prosthesis, adult	NC	\$2,036.00
D5954	palatal augmentation prosthesis	\$1,550.00	\$1,550.00
D5955	palatal lift prosthesis, definitive	\$1,836.00	\$1,836.00
D5988	surgical splint	\$896.00	\$896.00
D5999	unspecified maxillofacial prosthesis, by report	By Report	By Report
D6010	surgical placement of implant body; endosteal implant	\$2,001.07	\$2,001.07
D6056	prefabricated abutment - includes modification and placement	\$600.29	\$600.29
D6057	custom fabricated abutment - includes placement	\$729.95	\$729.95
D6058	abutment supported porcelain/ceramic crown	\$1,076.11	\$1,076.11
D6059	abutment supported porcelain fused to metal crown (high noble)	\$1,324.39	\$1,324.39
D6065	implant supported porcelain/ceramic crown	\$1,400.93	\$1,400.93
D6066	implant supported crown - porcelain fused to high noble alloys	\$1,057.00	\$1,057.00
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant including cleaning of the implant surfaces, without flap entry and closure	\$411.87	\$411.87
D6103	bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately.	\$263.86	\$263.86
D6104	bone graft at time of implant placement	\$238.35	\$238.35
D6190	radiographic/surgical implant index, by report	\$288.65	\$288.65
D6211	pontic - cast predominantly base metal	\$341.00	\$341.00
D6240	pontic - porcelain fused to high noble metal	\$483.00	\$483.00
D6241	pontic - porcelain fused to predominantly base metal	\$341.00	\$341.00
D6242	pontic - porcelain fused to noble metal	\$412.00	\$412.00
D6750	retainer crown - porcelain fused to high noble metal	\$553.96	\$553.96
D6751	retainer crown - porcelain fused to predominantly base metal	\$341.00	\$341.00
D6752	retainer crown - porcelain fused to noble metal	\$412.00	\$412.00
D6930	re-cement or re-bond fixed partial denture	\$77.00	\$77.00

CDT Code	Nomenclature	Fees (Ages 0-20)	Fees (Ages 21 and older)
D7111	extraction, coronal remnants - deciduous tooth	\$72.25	\$72.25
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$82.50	\$82.50
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$148.50	\$148.50
D7220	removal of impacted tooth - soft tissue	\$127.40	\$98.00
D7230	removal of impacted tooth - partially bony	\$179.40	\$138.00
D7240	removal of tooth - completely bony	\$215.80	\$166.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	\$222.30	\$171.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$142.00	\$142.00
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$466.37	\$466.37
D7260	oroantral fistula closure	\$135.20	\$104.00
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$200.00	\$200.00
D7280	surgical access of an unerupted tooth	By Report	By Report
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189.49	\$189.49
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$189.49	\$189.49
D7410	excision of benign lesion up to 125 cm	\$87.10	\$67.00
D7411	excision of benign lesion greater than 125 cm	\$87.10	\$67.00
D7471	removal of lateral exostosis (maxilla or mandible)	\$101.40	\$78.00
D7472	removal of torus palatinus	\$302.47	\$302.47
D7473	removal of torus mandibularis	\$209.28	\$209.28
D7510	incision and drainage of abscess - intraoral soft tissue	\$67.60	\$52.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$80.60	\$62.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$201.50	\$201.50
D7880	occlusal orthotic device, by report	\$424.00	\$424.00
D7910	suture of recent small wounds up to 5 cm	\$67.60	\$52.00
D7961	buccal/labial frenectomy (frenulectomy) - first procedure	\$167.60	\$167.60
D7962	lingual frenectomy (frenulectomy)	\$167.60	\$167.60
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$2,000.00	NC
D8210	removable appliance therapy	\$362.00	NC
D8220	fixed appliance therapy	\$259.00	NC
D8660	pre-orthodontic treatment examination to monitor growth and development	\$112.00	NC
D8670	periodic orthodontic treatment visit	\$950.00	NC
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$162.00	NC
D8698	re-cement or re-bond fixed retainer - maxillary	\$75.00	NC
D8699	re-cement or re-bond fixed retainer - mandibular	\$75.00	NC
D8701	repair of fixed retainer, includes reattachment - maxillary	\$25.00	NC
D8702	repair of fixed retainer, includes reattachment - mandibular	\$25.00	NC
D8703	replacement of lost or broken retainer - maxillary	\$93.64	NC
D8704	replacement of lost or broken retainer - mandibular	\$93.64	NC
D8999	unspecified orthodontic procedure	By Report	NC
D9110	palliative treatment of dental pain - per visit	\$61.95	\$61.95
D9222	deep sedation/general anesthesia - first minute increment	\$75.00	\$75.00
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	\$75.00	\$75.00
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	\$39.00	\$39.00
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minute increment	\$138.78	\$138.78
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$138.78	\$138.78
D9248	non-intravenous conscious sedation	\$39.00	\$39.00
D9410	house/extended care facility call	\$67.60	\$52.00
D9420	hospital or ambulatory surgical center call	\$67.60	\$52.00
D9420	hospital or ambulatory surgical center call - if submitted with Place of Service Code 11	\$0.00	\$0.00
D9944	occlusal guard - hard appliances, full arch	\$150.00	\$150.00
D9945	occlusal guard - soft appliances, full arch	\$250.00	\$250.00
D9946	occlusal guard - hard appliances, partial arch	\$100.00	\$100.00
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$50.00	\$50.00