

PROVIDER BULLETIN

Volume 41 Number 16

<http://dss.mo.gov/mhd/>

September 17, 2018

RATE UPDATE FOR DENTAL SERVICES BULLETIN

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- RATE UPDATE FOR DENTAL SERVICES

MAXIMUM ALLOWABLE RATE INCREASE

Effective for dates of service on and after July 1, 2018, the MO HealthNet Division's (MHD) maximum allowable rates for dental services are increased by approximately one and a half percent (1 ½ %).

The MHD will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Providers must bill their usual and customary rate and may not bill the MHD at a higher rate than they charge their private pay patients.

The affected procedure codes and amounts are indicated on Attachment A.

The MHD will reprocess claims paid for dates of service on and after July 1, 2018. Please check your future remittance advice statements for rate adjustments.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

Attachment A – Dental Program Rates

Procedure Code	Procedure Code Description	Modifier	New Rate 07/01/2018
99050	SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICES		\$5.08
99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS		\$11.17
99201	OFFICE/OUTPATIENT VISIT NEW	EP	\$23.35
99201	OFFICE/OUTPATIENT VISIT NEW		\$24.05
99202	OFFICE/OUTPATIENT VISIT NEW	EP	\$38.57
99202	OFFICE/OUTPATIENT VISIT NEW		\$39.73
99203	OFFICE/OUTPATIENT VISIT NEW	EP	\$57.90
99203	OFFICE/OUTPATIENT VISIT NEW		\$56.21
99204	OFFICE/OUTPATIENT VISIT NEW	EP	\$88.48
99204	OFFICE/OUTPATIENT VISIT NEW		\$85.90
99205	OFFICE/OUTPATIENT VISIT NEW	EP	\$107.98
99205	OFFICE/OUTPATIENT VISIT NEW		\$111.21
99211	OFFICE/OUTPATIENT VISIT EST	EP	\$15.23
99211	OFFICE/OUTPATIENT VISIT EST		\$15.68
99212	OFFICE/OUTPATIENT VISIT EST	EP	\$26.14
99212	OFFICE/OUTPATIENT VISIT EST		\$25.38
99213	OFFICE/OUTPATIENT VISIT EST	EP	\$38.03
99213	OFFICE/OUTPATIENT VISIT EST		\$36.93
99214	OFFICE/OUTPATIENT VISIT EST	EP	\$57.23
99214	OFFICE/OUTPATIENT VISIT EST		\$55.56
99215	OFFICE/OUTPATIENT VISIT EST	EP	\$77.47
99215	OFFICE/OUTPATIENT VISIT EST		\$75.22
99221	INITIAL HOSPITAL CARE		\$53.20
99222	INITIAL HOSPITAL CARE		\$73.19
99223	INITIAL HOSPITAL CARE		\$107.53
99231	SUBSEQUENT HOSPITAL CARE		\$36.54
99232	SUBSEQUENT HOSPITAL CARE		\$39.56
99233	SUBSEQUENT HOSPITAL CARE		\$36.54
99241	OFFICE CONSULTATION		\$36.54
99242	OFFICE CONSULTATION		\$55.08
99244	OFFICE CONSULTATION		\$28.42
99245	OFFICE CONSULTATION		\$50.75
99251	INPATIENT CONSULTATION		\$28.62
99252	INPATIENT CONSULTATION		\$45.46
99281	EMERGENCY DEPT VISIT		\$36.54
99282	EMERGENCY DEPT VISIT		\$36.54
99283	EMERGENCY DEPT VISIT		\$37.07
99284	EMERGENCY DEPT VISIT		\$68.45
99342	HOME VISIT NEW PATIENT		\$25.38
99343	HOME VISIT NEW PATIENT		\$30.45
99429	UNLISTED PREVENTIVE (DENTAL)		\$20.30
D0120	PERIODIC ORAL EXAMINATION		\$24.36

D0140	limited oral evaluation - problem focused		\$23.60
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH		\$29.18
D0150	comprehensive oral evaluation		\$39.08
D0160	detailed and extensive oral evaluation - problem based, by report		\$49.17
D0170	RE-EVALUATION, PROBLEM FOCUSED, (ESTABLISHED PATIENT; NOT POST OPERATIVE VISIT)		\$24.36
D0171	RE-EVAL POST-OP VISIT		\$23.60
D0210	INTRAOR COMPLETE FILM SERIES		\$40.12
D0220	INTRAORAL PERIAPICAL FIRST		\$9.44
D0230	INTRAORAL PERIAPICAL EA ADD		\$7.87
D0240	INTRAORAL OCCLUSAL FILM		\$13.76
D0250	EXTRAORAL 2D PROJECT IMAGE		\$19.67
D0251	EXTRAORAL POSTERIOR IMAGE		\$16.41
D0270	DENTAL BITEWING SINGLE IMAGE		\$9.04
D0272	DENTAL BITEWINGS TWO IMAGES		\$14.56
D0273	BITEWINGS - THREE IMAGES		\$18.10
D0274	BITEWINGS FOUR IMAGES		\$21.32
D0277	VERT BITEWINGS 7 TO 8 IMAGES		\$33.50
D0310	SALIOGRAPHY - SURVEY FILMS, (INCLUDES INJECTABLE MATERIAL)		\$97.94
D0330	PANORAMIC IMAGE		\$36.18
D0340	2D CEPHALOMETRIC IMAGE		\$40.90
D0350	ORAL/FACIAL PHOTO IMAGES		\$22.03
D0351	3D PHOTOGRAPHIC IMAGE		\$26.18
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY		\$53.09
D0460	PULP VITALITY TESTS (EPSDT/HCY)		\$18.48
D0470	DIAGNOSTIC CASTS (EPSDT/HCY)		\$35.53
D1110	PROPHYLAXIS - ADULT (AGES 13-125)		\$28.71
D1120	PROPHYLAXIS - CHILD (AGES 1-12)		\$21.63
D1206	TOPICAL FLUORIDE VARNISH		\$13.76
D1208	TOPICAL APP FLUORID EX VRNSH		\$11.80
D1351	SEALANT; PER TOOTH		\$19.29
D1353	SEALANT REPAIR PER TOOTH		\$9.14
D1354	INT CRIES MED APP PER TOOTH		\$2.71
D1510	SPACE MAINTAINER - FIXED-UNILATERAL		\$101.87
D1515	SPACE MAINTAINER - FIXED-BILATERAL		\$141.20
D1550	RECEMENT SPACE MAINTAINER		\$25.57
D1555	REMOVAL OF FIXED SPACE MAINTAINER		\$25.57
D1575	DIST SPACE MAINT, FIXED UNIL		\$111.65
D2140	AMALGAM- ONE SURFACE, PRIMARY OR PERMANENT		\$42.48
D2150	AMALGAM- TWO SURFACES, PRIMARY OR PERMANENT		\$54.28
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT		\$64.11

D2161	AMALGAM- FOUR OR MORE SURFACES, PRIMARY OR PERMANENT		\$76.31
D2330	RESIN-ONE SURFACE, ANTERIOR		\$50.74
D2331	RESIN - TWO SURFACES, ANTERIOR		\$62.93
D2332	RESIN-THREE SURFACES, ANTERIOR		\$74.73
D2335	RESIN - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)		\$93.61
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR		\$137.66
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR		\$54.28
D2392	RESIN-BASED COMPOSITE - TWO SURFACE, POSTERIOR		\$70.80
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR		\$91.25
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR		\$109.62
D2710	CROWN RESIN (INDIRECT)		\$275.32
D2720	CROWN-RESIN WITH HIGH NOBLE METAL (EPSDT/HCY)		\$338.25
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL (EPSDT/HCY)		\$313.08
D2722	CROWN-RESIN WITH NOBLE METAL (EPSDT/HCY)		\$324.49
D2740	CROWN PORCELAIN/CERAMIC		\$322.52
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL (EPSDT/HCY)		\$350.18
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY /BASE METAL(EPSDT/HCY)		\$322.52
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL (EPSDT/HCY)		\$336.28
D2780	crown-3/4 cast high noble metal		\$353.22
D2781	crown-3/4 cast predominately base metal		\$323.69
D2782	crown-3/4 cast noble metal		\$334.32
D2783	crown-3/4 porcelain/ceramic		\$353.98
D2790	CROWN - FULL CAST HIGH NOBLE METAL (EPSDT/HCY)		\$348.48
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL		\$313.87
D2792	CROWN - FULL CAST NOBLE METAL		\$336.28
D2799	PROVISIONAL CROWN		\$129.80
D2910	RECEMENT INLAY ONLAY OR PART		\$34.22
D2915	RECEMENT CAST OR PREFAB POST		\$35.79
D2920	RE-CEMENT OR RE-BOND CROWN		\$35.01
D2921	REATTACH TOOTH FRAGMENT		\$50.74
D2929	PREFAB PORC/CERAM CROWN PRI		\$113.67
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH		\$88.10
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH		\$101.87
D2932	PREFABRICATED RESIN CROWN		\$110.13

D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW		\$113.67
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH		\$120.74
D2940	PROTECTIVE RESTORATION		\$36.18
D2941	INT THERAPEUTIC RESTORATION		\$36.18
D2949	RESTORATIVE FOUNDATION		\$42.48
D2950	CORE BUILD-UP INCL ANY PINS		\$88.50
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION		\$34.51
D2952	POST AND CORE CAST + CROWN		\$135.70
D2953	each additional cast post-same tooth		\$92.82
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN		\$107.77
D2955	POST REMOVAL		\$92.82
D2957	each additional prefabricated post		\$60.90
D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE (EPSDT/HCY)		\$189.97
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY		\$294.99
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY		\$345.33
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)		\$26.39
D3120	PULP CAP -INDIRECT		\$25.96
D3220	THERAPEUTIC PULPOTOMY(EXCLUDING FINAL RESTORATION)-REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL...		\$60.96
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH		\$79.17
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth, exc. final restoration		\$84.56
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth, exc. final restoration		\$97.94
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)		\$228.12
D3320	END THXPY, PREMOLAR TOOTH		\$270.20
D3330	END THXPY, MOLAR TOOTH		\$325.27
D3331	treatment of root canal obstruction;non-surgical access		\$149.28
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH		\$129.74
D3333	internal root repair of perforation defects		\$89.88
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR		\$262.34
D3347	RETREAT ROOT CANAL PREMOLAR		\$302.86
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR		\$358.31
D3351	APEXIFICATION/RECALC INITIAL		\$110.13
D3352	APEXIFICATION/RECALC INTERIM		\$80.24

D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT(INCLUDES COMPLETED ROOT CANAL THERAPY . . . ETC.		\$163.22
D3410	APICOECTOMY - ANTERIOR		\$209.64
D3421	ROOT SURGERY PREMOLAR		\$236.38
D3425	ROOT SURGERY MOLAR		\$275.32
D3426	ROOT SURGERY EA ADD ROOT		\$113.27
D3427	PERIRADICULAR SURGERY		\$209.64
D3428	BONE GRAFT PERI PER TOOTH		\$79.68
D3429	BONE GRAFT PERI EACH ADDL		\$60.90
D3430	RETROGRADE FILLING - PER ROOT		\$86.53
D3432	GUIDED TISSUE REGENERATION		\$60.90
D3450	ROOT AMPUTATION - PER ROOT		\$151.43
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM		\$65.68
D4210	GINGIVECTOMY/PLASTY 4 OR MOR		\$196.66
D4211	GINGIVECTOMY/PLASTY 1 TO 3		\$75.12
D4212	GINGIVECTOMY/PLASTY REST		\$75.12
D4230	ANA CROWN EXP 4 OR> PER QUAD		\$203.20
D4231	ANA CROWN EXP 1-3 PER QUAD		\$178.97
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPA		\$232.84
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPA		\$195.08
D4245	apically positioned flap		\$270.03
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE		\$237.56
D4260	OSSEOUS SURGERY 4 OR MORE		\$334.32
D4261	OSSEOUS SURG 1 TO 3 TEETH		\$275.32
D4263	BONE REPLCE GRAFT FIRST SITE		\$207.67
D4264	BONE REPLCE GRAFT EACH ADD		\$157.33
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION		\$232.44
D4266	GUIDED TISSUE REGENERATION-RESORBABLE BARRIER, PERSITE/PER TOOTH (INC. MEMBRANE REMOVAL)		\$279.13
D4267	GUIDED TISSUE REGENERATION-NONRESORBABLE BARRIER, PER SITE/PER TOOTH(W/MEMBRANE REMOVAL)		\$380.63
D4268	surgical revision procedure, per tooth		\$260.26
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE		\$262.73
D4273	AUTO TISSUE GRAFT 1ST TOOTH		\$385.70
D4274	MESIAL/DISTAL WEDGE PROC		\$218.29
D4275	NON-AUTO GRAFT 1ST TOOTH		\$313.02
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH		\$351.70
D4277	SOFT TISSUE GRAFT FIRSTTOOTH		\$280.04
D4278	SOFT TISSUE GRAFT ADDL TOOTH		\$140.02

D4283	AUTO TISSUE GRAFT ADDL TOOTH		\$385.70
D4285	NON-AUTO GRAFT ADDL TOOTH		\$313.02
D4320	PROVISIONAL SPLINTING - INTRACORONAL		\$160.47
D4321	PROVISIONAL SPLINTING - EXTRACORONAL		\$145.53
D4381	LOCALIZED DELIVERY ANTIMICRO		\$67.50
D4910	PERIODONTAL MAINTENANCE		\$43.27
D4920	UNSCHEDULED DRESSING CHANGE		\$32.26
D4921	GINGIVAL IRRIGATION PER QUAD		\$10.15
D5110	COMPLETE UPPER		\$511.31
D5120	COMPLETE LOWER		\$512.10
D5130	IMMEDIATE UPPER		\$558.11
D5140	IMMEDIATE LOWER		\$558.50
D5211	UPPER PARTIAL - ACRYLIC BASE (INCLUDING ANY CONVENTIONAL CLASPS AND RESTS)		\$383.48
D5212	LOWER PARTIAL - ACRYLIC BASE (INCLUDING ANY CONVENTIONAL CLASPS AND RESTS)		\$385.45
D5213	MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN DENTURE BASES(INCLUDES ANY CONVENTIONAL....)		\$550.64
D5214	MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK W/RESIN DENTURE BASES(INCLUDES ANY CONVENTIONAL....)		\$550.64
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND		\$473.15
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND		\$474.34
D5410	ADJUST COMPLETE DENTURE-UPPER		\$29.11
D5411	ADJUST COMPLETE DENTURE - LOWER		\$29.11
D5421	ADJUST PARTIAL DENTURE - UPPER		\$29.11
D5422	ADJUST PARTIAL DENTURE - LOWER		\$29.11
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)		\$58.21
D5630	REP PARTIAL DENTURE CLASP		\$84.96
D5640	REPLACE BROKEN TEETH - PER TOOTH		\$59.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE (EACH TOOTH)		\$71.59
D5660	ADD CLASP TO PARTIAL DENTURE		\$88.50
D5710	REBASE COMPLETE UPPER DENTURE		\$184.86
D5711	REBASE COMPLETE LOWER DENTURE		\$185.64
D5720	REBASE UPPER PARTIAL DENTURE		\$185.75
D5721	REBASE LOWER PARTIAL DENTURE		\$177.38
D5730	RELINE UPPER COMPLETE DENTURE (CHAIRSIDE)		\$117.99
D5731	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE)		\$117.99
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)		\$116.42
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)		\$117.60
D5750	RELINE UPPER COMPLETE DENTURE (LABORATORY)		\$149.46

D5751	RELINE LOWER COMPLETE DENTURE (LABORATORY)		\$150.25
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY)		\$148.28
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY)		\$148.28
D5820	INTERIM PARTIAL DENTURE (UPPER)		\$290.29
D5821	INTERIM PARTIAL DENTURE (LOWER)		\$290.29
D5850	TISSUE CONDITIONING, MAXILLARY		\$64.50
D5851	TISSUE CONDITIONING, MANDIBULAR		\$64.50
D5862	PRECISION ATTACHMENT, BY REPORT		\$214.93
D5863	OVERDENTURE COMPLETE MAX		\$631.27
D5864	OVERDENTURE PARTIAL MAX		\$460.10
D5865	OVERDENTURE COMPLETE MANDIB		\$631.27
D5866	OVERDENTURE PARTIAL MANDIB		\$460.10
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)		\$103.56
D6052	SEMI PRECISION ATTACH ABUT		\$272.38
D6056	SEMI PRECISION ATTACH ABUT		\$272.38
D6057	SEMI PRECISION ATTACH ABUT		\$272.38
D6210	PONTIC - CAST HIGH NOBLE METAL		\$344.15
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL		\$315.44
D6212	PONTIC - CAST NOBLE METAL		\$332.35
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL		\$349.66
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL (EPSDT/HCY)		\$324.49
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL		\$334.32
D6245	pontic-porcelain/ceramic		\$353.98
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL		\$342.56
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL		\$322.91
D6252	PONTIC - RESIN WITH NOBLE METAL (EPSDT/HCY)		\$329.88
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS		\$243.85
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis		\$308.75
D6549	RESIN RETAINER		\$208.23
D6600	PORCELAIN/CERAMIC INLAY 2SRF		\$314.58
D6601	PORC/CERAM INLAY >= 3 SURFAC		\$371.99
D6602	CST HGH NBLE MTL INLAY 2 SRF		\$324.74
D6603	CST HGH NBLE MTL INLAY >=3SR		\$345.06
D6604	CST BSE MTL INLAY 2 SURFACES		\$309.11
D6605	CST BSE MTL INLAY >= 3 SURFA		\$334.50
D6606	CAST NOBLE METAL INLAY 2 SUR		\$313.80
D6607	CST NOBLE MTL INLAY >=3 SURF		\$338.81
D6608	ONLAY PORC/CRMC 2 SURFACES		\$341.91
D6609	ONLAY PORC/CRMC >=3 SURFACES		\$366.55
D6610	ONLAY CST HGH NBL MTL 2 SRFC		\$351.70

D6611	ONLAY CST HGH NBL MTL >=3SRF		\$371.24
D6612	ONLAY CST BASE MTL 2 SURFACE		\$334.12
D6613	ONLAY CST BASE MTL >=3 SURFA		\$364.20
D6614	ONLAY CST NBL MTL 2 SURFACES		\$349.75
D6615	ONLAY CST NBL MTL >=3 SURFAC		\$391.85
D6720	RETAIN CROWN RESIN W HI NBLE		\$342.19
D6721	CROWN RESIN W/BASE METAL		\$324.49
D6722	CROWN RESIN W/NOBLE METAL		\$334.32
D6740	CROWN PORCELAIN/CERAMIC		\$358.70
D6750	CROWN PORCELAIN HIGH NOBLE		\$352.01
D6751	CROWN PORCELAIN BASE METAL		\$322.52
D6752	CROWN PORCELAIN NOBLE METAL		\$335.10
D6780	CROWN 3/4 HIGH NOBLE METAL		\$344.54
D6781	CROWN 3/4 CAST BASED METAL		\$341.04
D6782	CROWN 3/4 CAST NOBLE METAL		\$344.09
D6783	CROWN 3/4 PORCELAIN/CERAMIC		\$353.98
D6790	CROWN FULL HIGH NOBLE METAL		\$350.18
D6791	CROWN FULL BASE METAL CAST		\$329.88
D6792	CROWN FULL NOBLE METAL CAST		\$334.32
D6920	connector bar		\$313.40
D6930	RECEMENT/BOND PART DENTURE		\$52.71
D6940	STRESS BREAKER		\$133.73
D6950	PRECISION ATTACHMENT		\$206.10
D6971	CAST POST BRIDGE RETAINER		\$34.51
D6980	FIXED PARTIAL REPAIR		\$121.14
D7111	EXTRACTION CORONAL REMNANTS		\$42.48
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)		\$51.52
D7210	REM IMP TOOTH W MUCOPER FLP		\$88.50
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE		\$100.29
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY		\$128.22
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY		\$157.33
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS		\$186.82
D7250	TOOTH ROOT REMOVAL		\$96.13
D7280	EXPOSURE OF UNERUPTED TOOTH		\$151.03
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH		\$133.98
D7290	SURGICAL REPOSITIONING OF TEETH		\$150.45
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT		\$95.35
D7310	ALVEOPLASTY W/ EXTRACTION		\$90.85
D7320	ALVEOPLASTY W/O EXTRACTION		\$133.73
D8120	FIXED APPLIANCE THERAPY		\$50.75

D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES/PLACEMENT OF RETAINERS) NOT PART OF CONTRACT TREATMENT		\$243.60
D8692	replacement of lost or broken retainer		\$121.80
D8693	REBOND/RECEMENT RETAINERS		\$74.63
D8694	REPAIR FIXED RETAINERS		\$74.63
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURE		\$37.36
D9120	FIXED PARTIAL DENTURE SECTIONING		\$76.59
D9410	HOUSE/EXTENDED CARE FACILITY CALL		\$68.83
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED		\$31.47
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS		\$53.09
D9610	DENT THERAPEUTIC DRUG INJECT		\$31.26
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS		\$55.49
D9910	APPLICATION OF DESENSITIZING MEDICAMENT		\$19.27
D9911	application of desensitizing resin for cervical and/or root surface, per tooth		\$24.39
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT		\$42.48
D9940	OCCLUSAL GUARD, BY REPORT		\$187.22
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD		\$76.21
J0120	TETRACYCLIN INJECTION		\$4.20
J0702	BETAMETHASONE ACET&SOD PHOSP		\$2.69
J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1MG/ML		\$3.20
J1720	HYDROCORTISONE SODIUM SUCC I		\$4.72
J2175	MEPERIDINE HYDROCHL /100 MG		\$1.17
J2270	MORPHINE SULFATE INJECTION		\$1.17
J2510	PENICILLIN G PROCAINE INJ		\$2.94
J2550	PROMETHAZINE HCL INJECTION		\$1.42
J3000	STREPTOMYCIN INJECTION		\$1.93
J3070	PENTAZOCINE INJECTION		\$1.17
J3360	DIAZEPAM INJECTION		\$1.93
J3410	HYDROXYZINE HCL INJECTION		\$1.17

Surgical Procedure Code	Surgical Procedure Code Description		New Rate 07/01/2018
D5952	SPEECH AID PROSTHESIS, PEDIATRIC		\$732.96
D6010	SURGICAL REPLACEMENT OF IMPLANT BODY; EN		\$367.80
D6100	IMPLANT REMOVAL, BY REPORT		\$255.80
D7260	OROANTRAL FISTULA CLOSURE		\$316.39
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION		\$210.93

D7270	TOOTH REIMPLANTATION AND OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH		\$253.11
D7285	BIOPSY OF ORAL TISSUE HARD		\$127.09
D7286	BIOPSY OF ORAL TISSUE SOFT		\$101.35
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM		\$158.20
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM		\$210.93
D7412	EXCISION OF BENIGN LESION, COMPLICATED		\$252.15
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED		\$395.88
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESIONDIAMETER UP TO 1.25 CM		\$210.93
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESIONDIAMETER GREATER THAN 1.25 CM		\$237.29
D7460	REM NONODONTO CYST TO 1.25CM		\$210.93
D7461	REM NONODONTO CYST > 1.25 CM		\$237.29
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT		\$58.01
D7471	REM EXOSTOSIS ANY SITE		\$204.33
D7472	REMOVAL OF TORUS PALATINUS		\$241.52
D7473	REMOVAL OF TORUS MANDIBULARIS		\$235.39
D7485	SURG REDUCT OSSEOUS TUBEROSIT		\$216.01
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE		\$74.38
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE		\$127.09
D7530	REMOVAL FB SKIN/AREOLAR TISS		\$114.84
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKETAL SYSTEM		\$203.01
D7550	REMOVAL OF SLOUGHED OFF BONE		\$395.48
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)		\$1,075.61
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION		\$421.84
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES		\$1,995.64
D7730	MANDIBLE-OPEN REDUCTION		\$1,537.41
D7740	MANDIBLE-CLOSED REDUCTION		\$1,158.17
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION		\$1,323.27
D7830	MANIPULATION UNDER ANESTHESIA		\$26.37
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM		\$210.93
D7911	COMPLICATED SUTURE-UP TO 5 CM		\$210.93
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM		\$290.03
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES		\$421.84
D7960	FRENULECTOMY/FRENECTOMY		\$145.07

D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH		\$163.47
D7971	EXCISION OF PERICORONAL GINGIVA		\$76.42
D7972	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY		\$236.31
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE),INCLUDES REMOVAL OF ARCHBAR.		\$92.76
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE		\$668.73
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA		\$90.31
D9230	ANALGESIA		\$22.89
D9248	SEDATION (NON-IV)		\$102.17
D9310	DENTAL CONSULTATION		\$38.82
D9420	HOSPITAL/ASC CALL		\$81.74