

PROVIDER BULLETIN

Volume 45 Number 15

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

July 29, 2022

RATE UPDATE FOR DENTAL SERVICES

Applies to: MO HEALTHNET FEE-FOR-SERVICE DENTAL PROVIDERS

Effective date: July 1, 2022

-
- **MAXIMUM ALLOWABLE RATE INCREASE**
 - **APPLICABILITY**
-

Maximum Allowable Rate Increase

Pending Centers for Medicare & Medicaid Services (CMS) approval, effective for dates of service on and after July 1, 2022, the MO HealthNet Division (MHD) will increase the fee-for-service maximum allowable rates for the dental services listed in Attachment A. Upon approval of the State Plan amendment by CMS, MHD will update the claims processing system with the indicated maximum allowable reimbursement rates and reprocess claims paid for dates of service on or after July 1, 2022.

Attachment A lists the affected dental procedure codes and the new rates.

Applicability

The information in this bulletin applies to the MO HealthNet (MHD) fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) website 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 website 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

<u>CDT</u>	<u>Description</u>	<u>Rate as of 7/1/22</u>
D0120	Periodic Oral Examination	\$48.80
D0140	Limited Oral Evaluation - Problem Focused	\$71.20
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With	\$63.20
D0150	Comprehensive Oral Evaluation	\$83.20
D0160	Detailed And Extensive Oral Evaluation - Problem Based, By Report	\$136.00
D0170	Re-Evaluation, Problem Focused, (Established Patient; Not Post-Operative Visit)	\$65.60
D0171	Re-Eval Post-Op Visit	\$66.40
D0210	Intraoral Complete Film Series	\$123.20
D0220	Intraoral Periapical First	\$27.20
D0230	Intraoral Periapical Ea Add	\$23.20
D0240	Intraoral Occlusal Film	\$36.80
D0250	Extraoral 2d Project Image	\$56.00
D0251	Extraoral Posterior Image	\$64.00
D0270	Dental Bitewing Single Image	\$27.20
D0272	Dental Bitewings Two Images	\$41.60
D0273	Bitewings - Three Images	\$50.40
D0274	Bitewings Four Images	\$60.00

D0277	Vertical Bitewings 7 To 8 Images	\$88.00
D0310	Saliography - Survey Films, (Includes Injectable Material)	\$334.40
D0330	Panoramic Image	\$104.80
D0340	2d Cephalometric Image	\$107.20
D0350	Oral/Facial Photo Images	\$62.40
D0351	3d Photographic Image	\$146.40
D0415	Collection Of Microorganisms For Culture And Sensitivity	\$159.20
D0460	Pulp Vitality Tests (Epsdt/Hcy)	\$51.20
D0470	Diagnostic Casts (Epsdt/Hcy)	\$108.00
D1110	Dental Prophylaxis Adult	\$85.60
D1120	Dental Prophylaxis Child	\$62.40
D1206	Topical Fluoride Varnish	\$36.80
D1208	Topical App Fluoride Ex Varnish	\$35.20
D1351	Sealant; Per Tooth	\$50.40
D1353	Sealant Repair Per Tooth	\$52.80
D1354	Interim Caries Med App Per Tooth	\$59.20
D1510	Space Maintainer Fixed Unilat	\$288.80
D1516	Fixed Bilat Space Maint, Max	\$380.80
D1517	Fixed Bilat Space Maint, Man	\$388.80
D1526	Remove Bilat Space Main, Max	\$409.60
D1527	Remove Bilat Space Main, Man	\$411.20
D1551	Recement Space Maint - Max	\$77.60
D1552	Recement Space Maint - Man	\$78.40
D1553	Recement Unilat Space Maint	\$77.60
D1556	Rem Fixed Unilat Space Maint	\$76.80
D1557	Remove Fixed Bilat Maint Max	\$79.20
D1558	Remove Fixed Bilat Man	\$79.20
D1575	Dist Space Maint, Fixed Unil	\$340.80
D2140	Amalgam- One Surface, Primary Or Permanent	\$132.00
D2150	Amalgam- Two Surfaces, Primary Or Permanent	\$165.60
D2160	Amalgam- Three Surfaces, Primary Or Permanent	\$202.40
D2161	Amalgam- Four Or More Surfaces, Primary Or Permanent	\$236.00
D2330	Resin-One Surface, Anterior	\$155.20
D2331	Resin - Two Surfaces, Anterior	\$189.60
D2332	Resin-Three Surfaces, Anterior	\$231.20
D2335	Resin - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	\$292.00
D2390	Resin-Based Composite Crown, Anterior	\$407.20
D2391	Resin-Based Composite - One Surface, Posterior	\$169.60
D2392	Resin-Based Composite - Two Surface, Posterior	\$214.40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$264.00

D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$312.80
D2710	Crown Resin (Indirect)	\$868.00
D2720	Crown-Resin With High Noble Metal (Epsdt/Hcy)	\$984.80
D2721	Crown-Resin With Predominantly Base Metal (Epsdt/Hcy)	\$948.80
D2722	Crown-Resin With Noble Metal (Epsdt/Hcy)	\$964.80
D2740	Crown Porcelain/Ceramic	\$1,048.80
D2750	Crown-Porcelain Fused To High Noble Metal (Epsdt/Hcy)	\$1,029.60
D2751	Crown-Porcelain Fused To Predominantly /Base Metal(Epsdt/Hcy)	\$971.20
D2752	Crown-Porcelain Fused To Noble Metal (Epsdt/Hcy)	\$999.20
D2753	Crown Porcelain Fused To Titanium	\$1,006.40
D2780	Crown-3/4 Cast High Noble Metal	\$1,021.60
D2781	Crown-3/4 Cast Predominately Base Metal	\$971.20
D2782	Crown-3/4 Cast Noble Metal	\$985.60
D2783	Crown-3/4 Porcelain/Ceramic	\$1,021.60
D2790	Crown - Full Cast High Noble Metal (Epsdt/Hcy)	\$1,064.80
D2791	Crown - Full Cast Predominantly Base Metal	\$956.00
D2792	Crown - Full Cast Noble Metal	\$1,007.20
D2799	Interim Crown	\$400.80
D2910	Recement Inlay Onlay Or Part	\$107.20
D2915	Recement Cast Or Prefab Post	\$111.20
D2920	Re-Cement Or Re-Bond Crown	\$107.20
D2921	Reattach Tooth Fragment	\$239.20
D2928	Prefab Porcelain/Ceram Crown Perm	\$376.00
D2929	Prefab Porcelain/Ceram Crown Primary	\$344.80
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$244.80
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$294.40
D2932	Prefabricated Resin Crown	\$318.40
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$329.60
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$330.40
D2940	Protective Restoration	\$116.80
D2941	Int Therapeutic Restoration	\$180.00
D2949	Restorative Foundation	\$202.40
D2950	Core Build-Up Incl Any Pins	\$249.60
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$68.80
D2952	Post And Core Cast + Crown	\$384.80
D2953	Each Additional Cast Post-Same Tooth	\$283.20
D2954	Prefabricated Post And Core In Addition To Crown	\$308.80
D2955	Post Removal	\$267.20
D2957	Each Additional Prefabricated Post	\$183.20
D2960	Labial Veneer Resin Direct	\$617.60

D2961	Labial Veneer Resin Indirect	\$897.60
D2962	Labial Veneer Porcelain Indirect	\$1,062.40
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$77.60
D3120	Pulp Cap -Indirect	\$76.80
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)-Removal Of Pulp Coronal To The Dentinocemental...	\$188.80
D3221	Pulpal Debridement, Primary And Permanent Teeth	\$214.40
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	\$276.80
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth, Exc. Final Restoration	\$252.80
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth, Exc. Final Restoration	\$276.00
D3310	Anterior (Excluding Final Restoration)	\$695.20
D3320	End Thxpy, Premolar Tooth	\$787.20
D3330	End Thxpy, Molar Tooth	\$956.00
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	\$545.60
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	\$418.40
D3333	Internal Root Repair Of Perforation Defects	\$322.40
D3346	Retreatment Of Previous Root Canal Therapy-Anterior	\$804.00
D3347	Retreat Root Canal Premolar	\$912.00
D3348	Retreatment Of Previous Root Canal Therapy-Molar	\$1,100.00
D3351	Apexification/Recalc Initial	\$337.60
D3352	Apexification/Recalc Interim	\$242.40
D3353	Apexification/Recalcification-Final Visit (Includes completed Root Canal Therapy . . . Etc.)	\$489.60
D3410	Apicoectomy - Anterior	\$660.80
D3421	Root Surgery Premolar	\$749.60
D3425	Root Surgery Molar	\$832.00
D3426	Root Surgery Ea Add Root	\$388.80
D3428	Bone Graft Peri Per Tooth	\$583.20
D3429	Bone Graft Peri Each Addl	\$541.60
D3430	Retrograde Filling - Per Root	\$264.00
D3432	Guided Tissue Regeneration	\$558.40
D3450	Root Amputation - Per Root	\$460.00
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam	\$207.20
D4210	Gingivectomy/Plasty 4 Or More	\$572.80
D4211	Gingivectomy/Plasty 1 To 3	\$301.60
D4212	Gingivectomy/Plasty Rest	\$260.00
D4230	Ana Crown Exp 4 Or> Per Quad	\$793.60
D4231	Ana Crown Exp 1-3 Per Quad	\$564.00

D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Bounded Teeth Spa	\$691.20
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Bounded Teeth Spa	\$566.40
D4245	Apically Positioned Flap	\$756.80
D4249	Clinical Crown Lengthening-Hard Tissue	\$711.20
D4260	Osseous Surgery 4 Or More	\$1,005.60
D4261	Osseous Surgery 1 To 3 Teeth	\$835.20
D4263	Bone Replce Graft First Site	\$600.00
D4264	Bone Replce Graft Each Add	\$492.80
D4265	Bio Materials To Aid Soft/Osseous Regeneration	\$502.40
D4266	Guided Tissue Regeneration-Resorbable Barrier, Per site/Per Tooth (Inc. Membrane Removal)	\$629.60
D4267	Guided Tissue Regeneration-Nonresorbable Barrier, Per Site/Per Tooth(W/Membrane Removal)	\$779.20
D4268	Surgical Revision Procedure, Per Tooth	\$722.40
D4270	Pedicle Soft Tissue Graft Procedure	\$795.20
D4273	Auto Tissue Graft 1st Tooth	\$987.20
D4274	Mesial/Distal Wedge Proc	\$618.40
D4275	Non-Auto Graft 1st Tooth	\$979.20
D4276	Con Tissue W Pedicle Graft	\$1,049.60
D4277	Soft Tissue Graft First Tooth	\$912.80
D4278	Soft Tissue Graft Addl Tooth	\$672.80
D4283	Auto Tissue Graft Addl Tooth	\$805.60
D4285	Non-Auto Graft Addl Tooth	\$773.60
D4341	Periodontal Scaling & Root	\$238.40
D4342	Periodontal Scaling And Root Planing-One To Three Teeth, Per Quadrant	\$175.20
D4355	Full Mouth Debridement	\$168.00
D4381	Localized Delivery Antimicrobial	\$86.40
D4910	Periodontal Maintenance	\$125.60
D4920	Unscheduled Dressing Change	\$92.80
D4921	Gingival Irrigation Per Quad	\$67.20
D5110	Complete Upper	\$1,608.00
D5120	Complete Lower	\$1,627.20
D5130	Immediate Upper	\$1,690.40
D5140	Immediate Lower	\$1,703.20
D5211	Dentures Maxillary Part Resin	\$1,279.20
D5212	Dentures Mandibular Part Resin	\$1,272.80
D5213	Dentures Maxillary Part Metal	\$1,658.40
D5214	Dentures Mandibular Part Metal	\$1,669.60
D5225	Maxillary Part Denture Flex	\$1,438.40

D5226	Mandibular Part Denture Flex	\$1,436.00
D5282	Remove Unil Part Denture, Max	\$932.80
D5283	Remove Unil Part Denture, Man	\$932.80
D5284	Rem Unilat Dent Flex Base	\$960.00
D5286	Rem Unilat Dent 1 Pc Resin	\$941.60
D5410	Adjust Complete Denture-Upper	\$84.00
D5411	Adjust Complete Denture - Lower	\$83.20
D5421	Adjust Partial Denture - Upper	\$82.40
D5422	Adjust Partial Denture - Lower	\$82.40
D5511	Rep Broke Comp Dent Base Man	\$208.00
D5512	Rep Broke Comp Dent Base Max	\$208.00
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$176.80
D5611	Rep Resin Part Dent Base Man	\$199.20
D5612	Rep Resin Part Dent Base Max	\$200.00
D5621	Rep Cast Part Frame Man	\$267.20
D5622	Rep Cast Part Frame Max	\$263.20
D5630	Rep Partial Denture Clasp	\$240.80
D5640	Replace Broken Teeth - Per Tooth	\$177.60
D5650	Add Tooth To Existing Partial Denture (Each Tooth)	\$208.00
D5660	Add Clasp To Partial Denture	\$245.60
D5710	Rebase Complete Upper Denture	\$544.00
D5711	Rebase Complete Lower Denture	\$540.80
D5720	Rebase Upper Partial Denture	\$518.40
D5721	Rebase Lower Partial Denture	\$520.80
D5730	Denture Reline Complete Max Direct	\$341.60
D5731	Denture Reline Complete Mandibular Direct	\$339.20
D5740	Denture Reline Part Max Direct	\$330.40
D5741	Denture Reline Part Mandibular Direct	\$331.20
D5750	Denture Reline Complete Max Indirect	\$433.60
D5751	Denture Reline Complete Mandibular Indirect	\$433.60
D5760	Denture Reline Part Max Indirect	\$420.80
D5761	Denture Reline Part Mandibular Indirect	\$422.40
D5820	Denture Interim Part Maxillary	\$633.60
D5821	Denture Interim Part Mandibular	\$634.40
D5850	Tissue Conditioning, Maxillary	\$190.40
D5851	Tissue Conditioning, Mandibular	\$190.40
D5862	Precision Attachment, By Report	\$627.20
D5863	Overdenture Complete Max	\$2,034.40
D5864	Overdenture Partial Max	\$2,048.80
D5865	Overdenture Complete Mandibular	\$2,027.20

D5866	Overdenture Partial Mandibular	\$2,023.20
D5867	Replacement Of Precision Attachment	\$344.80
D5876	Add Metal Sub To Acrylic Dent	\$361.60
D6210	Pontic - Cast High Noble Metal	\$1,018.40
D6211	Pontic - Cast Predominantly Base Metal	\$962.40
D6212	Pontic - Cast Noble Metal	\$996.00
D6240	Pontic - Porcelain Fused To High Noble Metal	\$1,026.40
D6241	Pontic - Porcelain Fused To Predominantly Base Metal (Epsdt/Hcy)	\$971.20
D6242	Pontic - Porcelain Fused To Noble Metal	\$992.00
D6243	Pontic Porcelain To Titanium	\$1,025.60
D6245	Pontic-Porcelain/Ceramic	\$1,029.60
D6250	Pontic-Resin With High Noble Metal	\$999.20
D6251	Pontic - Resin With Predominantly Base Metal	\$979.20
D6252	Pontic - Resin With Noble Metal (Epsdt/Hcy)	\$970.40
D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthesis	\$788.00
D6548	Retainer-Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$856.00
D6549	Resin Retainer	\$835.20
D6600	Porcelain/Ceramic Inlay 2 Surfaces	\$928.00
D6601	Porcelain/Ceram Inlay >= 3 Surfaces	\$943.20
D6602	Cast High Noble Metal Inlay 2 Surfaces	\$928.00
D6603	Cast High Noble Metal Inlay >=3 Surfaces	\$932.80
D6604	Cast Base Metal Inlay 2 Surfaces	\$871.20
D6605	Cast Base Metal Inlay >= 3 Surfaces	\$932.80
D6606	Cast Noble Metal Inlay 2 Surfaces	\$881.60
D6607	Cast Noble Metal Inlay >=3 Surfaces	\$939.20
D6608	Onlay Porcelain/Ceramic 2 Surfaces	\$936.00
D6609	Onlay Porcelain/Ceramic >=3 Surfaces	\$1,005.60
D6610	Onlay Cast High Noble Metal 2 Surfaces	\$936.00
D6611	Onlay Cast High Noble Metal >=3 Surfaces	\$978.40
D6612	Onlay Cast Base Metal 2 Surfaces	\$916.80
D6613	Onlay Cast Base Metal >=3 Surfaces	\$969.60
D6614	Onlay Cast noble Metal 2 Surfaces	\$940.00
D6615	Onlay Cast Noble Metal >=3 Surfaces	\$990.40
D6720	Retain Crown Resin W Hi Noble	\$982.40
D6721	Crown Resin W/Base Metal	\$971.20
D6722	Crown Resin W/Noble Metal	\$972.80
D6740	Crown Porcelain/Ceramic	\$1,049.60
D6750	Crown Porcelain High Noble	\$1,028.80
D6751	Crown Porcelain Base Metal	\$980.80
D6752	Crown Porcelain Noble Metal	\$990.40

D6753	Retain Crown Porcelain To Titanium	\$1,020.80
D6780	Crown 3/4 High Noble Metal	\$994.40
D6781	Crown 3/4 Cast Based Metal	\$971.20
D6782	Crown 3/4 Cast Noble Metal	\$976.80
D6783	Crown 3/4 Porcelain/Ceramic	\$992.00
D6790	Crown Full High Noble Metal	\$1,012.00
D6791	Crown Full Base Metal Cast	\$958.40
D6792	Crown Full Noble Metal Cast	\$985.60
D6920	Connector Bar	\$971.20
D6930	Recement/Bond Part Denture	\$157.60
D6940	Stress Breaker	\$373.60
D6950	Precision Attachment	\$578.40
D6980	Fixed Partial Repair	\$351.20
D8080	Comprehensive Orthodontic Treatment of Adolescent Dentition	\$4,487.20
D8680	Orthodontic Retention (Removal Of Appliances/Placement Of Retainers) Not Part Of Contract Treatment	\$407.20
D8696	Rep Of Ortho Appliance Max	\$202.40
D8697	Rep Of Ortho Appliance Man	\$200.80
D8698	Recement Fixed Retainer Max	\$220.80
D8699	Recement Fixed Retainer Man	\$222.40
D8701	Repair Fixed Retainer Max	\$257.60
D8702	Repair Of Fixed Retainer Man	\$250.40
D8703	Replace Broken Retainer Max	\$240.80
D8704	Replace Broken Retainer Man	\$240.80