

PROVIDER BULLETIN

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RATE UPDATE FOR DENTAL SERVICES BULLETIN

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- **RATE UPDATE DENTAL SERVICES**

Effective for dates of service on or after July 1, 2019, the MO HealthNet Dental Program maximum allowable rates for dental services are increased by approximately one and a half percent (1.5%).

The MO HealthNet Division (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 the MHD 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.

APPLICABILITY

Managed Care enrolled providers should contact their Managed Care Organization for questions regarding billing and reimbursement

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
- MO HealthNet Managed Care

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 MO HealthNet ID card.

Provider Communications Hotline
573-751-2896

ATTACHMENT A – DENTAL PROGRAM

Procedure Code	Mod	Mod	Description	Rate as of 7/1/19
99050			Services Requested After Office Hours In Addition To Basic Services	\$5.16
99058			Office Services Provided on an Emergency Basis	\$11.34
99201	EP		Office/Outpatient Visit New	\$24.41
99201			Office/Outpatient Visit New	\$23.70
99202	EP		Office/Outpatient Visit New	\$40.33
99202			Office/Outpatient Visit New	\$39.15
99203	EP		Office/Outpatient Visit New	\$58.77
99203			Office/Outpatient Visit New	\$57.05
99204	EP		Office/Outpatient Visit New	\$89.81
99204			Office/Outpatient Visit New	\$87.19
99205	EP		Office/Outpatient Visit New	\$112.88
99205			Office/Outpatient Visit New	\$109.60
99211	EP		Office/Outpatient Visit Established	\$15.92
99211			Office/Outpatient Visit Established	\$15.46
99212	EP		Office/Outpatient Visit Established	\$26.53
99212			Office/Outpatient Visit Established	\$25.76
99213	EP		Office/Outpatient Visit Established	\$38.60
99213			Office/Outpatient Visit Established	\$37.48
99214	EP		Office/Outpatient Visit Established	\$58.09
99214			Office/Outpatient Visit Established	\$56.39
99215			Office/Outpatient Visit Established	\$78.63
99215	EP		Office/Outpatient Visit Established	\$76.35
99221			Initial Hospital Care	\$54.00
99222			Initial Hospital Care	\$74.29
99223			Initial Hospital Care	\$109.14
99231			Subsequent Hospital Care	\$37.09
99232			Subsequent Hospital Care	\$40.15
99233			Subsequent Hospital Care	\$37.09
99241			Office Consultation	\$37.09
99242			Office Consultation	\$55.91
99244			Office Consultation	\$28.85
99245			Office Consultation	\$51.51
99251			Inpatient Consultation	\$29.05
99252			Inpatient Consultation	\$46.14
99282			Emergency Dept Visit	\$37.09
99283			Emergency Dept Visit	\$37.63
99284			Emergency Dept Visit	\$69.48
99342			Home Visit New Patient	\$25.76
99343			Home Visit New Patient	\$30.91
99429			Unlisted Preventive (Dental)	\$20.60

D0120			Periodic Oral Examination	\$24.73
D0140			Limited Oral Evaluation - Problem Focused	\$23.95
D0145			Oral Evaluation for a Patient Under Three Years of Age and Counseling	\$29.62
D0150			Comprehensive Oral Evaluation	\$39.67
D0160			Detailed and Extensive Oral Evaluation - Problem Based, By Report	\$49.91
D0170			Re-Evaluation, Problem Focused, (Established Patient; Not Post-Operative Visit)	\$24.73
D0171			Re-Eval Post-Op Visit	\$23.95
D0210			Intraoral Complete Film Series	\$40.72
D0220			Intraoral Periapical First	\$9.58
D0230			Intraoral Periapical Ea Add	\$7.99
D0240			Intraoral Occlusal Film	\$13.97
D0250			Extraoral 2d Project Image	\$19.97
D0251			Extraoral Posterior Image	\$16.66
D0270			Dental Bitewing Single Image	\$9.18
D0272			Dental Bitewings Two Images	\$14.78
D0273			Bitewings - Three Images	\$18.37
D0274			Bitewings - Four Images	\$21.64
D0277			Vertical Bitewings 7 To 8 Images	\$34.00
D0310			Saliography - Survey Films, (Includes Injectable Material)	\$99.41
D0330			Panoramic Image	\$36.72
D0340			2d Cephalometric Image	\$41.51
D0350			Oral/Facial Photo Images	\$22.36
D0351			3d Photographic Image	\$26.57
D0412			Blood Glucose Level Test	\$4.09
D0415			Collection of Microorganisms for Culture and Sensitivity	\$53.89
D0460			Pulp Vitality Tests (EPSDT/HCY)	\$18.76
D0470			Diagnostic Casts (EPSDT/HCY)	\$36.06
D1110			Prophylaxis - Adult (Ages 13-125)	\$29.14
D1120			Prophylaxis - Child (Ages 1-12)	\$21.95
D1206			Topical Fluoride Varnish	\$13.97
D1208			Topical App Fluoride Ex Varnish	\$11.98
D1351			Sealant; Per Tooth	\$19.58
D1353			Sealant Repair Per Tooth	\$9.28
D1354			Int Caries Med App Per Tooth	\$2.75
D1510			Space Maintainer - Fixed-Unilateral	\$103.40
D1516			Fixed Bilat Space Maint, Max	\$143.32
D1517			Fixed Bilat Space Maint, Man	\$143.32
D1526			Remove Bilat Space Main, Max	\$15.23
D1527			Remove Bilat Space Main, Man	\$15.23
D1550			Recement Space Maintainer	\$25.95
D1555			Removal of Fixed Space Maintainer	\$25.95
D1575			Distal Space Maint, Fixed Unilateral	\$113.32
D2140			Amalgam - One Surface, Primary or Permanent	\$43.12

D2150		Amalgam - Two Surfaces, Primary or Permanent	\$55.09
D2160		Amalgam - Three Surfaces, Primary or Permanent	\$65.07
D2161		Amalgam - Four or More Surfaces, Primary or Permanent	\$77.45
D2330		Resin - One Surface, Anterior	\$51.50
D2331		Resin - Two Surfaces, Anterior	\$63.87
D2332		Resin - Three Surfaces, Anterior	\$75.85
D2335		Resin - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$95.01
D2390		Resin-Based Composite Crown, Anterior	\$139.72
D2391		Resin-Based Composite - One Surface, Posterior	\$55.09
D2392		Resin-Based Composite - Two Surface, Posterior	\$71.86
D2393		Resin-Based Composite - Three Surfaces, Posterior	\$92.62
D2394		Resin-Based Composite - Four or More Surfaces, Posterior	\$111.26
D2710		Crown Resin (Indirect)	\$279.45
D2720		Crown - Resin with High Noble Metal (EPSDT/HCY)	\$343.32
D2721		Crown - Resin with Predominantly Base Metal (EPSDT/HCY)	\$317.78
D2722		Crown - Resin with Noble Metal (EPSDT/HCY)	\$329.36
D2740		Crown Porcelain/Ceramic	\$327.36
D2750		Crown - Porcelain Fused to High Noble Metal (EPSDT/HCY)	\$355.43
D2751		Crown - Porcelain Fused to Predominantly /Base Metal (EPSDT/HCY)	\$327.36
D2752		Crown - Porcelain Fused to Noble Metal (EPSDT/HCY)	\$341.32
D2780		Crown - 3/4 Cast High Noble Metal	\$358.52
D2781		Crown - 3/4 Cast Predominately Base Metal	\$328.55
D2782		Crown - 3/4 Cast Noble Metal	\$339.33
D2783		Crown - 3/4 Porcelain/Ceramic	\$359.29
D2790		Crown - Full Cast High Noble Metal (EPSDT/HCY)	\$353.71
D2791		Crown - Full Cast Predominantly Base Metal	\$318.58
D2792		Crown - Full Cast Noble Metal	\$341.32
D2799		Provisional Crown	\$131.75
D2910		Recement Inlay Onlay or Part	\$34.73
D2915		Recement Cast or Prefab Post	\$36.33
D2920		Recement or Re-Bond Crown	\$35.54
D2921		Reattach Tooth Fragment	\$51.50
D2929		Prefab Porcelain/Ceram Crown Primary	\$115.38
D2930		Prefabricated Stainless Steel Crown - Primary Tooth	\$89.42
D2931		Prefabricated Stainless Steel Crown - Permanent Tooth	\$103.40
D2932		Prefabricated Resin Crown	\$111.78
D2933		Prefabricated Stainless Steel Crown with Resin Window	\$115.38
D2934		Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$122.55
D2940		Protective Restoration	\$36.72
D2941		Int Therapeutic Restoration	\$36.72
D2949		Restorative Foundation	\$43.12
D2950		Core Build-Up Incl Any Pins	\$89.83
D2951		Pin Retention - Per Tooth, in Addition to Restoration	\$35.03

D2952			Post and Core Cast + Crown	\$137.74
D2953			Each Additional Cast Post - Same Tooth	\$94.21
D2954			Prefabricated Post and Core in Addition to Crown	\$109.39
D2955			Post Removal	\$94.21
D2957			Each Additional Prefabricated Post	\$61.81
D2960			Labial Veneer (Laminate) - Chairside (EPSDT/HCY)	\$192.82
D2961			Labial Veneer (Resin Laminate) - Laboratory	\$299.41
D2962			Labial Veneer (Porcelain Laminate) - Laboratory	\$350.51
D3110			Pulp Cap - Direct (Excluding Final Restoration)	\$26.79
D3120			Pulp Cap - Indirect	\$26.35
D3220			Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental...	\$61.87
D3221			Pulpal Debridement, Primary and Permanent Teeth	\$80.36
D3230			Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth, Exc. Final Restoration	\$85.83
D3240			Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth, Exc. Final Restoration	\$99.41
D3310			Anterior (Excluding Final Restoration)	\$231.54
D3320			End Thxpy, Premolar Tooth	\$274.25
D3330			End Thxpy, Molar Tooth	\$330.15
D3331			Treatment of Root Canal Obstruction; Non-Surgical Access	\$151.52
D3332			Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$131.69
D3333			Internal Root Repair of Perforation Defects	\$91.23
D3346			Retreatment of Previous Root Canal Therapy - Anterior	\$266.28
D3347			Retreat Root Canal Premolar	\$307.40
D3348			Retreatment of Previous Root Canal Therapy - Molar	\$363.68
D3351			Apexification/Recalc Initial	\$111.78
D3352			Apexification/Recalc Interim	\$81.44
D3353			Apexification/Recalcification - Final Visit (Includes completed Root Canal Therapy)	\$165.67
D3410			Apicoectomy - Anterior	\$212.78
D3421			Root Surgery Premolar	\$239.93
D3425			Root Surgery Molar	\$279.45
D3426			Root Surgery Ea Add Root	\$114.97
D3427			Periradicular Surgery	\$212.78
D3428			Bone Graft Peri Per Tooth	\$80.88
D3429			Bone Graft Peri Each Addl	\$61.81
D3430			Retrograde Filling - Per Root	\$87.83
D3431			Biological Materials	\$0.00
D3432			Guided Tissue Regeneration	\$61.81
D3450			Root Amputation - Per Root	\$153.70
D3910			Surgical Procedure for Isolation of Tooth with Rubber Dam	\$66.67
D4210			Gingivectomy/Plasty 4 or More	\$199.61
D4211			Gingivectomy/Plasty 1 to 3	\$76.25
D4212			Gingivectomy/Plasty Rest	\$76.25

D4230		Ana Crown Exp 4 or> Per Quad	\$206.25
D4231		Ana Crown Exp 1-3 Per Quad	\$181.65
D4240		Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spa	\$236.33
D4241		Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Bounded Teeth Spa	\$198.01
D4245		Apically Positioned Flap	\$274.08
D4249		Clinical Crown Lengthening - Hard Tissue	\$241.12
D4260		Osseous Surgery 4 or More	\$339.33
D4261		Osseous Surgery 1 to 3 Teeth	\$279.45
D4263		Bone Replce Graft First Site	\$210.79
D4264		Bone Replce Graft Each Add	\$159.69
D4265		Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$235.93
D4266		Guided Tissue Regeneration-Resorbable Barrier, Per Site/Per Tooth (Inc. Membrane Removal)	\$283.32
D4267		Guided Tissue Regeneration - Nonresorbable Barrier, Per Site/Per Tooth (W/Membrane Removal)	\$386.34
D4268		Surgical Revision Procedure, per Tooth	\$264.16
D4270		Pedicle Soft Tissue Graft Procedure	\$266.67
D4273		Auto Tissue Graft 1st Tooth	\$391.49
D4274		Mesial/Distal Wedge Proc	\$221.56
D4275		Non-Auto Graft 1st Tooth	\$317.72
D4276		Combined Connective Tissue and Double Pedicle Graft, per Tooth	\$356.98
D4277		Soft Tissue Graft First Tooth	\$284.24
D4278		Soft Tissue Graft Addl Tooth	\$142.12
D4283		Auto Tissue Graft Addl Tooth	\$391.49
D4285		Non-Auto Graft Addl Tooth	\$317.72
D4320		Provisional Splinting - Intracoronal	\$162.88
D4321		Provisional Splinting - Extracoronal	\$147.71
D4341		Periodontal Scaling & Root	\$83.62
D4342		Periodontal Scaling and Root Planing-One to Three Teeth, per Quadrant	\$56.02
D4355		Full Mouth Debridement	\$62.19
D4381		Localized Delivery Antimicrobial	\$68.51
D4910		Periodontal Maintenance	\$43.92
D4920		Unscheduled Dressing Change	\$32.74
D4921		Gingival Irrigation per Quad	\$10.30
D5110		Complete Upper	\$518.98
D5120		Complete Lower	\$519.78
D5130		Immediate Upper	\$566.48
D5140		Immediate Lower	\$566.88
D5211		Dentures Maxillary Part Resin	\$389.23
D5212		Dentures Mandibular Part Resin	\$391.23
D5213		Maxillary Partial Denture - Cast Metal Framework W/Resin Denture Bases (Includes Any Conventional....)	\$558.90
D5214		Mandibular Partial Denture - Cast Metal Framework W/Resin Denture Bases (Includes Any Conventional..)	\$558.90

D5225			Maxillary Partial Denture - Flexible Base	\$480.25
D5226			Mandibular Partial Denture - Flexible Base	\$481.46
D5282			Remove Unil Part Denture, Max	\$482.13
D5283			Remove Unil Part Denture, Man	\$482.13
D5410			Adjust Complete Denture - Upper	\$29.55
D5411			Adjust Complete Denture - Lower	\$29.55
D5421			Adjust Partial Denture - Upper	\$29.55
D5422			Adjust Partial Denture - Lower	\$29.55
D5511			Rep Broke Comp Dent Base Man	\$64.90
D5512			Rep Broke Comp Dent Base Max	\$64.90
D5520			Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$59.08
D5611			Rep Resin Part Dent Base Man	\$66.47
D5612			Rep Resin Part Dent Base Max	\$66.47
D5621			Rep Cast Part Frame Man	\$93.00
D5622			Rep Cast Part Frame Max	\$93.00
D5630			Rep Partial Denture Clasp	\$86.23
D5640			Replace Broken Teeth - Per Tooth	\$59.89
D5650			Add Tooth To Existing Partial Denture (Each Tooth)	\$72.66
D5660			Add Clasp To Partial Denture	\$89.83
D5710			Rebase Complete Upper Denture	\$187.63
D5711			Rebase Complete Lower Denture	\$188.42
D5720			Rebase Upper Partial Denture	\$188.54
D5721			Rebase Lower Partial Denture	\$180.04
D5730			Reline Upper Complete Denture (Chairside)	\$119.76
D5731			Reline Lower Complete Denture (Chairside)	\$119.76
D5740			Reline Upper Partial Denture (Chairside)	\$118.17
D5741			Reline Lower Partial Denture (Chairside)	\$119.36
D5750			Reline Upper Complete Denture (Laboratory)	\$151.70
D5751			Reline Lower Complete Denture (Laboratory)	\$152.50
D5760			Reline Upper Partial Denture (Laboratory)	\$150.50
D5761			Reline Lower Partial Denture (Laboratory)	\$150.50
D5820			Interim Partial Denture (Upper)	\$294.64
D5821			Interim Partial Denture (Lower)	\$294.64
D5850			Tissue Conditioning, Maxillary	\$65.47
D5851			Tissue Conditioning, Mandibular	\$65.47
D5862			Precision Attachment, by Report	\$218.15
D5863			Overdenture Complete Max	\$640.74
D5864			Overdenture Partial Max	\$467.00
D5865			Overdenture Complete Mandibular	\$640.74
D5866			Overdenture Partial Mandibular	\$467.00
D5867			Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component)	\$105.11
D5876			Add Metal Sub To Acrylic Dent	\$177.63
D5913			Nasal Prosthesis	\$735.88

D5914			Auricular Prosthesis	\$781.55
D5922			Nasal Septal Prosthesis	\$735.88
D5926			Nasal Prosthesis, Replacement	\$735.88
D5927			Auricular Prosthesis, Replacement	\$781.55
D5932			Obturator Prosthesis, Definitive	\$786.63
D5934			Mandibular Resection Prosthesis with Guide Flange	\$715.58
D5935			Mandibular Resection Prosthesis without Guide Flange	\$715.58
D5936			Obturator Prosthesis, Interim	\$700.35
D5952			Speech Aid Prosthesis, Pediatric	\$743.55
D5953			Speech Aid Prosthesis, Adult	\$705.43
D5954			Palatal Augmentation Prosthesis	\$614.08
D5955			Palatal Lift Prosthesis, Definitive	\$603.93
D5958			Palatal Lift Prosthesis, Interim	\$603.93
D5959			Palatal Lift Prosthesis, Modification	\$603.93
D5960			Speech Aid Prosthesis, Modification	\$705.43
D5988			Surgical Splint	\$263.90
D6010			Surgical Replacement of Implant Body	\$373.11
D6011			Second Stage Implant Surgery	\$117.99
D6040			Surgical Placement, Eosteal Implant	\$471.98
D6050			Surgical Placement, Transosteal Implant	\$466.90
D6052			Semi Precision Attach Abut	\$276.47
D6056			Semi Precision Attach Abut	\$276.47
D6057			Semi Precision Attach Abut	\$276.47
D6090			Repair Implant Supported Prosthesis, by Report	\$234.47
D6092			Recement Supp Crown	\$50.80
D6093			Recement Supp Part Denture	\$55.49
D6095			Repair Implant Abutment, by Report	\$233.30
D6100			Implant Removal, by Report	\$259.49
D6210			Pontic - Cast High Noble Metal	\$349.31
D6211			Pontic - Cast Predominantly Base Metal	\$320.17
D6212			Pontic - Cast Noble Metal	\$337.34
D6240			Pontic - Porcelain Fused To High Noble Metal	\$354.90
D6241			Pontic - Porcelain Fused To Predominantly Base Metal (EPSDT/HCY)	\$329.36
D6242			Pontic - Porcelain Fused To Noble Metal	\$339.33
D6245			Pontic - Porcelain/Ceramic	\$359.29
D6250			Pontic - Resin With High Noble Metal	\$347.70
D6251			Pontic - Resin With Predominantly Base Metal	\$327.75
D6252			Pontic - Resin With Noble Metal (EPSDT/HCY)	\$334.83
D6545			Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$247.51
D6548			Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$313.38
D6549			Resin Retainer	\$211.35
D6600			Porcelain/Ceramic Inlay 2 Surfaces	\$319.30
D6601			Porcelain/Ceram Inlay >= 3 Surfaces	\$377.57

D6602			Cast High Noble Metal Inlay 2 Surfaces	\$329.61
D6603			Cast High Noble Metal Inlay >= 3 Surfaces	\$350.24
D6604			Cast Base Metal Inlay 2 Surfaces	\$313.75
D6605			Cast Base Metal Inlay >= 3 Surfaces	\$339.52
D6606			Cast Noble Metal Inlay 2 Surfaces	\$318.51
D6607			Cast Noble Metal Inlay >=3 Surfaces	\$343.89
D6608			Onlay Porcelain/Ceramic 2 Surfaces	\$347.04
D6609			Onlay Porcelain/Ceramic >=3 Surfaces	\$372.05
D6610			Onlay Cast High Noble Metal 2 Surfaces	\$356.98
D6611			Onlay Cast High Noble Metal >=3 Surfaces	\$376.81
D6612			Onlay Cast Base Metal 2 Surfaces	\$339.13
D6613			Onlay Cast Base Metal >=3 Surfaces	\$369.66
D6614			Onlay Cast Noble Metal 2 Surfaces	\$355.00
D6615			Onlay Cast Noble Metal >=3 Surfaces	\$397.73
D6720			Retain Crown Resin w/Hi Noble	\$347.32
D6721			Crown Resin w/Base Metal	\$329.36
D6722			Crown Resin w/Noble Metal	\$339.33
D6740			Crown Porcelain/Ceramic	\$364.08
D6750			Crown Porcelain High Noble	\$357.29
D6751			Crown Porcelain Base Metal	\$327.36
D6752			Crown Porcelain Noble Metal	\$340.13
D6780			Crown 3/4 High Noble Metal	\$349.71
D6781			Crown 3/4 Cast Based Metal	\$346.16
D6782			Crown 3/4 Cast Noble Metal	\$349.25
D6783			Crown 3/4 Porcelain/Ceramic	\$359.29
D6790			Crown Full High Noble Metal	\$355.43
D6791			Crown Full Base Metal Cast	\$334.83
D6792			Crown Full Noble Metal Cast	\$339.33
D6920			Connector Bar	\$318.10
D6930			Recement/Bond Part Denture	\$53.50
D6940			Stress Breaker	\$135.74
D6950			Precision Attachment	\$209.19
D6971			Cast Post Bridge Retainer	\$35.03
D6980			Fixed Partial Repair	\$122.96
D7111			Extraction Coronal Remnants	\$43.12
D7140			Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$52.29
D7210			Rem Imp Tooth W Mucoper Flp	\$89.83
D7220			Removal of Impacted Tooth - Soft Tissue	\$101.79
D7230			Removal of Impacted Tooth - Partially Bony	\$130.14
D7240			Removal of Impacted Tooth - Completely Bony	\$159.69
D7241			Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$189.62
D7250			Tooth Root Removal	\$97.57

D7260			Oroantral Fistula Closure	\$320.95
D7261			Primary Closure of a Sinus Perforation	\$213.97
D7270			Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$256.76
D7280			Exposure of Unerupted Tooth	\$153.30
D7283			Placement of Device to Facilitate Eruption of Impacted Tooth	\$135.99
D7285			Biopsy of Oral Tissue Hard	\$128.93
D7286			Biopsy of Oral Tissue Soft	\$102.81
D7287			Exfoliative Cytological Sample Collection	\$49.24
D7290			Surgical Repositioning of Teeth	\$152.71
D7291			Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$96.78
D7296			Corticotomy, 1-3 Teeth	\$88.50
D7297			Corticotomy, 4 or More Teeth	\$177.00
D7310			Alveoplasty w/Extraction	\$92.21
D7320			Alveoplasty w/o Extraction	\$135.74
D7340			Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$327.04
D7350			Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of.....	\$629.54
D7410			Excision of Benign Lesion, up to 1.25 cm	\$160.48
D7411			Excision of Benign Lesion, Greater than 1.25 cm	\$213.97
D7412			Excision of Benign Lesion, Complicated	\$255.79
D7413			Excision of Malignant Lesion, up to 1.25 cm	\$207.11
D7414			Excision of Malignant Lesion, Greater than 1.25 cm	\$311.69
D7415			Excision of Malignant Lesion, Complicated	\$401.59
D7440			Excision of Malignant Tumor, Lesion Diameter up to 1.25 cm	\$203.00
D7441			Excision of Malignant Tumor, Lesion Diameter Greater than 1.25 cm	\$273.54
D7450			Removal of Benign Odontogenic Cyst or Tumor, Lesion Diameter up to 1.25 cm	\$213.97
D7451			Removal of Benign Odontogenic Cyst or Tumor, Lesion Diameter Greater than 1.25 cm	\$240.72
D7460			Rem Nonodonto Cyst to 1.25 cm	\$213.97
D7461			Rem Nonodonto Cyst > 1.25 cm	\$240.72
D7465			Destruction of Lesion(S) by Physical or Chemical Method, by Report	\$58.84
D7471			Rem Exostosis Any Site	\$207.28
D7472			Removal of Torus Palatinus	\$245.01
D7473			Removal of Torus Mandibularis	\$238.79
D7485			Surgical Reduction Osseoustuberosit	\$219.13
D7490			Radical Resection of Mandible with Bone Graft	\$507.50
D7510			Incision and Drainage of Abscess - Intraoral Soft Tissue	\$75.46
D7511			Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$95.56
D7520			Incision and Drainage of Abscess - Extraoral Soft Tissue	\$128.93
D7530			Removal Fb Skin/Areolar Tissue	\$116.49
D7540			Removal of Reaction-Producing Foreign Bodies, Musculoskeletal System	\$205.94
D7550			Removal of Sloughed Off Bone	\$401.19
D7560			Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$279.13

D7610			Maxilla - Open Reduction (Teeth Immobilized, if Present)	\$319.73
D7620			Maxilla - Closed Reduction (Teeth Immobilized, if Present)	\$267.96
D7630			Mandible - Open Reduction (Teeth Immobilized, if Present)	\$1,261.04
D7640			Mandible - Closed Reduction (Teeth Immobilized, if Present)	\$1,091.14
D7650			Malar and/or Zygomatic Arch - Open Reduction	\$427.93
D7660			Malar and/or Zygomatic Arch - Closed Reduction	\$96.43
D7670			Alveolus - Closed Reduction, may Include Stabilization of Teeth	\$424.38
D7671			Alveolus - Open Reduction, may Include Stabilization of Teeth	\$264.95
D7680			Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches	\$2,024.45
D7710			Maxilla - Open Reduction	\$1,396.65
D7720			Maxilla - Closed Reduction	\$1,043.86
D7730			Mandible - Open Reduction	\$1,559.60
D7740			Mandible - Closed Reduction	\$1,174.88
D7750			Malar and/or Zygomatic Arch - Open Reduction	\$1,342.37
D7760			Malar and/or Zygomatic Arch - Closed Reduction	\$96.43
D7770			Alveolus, Open Reduction Stabilization of Teeth	\$243.60
D7771			Alveolus, Closed Reduction Stabilization of Teeth	\$519.35
D7780			Reduct Compound Facial Bone Fx	\$437.47
D7810			Open Reduction of Dislocation	\$60.90
D7820			Closed Reduction of Dislocation	\$25.38
D7830			Manipulation Under Anesthesia	\$26.75
D7840			Condylectomy	\$279.13
D7850			Surgical Discectomy, with/without Implant	\$380.63
D7860			Arthrotomy	\$152.25
D7865			Arthroplasty	\$598.85
D7870			Arthrocentesis	\$18.27
D7872			Arthroscopy - Diagnosis, with or without Biopsy	\$145.15
D7873			TMJ Arthroscopy Lysis Adhesion	\$145.15
D7874			TMJ Arthroscopy Disc Reposit	\$297.40
D7875			TMJ Arthroscopy Synovectomy	\$297.40
D7876			TMJ Arthroscopy Discectomy	\$297.40
D7877			TMJ Arthroscopy Debridement	\$297.40
D7880			Occlusal Orthotic Device, by Report	\$293.08
D7910			Suture of Recent Small Wounds up to 5 cm	\$213.97
D7911			Complicated Suture - up to 5 cm	\$213.97
D7912			Complicated Suture - Greater than 5 cm	\$294.21
D7920			Skin Graft (Identify Defect Covered, Location and Type of Graft)	\$325.82
D7940			Osteoplasty - for Orthognathic Deformities	\$427.93
D7941			Osteotomy - Mandibular Rami	\$2,754.58
D7942			Osteotomy - Ramus, Open	\$539.98
D7943			Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining the Graft	\$406.00
D7944			Bone Cutting Segmented	\$2,167.54
D7945			Osteotomy - Body of Mandible	\$406.00

D7947		Lefort I (Maxilla-Segmented)	\$406.00
D7948		Lefort II or Lefort III (Osteoplasty of Facial Bone for Midface Hypoplasia or Retrusion) w/o Bone Graft	\$406.00
D7960		Frenulectomy/Frenectomy	\$147.16
D7970		Excision of Hyperplastic Tissue - per Arch	\$165.83
D7971		Excision of Pericoronal Gingiva	\$77.53
D7972		Arthroscopy - Diagnosis, with or without Biopsy	\$239.72
D7980		Surgical Sialolithotomy	\$152.25
D7982		Sialodochoplasty	\$177.63
D7983		Closure of Salivary Fistula	\$203.00
D7990		Emergency Tracheotomy	\$101.50
D7991		Coronoidectomy	\$329.88
D7996		Implant - Mandible for Augmentation Purposes (Excluding Alveolar Ridge), by Report	\$227.36
D7997		Appliance Removal (not by Dentist who Placed Appliance), Includes Removal of Arch Bar	\$94.10
D7998		Intraoral Placement of a Fixation Device not in Conjunction with a Fracture	\$678.39
D8120		Fixed Appliance Therapy	\$51.51
D8680		Orthodontic Retention (Removal of Appliances/Placement of Retainers) Not Part of Contract Treatment	\$247.25
D8692		Replacement of Lost or Broken Retainer	\$123.63
D8693		Rebond/Recement Retainers	\$75.75
D8694		Repair Fixed Retainers	\$75.75
D8695		Remove Fixed Ortho Appliance	\$329.88
D9110		Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$37.92
D9120		Fixed Partial Denture Sectioning	\$77.74
D9212		Trigeminal Division Block Anesthesia	\$91.62
D9219		Eval Mod/Deep Sedation/Gen Anesthesia	\$23.60
D9222		Deep Anesthesia, 1st 15 Min	\$115.03
D9223		General Anesthesia Ea Addl 15 Min	\$86.28
D9230		Analgesia	\$23.21
D9239		IV Mod Sedation, 1st 15 Min	\$115.03
D9243		IV Sedation Ea Addl 15 Min	\$86.28
D9248		Sedation (Non-IV)	\$103.65
D9310		Dental Consultation	\$39.38
D9410		House/Extended Care Facility Call	\$69.86
D9420		Hospital/ASC Call	\$82.92
D9430		Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$31.94
D9440		Office Visit - After Regularly Scheduled Hours	\$53.89
D9610		Dent Therapeutic Drug Inject	\$31.73
D9612		Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	\$56.32
D9910		Application of Desensitizing Medicament	\$19.56
D9911		Application of Desensitizing Resin for Cervical and/or Root Surface, per Tooth	\$24.76
D9930		Treatment of Complications (Postsurgical) - Unusual Circumstances, by Report	\$43.12

D9942			Repair and/or Reline of Occlusal Guard	\$77.35
D9944			Occ Guard, Hard, Full Arch	\$192.24
D9945			Occ Guard, Soft, Full Arch	\$55.83
D9946			Occ Guard, Hard, Part Arch	\$96.12
D9995			Teledentistry Real - Time	\$14.82
D9996			Teledentistry Dent Review	\$14.82
J0120			Tetracyclin Injection	\$4.26
J0290			Ampicillin 500 Mg Injection	\$4.57
J0692			Cefepime HCL for Injection	\$7.71
J0702			Betamethasone Acet & Sod Phosp	\$2.73
J1100			Injection, Dexamethosone Sodium Phosphate, 1mg/MI	\$3.25
J1720			Hydrocortisone Sodium Succ I	\$4.79
J2175			Meperidine HCL /100 Mg	\$1.19
J2250			Inj Midazolam Hydrochloride	\$2.74
J2270			Morphine Sulfate Injection	\$1.19
J2510			Penicillin G Procaine Inj	\$2.98
J2550			Promethazine HCL Injection	\$1.44
J3000			Streptomycin Injection	\$1.96
J3070			Pentazocine Injection	\$1.19
J3360			Diazepam Injection	\$1.96
J3410			Hydroxyzine HCL Injection	\$1.19