

ISSUE DATE October 23, 2023	EFFECTIVE DATE September 5, 2023	NUMBER 01-23-24, 02-23-15, 27-23-16
SUBJECT 2023 Medical Assistance Program Dental Fee Schedule Update and Dental Provider Handbook Update		BY Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

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

SCOPE:

This bulletin applies to MA enrolled dentists, ambulatory surgical centers (ASC) and hospital short procedure units (SPU) who provide services to MA beneficiaries in the Fee-for-Service delivery system. Providers rendering services in the MA Managed Care delivery system should address any coding or billing questions to the appropriate managed care organization.

BACKGROUND:

On August 31, 2023, the Department of Human Services (Department) issued MA Bulletin 99-23-09, titled “2023 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes” to advise providers of updates to the MA Program Fee Schedule (<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2023083101.pdf>). The 2023 HCPCS Updates contain a subset of 2023 Current Dental Terminology (CDT) procedure codes. The Department is updating the MA Program Dental Fee Schedule to reflect the added 2023 CDT procedure codes. The Department is also

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

announcing additional changes to the MA Program Dental Fee Schedule as a result of clinical review.

NOTE: These procedure code updates do not apply to dental services provided in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC). The Department will continue to pay FQHCs and RHCs their provider-specific Prospective Payment System rate for dental services when the FQHC or RHC bills using procedure code T1015 with the U9 modifier.

The Department also updated the MA Program Dental PROMISe™ Provider Handbook at Sections 6.1.1, 6.2, 6.4.7, and 8.11.2.

DISCUSSION:

Procedure Codes Added

The Department added the following procedure codes to the MA Program Dental Fee Schedule as a result of the 2023 HCPCS Updates:

Procedure Codes		
D0372	D0373	D0374
D7509	D7509 (SG)	D9953

The Department added the following procedure code with and without the SG (ASC/SPU facility support component) modifier to the MA Program Dental Fee Schedule based upon clinical review. This code will require prior authorization, as authorized by § 443.6(b)(5) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code:

Procedure Code and Modifier	
D4342	D4342 (SG)

Procedure Code D4342 will require a benefit limit exception (BLE).

Procedure Code Updates

The Department added Place of Service (POS) 10 (Telehealth Provided in a Patient’s Home) to the following procedure codes as the Department determined telehealth was appropriate for the performance of services.

Procedure Codes				
D0140	D1206	D1310	D1320	D1330

The Department updated the service limits for procedure codes D1110, D1120, D4346 and D4910. As part of MA Bulletin 27-22-27, titled “Medical Assistance Program Dental Fee

Schedule Update,” effective August 29, 2022, the Department added procedure code D4346 to the MA Program Dental Fee Schedule with the note advising dentists that, “D4346 can only be billed in combination with routine prophylaxis and/or periodontal maintenance (D1110, D1120, D4346, D4910) totaling 3 per year”

(<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022090701.pdf>). After clinical review by the Department, it has been determined that these services do not need to be limited in combination with each other. As a result, the Department updated the service limit for these procedure codes as indicated below:

Procedure Code	Present Limit	New Limit
D1110	Any combination of D1110, D1120, D4346, D4910, for routine prophylaxis and periodontal maintenance, totaling 3 per year.	1 visit per 180 days, per patient (12 years of age and older only)
D1120		1 visit per 180 days, per patient (Under 12 years of age only)
D4346		1 procedure per 180 days
D4910		1 procedure per 90 days

The Department issued MA Bulletin 08-22-13, titled “Teledentistry Guidelines and Dental Fee Schedule Updates,” effective May 2, 2022, which required providers to bill procedure codes D1310 and D1330 together. As a result of clinical review, the Department no longer requires these procedure codes be billed together during the same visit. Each procedure can now be billed separately. This MA Bulletin supersedes, in part, MA Bulletin 08-22-13

(<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022061301.pdf>).

As a result of clinical review, the Department adjusted the limit for procedure code D1354, defined as “Application of caries arresting medicament – per tooth”, to include a lifetime limit as indicated below:

Procedure Code	Present Limit	New Limit
D1354	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per year	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per year, 6 times per tooth per lifetime (Under 21 years of age only)

The Department also end-dated the following Provider Type (PT)/Specialty (Spec)/POS combinations, as indicated below, for procedure code D1354 with and without the SG modifier, as these settings were determined to be clinically appropriate for this service. This service should not be performed when circumstances allow for routine and definitive restorative and surgical procedures. When a patient is treated with sedation at an inpatient hospital or ambulatory surgical center, definitive treatment should replace any interim procedures.

Procedure Code	End-dated PT/Spec/POS
D1354 (SG)	01 (Inpatient Facility)/021 (Short Procedure Unit)/24
	02 (Ambulatory Surgical Center)/020 (Ambulatory Surgical Center) /24
D1354	27 (Dentist)/All/21
	27/All/24

Service Limits

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

MA managed care organizations (MCOs) are not required to impose the service limits that apply in the MA FFS delivery system, although they are permitted to do so. MA MCOs may not impose service limits that are more restrictive than the service limits established in the MA FFS delivery system. An MA MCO that chooses to establish service limits must notify their network providers and members of the limits before implementing the limits.

MA Program Dental PROMISe™ Provider Handbook Update

The Department updated the MA Program Dental PROMISe™ Provider Handbook attachment at Section 6.1.1 to reflect that certain endodontic services require prior authorization or benefit limit exceptions.

The Department updated the MA Program Dental PROMISe™ Provider Handbook attachment at Section 6.2 to include instructions for submitting electronic BLE claims. The Department is accepting electronic prior authorization/BLE through the Department's resource account: RA-FFS_Dental@pa.gov. An electronic prior authorization or BLE should include the following:

- Completed ADA Claim Form
- Completed BLE Request Form (MA 549)
- Digital x-rays
- Treatment plan

Section 6.4.7 of the MA Program Dental PROMISe™ Provider Handbook attachment includes updates to the handbook that align it with previously announced sleep apnea prior authorization policy changes in MA Bulletin 27-22-27 (<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022090701.pdf>).

Additionally, the Department updated the MA Program Dental PROMISe™ Provider Handbook attachment at Section 8.11.2 to remove language regarding limits for preventive services because it was not aligned with the current Dental Fee Schedule limits.

Benefit Limit Exceptions

The Department is providing clarification that a BLE is not required for procedure codes D2910, D2915 and D2920 related to re-cementing. This change was reflected in the 2019 MA Program Dental Fee Schedule issued as a part of MA Bulletin 27-19-17

(https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/c_292125.pdf).

PROCEDURE:

The Department updated the MA Program Dental Fee Schedule and MA Program Dental PROMISe™ Provider Handbook to reflect the changes made to the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading of the MA Program Dental Fee Schedule.

Providers should refer to this bulletin, as well as the current PROMISe™ Provider Handbook and Billing Guides, that may be viewed on the Department's website at the following link: https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx.

The MA Program Dental Fee schedule may be viewed on the Department's website at: <https://www.dhs.pa.gov/providers/Documents/Dental%20Care/Dental%20Fee%20Schedule.pdf>.

SUPERSEDED BULLETIN:

As noted above, this MA Bulletin supersedes, in part, MA Bulletin 08-22-13 (<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2022061301.pdf>).

ATTACHMENTS:

- 1) Medical Assistance Program Dental Fee Schedule, Effective October 1, 2023
- 2) Medical Assistance Program Dental PROMISe™ Provider Handbook, Updated Section 6.1.1
- 3) Medical Assistance Program Dental PROMISe™ Provider Handbook, Updated Section 6.2
- 4) Medical Assistance Program Dental PROMISe™ Provider Handbook, Updated Section 6.4.7

5) Medical Assistance Program Dental PROMISe™ Provider Handbook, Updated Section 8.11.2

**Medical Assistance Program Dental Fee Schedule
Effective October 1, 2023**

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	MA Fee	Prior Authorization	Limits	** Reporting Requirements
Clinical Oral Evaluation								
D0120	Periodic oral evaluation - established patient	27	All	11, 12, 21, 23, 24, 31, 32, 99	\$20.00	No	1 oral evaluation per 180 days, per patient	N
D0140	Limited oral evaluation - problem focused	27	All	02, 10, 11, 12, 21, 23, 27, 31, 32, 99	\$55.22	No	1 oral evaluation per day (must be initiated by patient for POS 02)	N
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	27	All	11, 12, 21, 23, 24, 27, 99	\$20.00	No	1 oral evaluation per 180 days, per patient (Under 3 years of age only)	N
D0150	Comprehensive oral evaluation - new or established patient	27	All	11, 12, 21, 23, 24, 31, 32, 52, 99	\$20.00	No	1 oral evaluation per patient per provider per lifetime	N
Radiographs/Diagnostic Imaging								
(Maximum allowance for any combination of dental radiographs, per patient per provider per calendar year is \$69.00)								
D0210	Intraoral - comprehensive series of radiographic images	27	All	11, 12, 31, 32	\$45.00	No	1 image series per 5 years per patient	N
D0220	Intraoral - periapical first radiographic image	27	All	11, 12, 31, 32	\$8.00	No	1 image per day	N
D0230	Intraoral - periapical each additional radiographic image	27	All	11, 12, 31, 32	\$8.00	No	10 images per day	N
D0240	Intraoral – occlusal radiographic image	27	All	11, 12, 31, 32	\$12.00	No	2 images per day	N
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	27	All	11, 12, 31, 32	\$8.00	No	1 image per day	N
D0251	Extra-oral posterior dental radiographic image	27	All	11, 12, 31, 32	\$8.00	No	10 images per day	N
D0270	Bitewing – single radiographic image	27	All	11, 12, 31, 32	\$8.00	No	1 image per day	N

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D0272	Bitewings – two radiographic images	27	All	11, 12, 31, 32	\$16.00	No	1 image pair per day	N
D0273	Bitewings – three radiographic images	27	All	11, 12, 31, 32	\$22.00	No	1 image set per day	N
D0274	Bitewings – four radiographic images	27	All	11, 12, 31, 32	\$28.00	No	1 image set per day	N
D0330	Panoramic radiographic image	27	All	11, 12, 31, 32	\$37.00	No	1 image series per 5 years per patient	N
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	27	All	11, 31, 32	\$19.50	No	1 image per day (Under 21 years of age only)	N
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	27	All	11, 12, 31, 32	\$45.00	No	1 image series per 5 years per patient	N
D0373	Intraoral tomosynthesis - bitewing radiographic image	27	All	11, 12, 31, 32	\$8.00	No	4 images per day	N
D0374	Intraoral tomosynthesis - periapical radiographic image	27	All	11, 12, 31, 32	\$8.00	No	11 images per day	N
PREVENTIVE								
Dental Prophylaxis								
D1110	Prophylaxis – adult	27	All	11, 12, 21, 24, 31, 32, 99	\$36.00	No	1 visit per 180 days, per patient (12 years of age and older only)	N
D1120	Prophylaxis – child	27	All	11, 12, 21, 24, 31, 32, 99	\$30.00	No	1 visit per 180 days, per patient (Under 12 years of age only)	N
D1206	Topical application of fluoride varnish	27	All	02, 10, 11, 12, 21, 24, 27, 31, 32, 99	\$18.00	No	6 procedures per calendar year (Under 21 years of age only)	N
D1208	Topical application of fluoride - excluding varnish	27	All	11, 12, 21, 24, 31, 32, 99	\$18.72	No	1 procedure per 180 days, per patient (Under 21 years of age only)	N

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Other Preventive Services								
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	27	370	02, 10, 11, 12, 31, 32, 99	\$19.33	No	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	N
D1310	Nutritional counseling for control of dental disease	27	All	02, 10, 11, 12, 27, 31, 32, 99	\$10.87	No	1 per 180 days per recipient	N
D1320	Tobacco counseling for the control and prevention of oral disease	27	370	02, 10, 11, 12, 27, 31, 32, 99	\$19.33	No	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	N
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	27	All	11, 12, 27, 31, 32, 99	\$13.10	No	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	N
D1330	Oral hygiene instructions	27	All	02, 10, 11, 12, 27, 31, 32, 99	\$11.08	No	1 per 180 days per recipient	N
D1351	Sealant - per tooth	27	All	11, 12, 21, 24, 31, 32, 99	\$25.00	No	1 application per indicated 1st and 2nd premolars – 1 application per permanent 1st and 2nd molars per lifetime. Includes 1st and 2nd molars where a buccal restoration may exist (Under 21 years of age only)	T

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D1354	Application of caries arresting medicament – per tooth	27	All	11, 12, 31, 32, 99	\$25.00	No	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per year, 6 times per tooth per lifetime (Under 21 years of age only)	T
D1510	Space maintainer – fixed, unilateral - per quadrant	27	All	11, 12, 21, 24, 31, 32	\$120.00	No	1 appliance per quadrant, 4 per lifetime (Under 21 years of age only)	Q
D1516	Space maintainer – fixed - bilateral, maxillary	27	All	11, 12, 21, 24, 31, 32	\$190.00	No	1 appliance per quadrant, 4 per lifetime (Under 21 years of age only)	T
D1517	Space maintainer – fixed - bilateral, mandibular	27	All	11, 12, 21, 24, 31, 32	\$190.00	No	1 appliance per quadrant, 4 per lifetime (Under 21 years of age only)	T
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	27	All	11, 12, 21, 24, 31, 32	\$30.00	No	1 appliance per day (Under 21 years of age only)	N
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	27	All	11, 12, 21, 24, 31, 32	\$30.00	No	1 appliance per day (Under 21 years of age only)	N
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	27	All	11, 12, 21, 24, 31, 32	\$30.00	No	4 appliances per day (Under 21 years of age only)	N
D1556	Removal of fixed unilateral space maintainer – per quadrant	27	All	11, 12, 21, 24, 31, 32	\$25.00	No	4 appliances per day (Under 21 years of age only)	N
D1557	Removal of fixed bilateral space maintainer – maxillary	27	All	11, 12, 21, 24, 31, 32	\$25.00	No	1 appliance per day (Under 21 years of age only)	N

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D1558	Removal of fixed bilateral space maintainer – mandibular	27	All	11, 12, 21, 24, 31, 32	\$25.00	No	1 appliance per day (Under 21 years of age only)	N
RESTORATIVE								
Amalgam Restoration (Including Polishing)								
D2140	Amalgam – one surface, primary or permanent	27	All	11, 12, 21, 24, 31, 32	\$45.00	No	1 procedure per day	T
D2150	Amalgam – two surfaces, primary or permanent	27	All	11, 12, 21, 24, 31, 32	\$55.00	No	1 procedure per day	T
D2160	Amalgam – three surfaces, primary or permanent	27	All	11, 12, 21, 24, 31, 32	\$65.00	No	1 procedure per day	T
D2161	Amalgam – four or more surfaces, primary or permanent	27	All	11, 12, 21, 24, 31, 32	\$65.00	No	1 procedure per day	T
Resin-based Composite Restorations								
D2330	Resin-based composite – one surface, anterior	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 procedure per day	T
D2331	Resin-based composite – two surfaces, anterior	27	All	11, 12, 21, 24, 31, 32	\$60.00	No	1 procedure per day	T
D2332	Resin-based composite – three surfaces, anterior	27	All	11, 12, 21, 24, 31, 32	\$65.00	No	1 procedure per day	T
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	27	All	11, 12, 21, 24, 31, 32	\$65.00	No	1 procedure per day	T
D2390	Resin-based composite crown, anterior	27	All	11, 12, 21, 24, 31, 32	\$150.00	No	1 procedure per day (Under 21 years of age only)	T
D2391	Resin-based composite – one surface, posterior	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 procedure per day	T
D2392	Resin-based composite – two surfaces, posterior	27	All	11, 12, 21, 24, 31, 32	\$60.00	No	1 procedure per day	T
D2393	Resin-based composite – three surfaces, posterior	27	All	11, 12, 21, 24, 31, 32	\$65.00	No	1 procedure per day	T
D2394	Resin-based composite – four or more surfaces, posterior	27	All	11, 12, 21, 24, 31, 32	\$65.00	No	1 procedure per day	T
Crowns - Single Restoration Only								

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* D2710	Crown - resin-based composite (indirect)	27	All	11, 12, 21, 24, 31, 32	\$150.00	Yes	1 per 3 years per tooth	T
* D2721	Crown – resin with predominantly base metal	27	All	11, 12, 21, 24, 31, 32	\$200.00	Yes	1 per 5 years per tooth	T
* D2740	Crown – porcelain/ceramic	27	All	11, 12, 21, 24, 31, 32	\$500.00	Yes	1 per 5 years per tooth	T
* D2751	Crown – porcelain fused to predominantly base metal	27	All	11, 12, 21, 24, 31, 32	\$500.00	Yes	1 per 5 years per tooth	T
* D2791	Crown – full cast predominantly base metal	27	All	11, 12, 21, 24, 31, 32	\$475.00	Yes	1 per 5 years per tooth	T
Other Restorative Services								
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	27	All	11, 12, 21, 24, 31, 32	\$25.00	No	1 per tooth per day	T
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	27	All	11, 12, 21, 24, 31, 32	\$25.00	No	1 per tooth per day	T
D2920	Re-cement or re-bond crown	27	All	11, 12, 21, 24, 31, 32	\$25.00	No	1 per tooth per day	T
D2930	Prefabricated stainless steel crown - primary tooth	27	All	11, 12, 21, 24, 31, 32	\$99.00	No	1 per tooth per day (Under 21 years of age only)	T
D2931	Prefabricated stainless steel crown - permanent tooth	27	All	11, 12, 21, 24, 31, 32	\$110.00	No	1 per tooth per day (Under 21 years of age only)	T
D2932	Prefabricated resin crown	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 per tooth per day (Under 21 years of age only)	T
D2933	Prefabricated stainless steel crown with resin window	27	All	11, 12, 21, 24, 31, 32	\$145.00	No	1 per tooth per day (Under 21 years of age only)	T
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	27	All	11, 12, 21, 24, 31, 32	\$145.00	No	1 per tooth per day (Under 21 years of age only)	T

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* D2952	Post and core in addition to crown, indirectly fabricated	27	All	11, 12, 21, 24, 31, 32	\$80.00	No	1 per tooth per day	T
* D2954	Prefabricated post and core in addition to crown	27	All	11, 12, 21, 24, 31, 32	\$80.00	No	1 per tooth per day	T
D2980	Crown repair necessitated by restorative material failure	27	All	11, 12, 21, 24, 31, 32	\$42.00	No	1 per tooth per day	T
ENDODONTICS								
Pulpotomy								
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	27	All	11, 21, 24	\$75.00	No	6 teeth per day (Under 21 years of age only)	T
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	27	All	11, 21, 24	\$150.00	No	1 tooth per day (Under 21 years of age only)	T
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	27	All	11, 21, 24	\$180.00	No	1 tooth per day (Under 21 years of age only)	T
* D3310	Endodontic therapy, anterior tooth (excluding final restoration)	27	All	11, 21, 24, 31, 32	\$275.00	Yes	1 tooth per day	T
* D3320	Endodontic therapy, premolar tooth (excluding final restoration)	27	All	11, 21, 24, 31, 32	\$375.00	Yes	1 tooth per day	T
* D3330	Endodontic therapy, molar tooth (excluding final restoration)	27	All	11, 21, 24	\$500.00	Yes	1 tooth per day	T
Apicoectomy/ Periradicular Services								
* D3410	Apicoectomy - anterior	27	All	11, 21, 24	\$70.00	No	2 teeth per day	T
* D3421	Apicoectomy - premolar (first root)	27	All	11, 21, 24	\$70.00	No	2 teeth per day	T
* D3425	Apicoectomy - molar (first root)	27	All	11, 21, 24	\$70.00	No	2 teeth per day	T
* D3426	Apicoectomy (each additional root)	27	All	11, 21, 24	\$70.00	No	2 teeth per day	T
* D3471	Surgical repair of root resorption- anterior	27	270, 272	11, 21, 24	\$208.00	Yes	1 per tooth per day	T
* D3472	Surgical repair of root resorption- premolar	27	270, 272	11, 21, 24	\$208.00	Yes	1 per tooth per day	T

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* D3473	Surgical repair of root resorption-molar	27	270, 272	11, 21, 24	\$208.00	Yes	1 per tooth per day	T
* D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	27	270, 272	11, 21, 24	\$208.00	Yes	1 per tooth per day	T
* D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	27	270, 272	11, 21, 24	\$208.00	Yes	1 per tooth per day	T
* D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	27	270, 272	11, 21, 24	\$208.00	Yes	1 per tooth per day	T
* D3921	Decoronation or submergence of an erupted tooth	27	All	11, 21, 24	\$210.00	Yes	1 per tooth per day	T
PERIODONTICS								
Surgical Services (Including Usual Post- Operative Care)								
* D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	27	All	11, 21, 24	\$125.00	Yes	1 per quadrant; up to 4 different quadrants in 24 months	Q
Non-Surgical Periodontal Services								
* D4341	Periodontal scaling and root planing – four or more teeth per quadrant	27	All	11, 12, 21, 24, 31, 32	\$75.00	Yes	1 - 2 quadrants per day; up to 4 different quadrants in 24 months	Q
* D4342	Periodontal scaling and root planing - one to three teeth per quadrant	27	All	11, 12, 21, 24, 31, 32	\$72.89	Yes	1 - 4 quadrants per day; up to 4 different quadrants in 24 months	Q
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral eval	27	All	11, 12, 21, 24, 31, 32	\$43.20	No	1 procedure per 180 days	N
* D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	27	All	11, 12, 21, 24, 31, 32	\$60.00	No - requires post operative review.	1 procedure per 365 days per quadrant	N

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Other Periodontal Services								
* D4910	Periodontal maintenance	27	All	11, 12, 21, 24, 31, 32	\$44.00	Yes	1 procedure per 90 days	N
PROSTHODONTICS								
Complete Dentures (Including Routine Post-Delivery Care)								
D5110	Complete denture – maxillary	27	All	11, 12, 31, 32	\$525.00	Yes	1 appliance per arch per lifetime	N
D5120	Complete denture – mandibular	27	All	11, 12, 31, 32	\$525.00	Yes	1 appliance per arch per lifetime	N
D5130	Immediate denture – maxillary	27	All	11, 12, 21, 24, 31, 32	\$525.00	Yes	1 appliance per arch per lifetime	N
D5140	Immediate denture – mandibular	27	All	11, 12, 21, 24, 31, 32	\$525.00	Yes	1 appliance per arch per lifetime	N
Partial Dentures (Including Routine Post-Delivery Care)								
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	27	All	11, 12, 31, 32	\$375.00	Yes	1 appliance per arch per lifetime (6-120 years of age only)	N
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	27	All	11, 12, 31, 32	\$375.00	Yes	1 appliance per arch per lifetime (6-120 years of age only)	N
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	27	All	11, 12, 31, 32	\$550.00	Yes	1 appliance per arch per lifetime (6-120 years of age only)	N
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	27	All	11, 12, 31, 32	\$550.00	Yes	1 appliance per arch per lifetime (6-120 years of age only)	N
Adjustments to Dentures								
D5410	Adjust complete denture – maxillary	27	All	11, 12, 21, 24, 31, 32	\$20.00	No	1 procedure per day at least 180 days post placement	N
D5411	Adjust complete denture – mandibular	27	All	11, 12, 21, 24, 31, 32	\$20.00	No	1 procedure per day at least 180 days post placement	N

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D5421	Adjust partial denture – maxillary	27	All	11, 12, 21, 24, 31, 32	\$20.00	No	1 procedure per day at least 180 days post placement	N
D5422	Adjust partial denture – mandibular	27	All	11, 12, 21, 24, 31, 32	\$20.00	No	1 procedure per day at least 180 days post placement	N
Repairs to Complete Dentures								
D5511	Repair broken complete denture base, mandibular	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 procedure per day per appliance (6-120 years of age only)	N
D5512	Repair broken complete denture base, maxillary	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 procedure per day per appliance (6-120 years of age only)	N
D5520	Replace missing or broken teeth – complete denture (each tooth)	27	All	11, 12, 21, 24, 31, 32	\$45.00	No	3 teeth per day	T
Repairs to Partial Dentures								
D5611	Repair resin partial denture base, mandibular	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 procedure per day per appliance	N
D5612	Repair resin partial denture base, maxillary	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 procedure per day per appliance	N
D5621	Repair cast partial framework, mandibular	27	All	11, 12, 21, 24, 31, 32	\$60.00	No	1 procedure per day per appliance	N
D5622	Repair cast partial framework, maxillary	27	All	11, 12, 21, 24, 31, 32	\$60.00	No	1 procedure per day per appliance	N
D5630	Repair or replace broken retentive/clasping materials - per tooth	27	All	11, 12, 21, 24, 31, 32	\$60.00	No	1 clasp per tooth, total of 4 clasps per year	T
D5640	Replace broken teeth – per tooth	27	All	11, 12, 21, 24, 31, 32	\$45.00	No	3 teeth per day	T
D5650	Add tooth to existing partial denture	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	2 teeth per day	T
D5660	Add clasp to existing partial denture - per tooth	27	All	11, 12, 21, 24, 31, 32	\$50.00	No	1 clasp per tooth per lifetime	T

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Denture Reline Procedures								
D5730	Reline complete maxillary denture (direct)	27	All	11, 12, 21, 24, 31, 32	\$70.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5731	Reline complete mandibular denture (direct)	27	All	11, 12, 21, 24, 31, 32	\$70.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5740	Reline maxillary partial denture (direct)	27	All	11, 12, 21, 24, 31, 32	\$70.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5741	Reline mandibular partial denture (direct)	27	All	11, 12, 21, 24, 31, 32	\$70.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5750	Reline complete maxillary denture (indirect)	27	All	11, 12, 21, 24, 31, 32	\$100.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5751	Reline complete mandibular denture (indirect)	27	All	11, 12, 21, 24, 31, 32	\$100.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5760	Reline maxillary partial denture (indirect)	27	All	11, 12, 21, 24, 31, 32	\$100.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
D5761	Reline mandibular partial denture (indirect)	27	All	11, 12, 21, 24, 31, 32	\$100.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
PROSTHODONTICS, FIXED								
Other Fixed Partial Denture Service								

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

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

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D7511	Incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	27	All	11, 21, 24	\$88.50	No	2 procedures per day	N
D7520	Incision and drainage of abscess – extraoral soft tissue	27	All	11, 21, 24	\$38.50	No	2 procedures per day	N
D7521	Incision and drainage of abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	27	All	11, 21, 24	\$88.50	No	2 procedures per day	N
Other Repair Procedures								
D7871	Non-arthroscopic lysis and lavage	27	All	11, 21, 24	\$64.50	No	1 procedure per day	N
D7961	Buccal/labial Frenectomy (frenulectomy)	27	All	11, 21, 24	\$156.42	No	2 procedures per lifetime	N
D7962	Lingual Frenectomy (frenulectomy)	27	All	11, 21, 24	\$156.42	No	1 procedure per lifetime	N
D7970	Excision of hyperplastic tissue – per arch	27	All	11, 21, 24	\$80.00	No	1 procedure per arch per day	N
D7999	Unspecified oral surgery procedure, by report	27	All	11, 21, 24	\$80.00	No	1 procedure per day	N
ORTHODONTICS								
Comprehensive Orthodontic Treatment								
D8080	Comprehensive orthodontic treatment of the adolescent dentition	27	273, 283	11	\$1,000.00	Yes	1 treatment per lifetime (Under 21 years of age only)	N
Other Orthodontic Services								
D8660	Pre-orthodontic treatment examination to monitor growth and development	27	273	11	\$35.00	No	1 visit per 365 days per provider (Under 21 years of age only)	N
D8670	Periodic orthodontic treatment visit	27	273, 283	11	\$350.00	Yes	1 visit per day, limited to 7 per lifetime (Under 23 years of age only)	N

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D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	27	273	11	\$150.00	Yes	1 visit per lifetime (Under 23 years of age only)	N
D8703	Replacement of lost or broken retainer – maxillary	27	All	11, 12, 31, 32	\$142.50	Yes	1 appliance per day (Under 23 years of age only)	N
D8704	Replacement of lost or broken retainer – mandibular	27	All	11, 12, 31, 32	\$142.50	Yes	1 appliance per day (Under 23 years of age only)	N
Minor Treatment to Control Harmful Habits								
D8210	Removable appliance therapy	27	All	11, 24	\$200.00	Yes	1 appliance per lifetime per arch (Under 21 years of age only)	N
D8220	Fixed appliance therapy	27	All	11, 24	\$200.00	Yes	1 appliance per lifetime per arch (Under 21 years of age only)	N
CLEFT PALATE SERVICES								
The Department will pay one member of the Cleft Palate Treatment Team, and payment is inclusive of all providers.								
Ancillary Services for Provider Type 17,19, 20, 21, 27, 31								
D0160	Detailed and extensive oral evaluation – problem focused, by report.	17	173	11, 22, 49	\$120.00	No	Complete initial examination at a Cleft Palate Clinic only involving all licensed staff (Under 21 years of age only)	N
		19	190	11, 22, 49				
		20	200	11, 22, 49				
		21	212,213	11, 22, 49				
		27	283	11, 22, 49				
		31	All	11, 22, 49				
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	17	173	11, 22, 49	\$25.00	No	1 visit per day (Under 21 years of age only)	N

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		19	190	11, 22, 49				
		20	200	11, 22, 49				
		21	212,213	11, 22, 49				
		27	283	11, 22, 49				
		31	All	11, 22, 49				
ADJUNCTIVE GENERAL SERVICES								
Unclassified Treatment								
D9110	Palliative treatment of dental pain - per visit	27	All	11, 12, 23, 31, 32	\$30.00	No	1 procedure per day	N
Anesthesia								
D9222	Deep sedation/general anesthesia – first 15 minutes	27	284	11	\$122.00	No	First 15 minutes	N
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	27	284	11	\$122.00	No	Each subsequent 15 minutes; 2 per day	N
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	27	284, 285, 286	11	\$44.00	No	1 procedure per day (Under 21 years of age only)	N
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	27	284, 285	11	\$128.50	No	First 15 minutes	N
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	27	284, 285	11	\$128.50	No	Each subsequent 15 minutes; 2 per day	N
D9248	Non-intravenous conscious sedation	27	284, 285	11	\$184.00	No	1 procedure per day	N
Miscellaneous Services								
D9920	Behavior Management Fee (a visit fee for difficult to manage persons with developmental disabilities. Developmental disability – a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy)	27	All	11, 12, 31, 32	\$125.00	No	1 per day; maximum 4 per calendar year	N

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D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	27	All	11, 12, 23, 24, 31, 32	\$15.00	No	1 procedure per day	N
D9947	Custom sleep apnea appliance fabrication and placement	27	All	11, 12, 31, 32	\$2,410.00	Yes	1 appliance per lifetime	N
D9948	Adjustment of custom sleep apnea appliance	27	All	11, 12, 31, 32	\$50.00	No	1 procedure per day at least 180 days post placement	N
D9949	Repair of custom sleep apnea appliance	27	All	11, 12, 31, 32	\$100.00	No	1 procedure per day at least 180 days post placement	N
D9953	Reline custom sleep apnea appliance (indirect)	27	All	11, 12, 31, 32	\$100.00	No	1 procedure per appliance per 2 years at least 180 days post placement	N
S0215	Mileage - additional allowance for home, skilled nursing facility and ICF visits	27	271	12, 31, 32	\$0.10	No	300 miles per day	N
Maxillofacial Prosthetics								
21076	Impression and custom preparation: surgical obturator prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21079	Impression and custom preparation: Interim obturator prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21080	Impression and custom preparation: definitive obturator prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21081	Impression and custom preparation: mandibular resection prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21082	Impression and custom preparation: palatal augmentation prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N

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21083	Impression and custom preparation: palatal lift prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21084	Impression and custom preparation: speech aid prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21085	Impression and custom preparation: oral surgical splint	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21086	Impression and custom preparation: auricular prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21087	Impression and custom preparation: nasal prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N
21088	Impression and custom preparation: facial prosthesis	27	All	11, 21, 24, 99	\$387.00	No	1 appliance per day	N

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6.1.1 DENTAL FEE SCHEDULE AND BENEFITS

The Department limits the following dental services for beneficiaries 21 years of age and older, **who do not reside** in a nursing facility, an ICF/ID or ICF/ORC:

- Periodic oral evaluation will be limited to one (1) per 180 days, per beneficiary. Additional oral evaluations will require a Department approved BLE request.

NOTE: Comprehensive oral evaluation will not be paid if rendered within the same 180-day time period.

- Prophylaxis, adult will be limited to one (1) per 180 days, per beneficiary. Additional prophylaxis will require a Department approved BLE request.
- Dentures will be limited to one per upper arch, regardless of procedure code (full or partial denture) and one per lower arch, regardless of procedure code (full or partial denture) **per lifetime**. The lifetime limit for dentures will begin with claims payment history on and after dates of service April 27, 2015. Additional dentures will require a Department approved BLE request.

Beneficiaries over 21 years of age, **who do not reside** in a nursing facility, an ICF/ID or ICF/ORC, will only be eligible for the following services if the Department approves a Benefit Limit Exception (BLE) request:

1. Crowns and adjunctive services;
2. Periodontic services;
3. Endodontics

Services requiring prior authorization include:

1. Orthodontics;
2. Endodontics;
3. Complete and partial dentures;
4. Surgical extractions;
5. Placement of device to facilitate eruption of impacted tooth;
6. Crowns; and
7. Periodontal services except full mouth debridement, which requires post-operative review.

(See Section 6.3 for more information concerning prior authorization)

This section of the handbook explains the process for obtaining prior authorization for the above services. Orthodontic prior authorization is explained in Section 7 of this handbook.

NOTE: An approved prior authorization request means only that the “service” was determined medically necessary. The prior authorization is for the service only, not for the place of service. If providing service in an inpatient hospital, hospital short procedure unit or free-standing ambulatory surgical center, payment is dependent upon the Department’s authorization approval of the admission.

An approved request does not guarantee the beneficiary's continued MA eligibility. **It is the responsibility of the provider to verify the beneficiary's eligibility; not only on the date the service is requested, but also on the date the service is performed.**

MA does not cover restorations, procedures or appliances done to alter vertical dimension. Such procedures include, but are not limited to, those done primarily for replacement of tooth structure lost by attrition, realignment of teeth, splinting, equilibration, full mouth rehabilitation, and treatment of temporal mandibular joint syndrome. The beneficiary must be informed prior to service delivery that the Department does not cover the service. If performed, the service must be done with agreement from the beneficiary to assume all costs.

6.2 Authorization Process

Described briefly, the process for obtaining Department authorization for services is as follows:

Request – The dentist completes the ADA Claim Form - Version 2019, for any services that require prior authorization.

The dentist submits the ADA claim form, all required radiographs and information to justify medical necessity for the requested service(s) in the ENV 320 envelope or an envelope large enough to accommodate all of the required documentation without folding to:

Department of Human Services
Office of Medical Assistance Programs
P.O. Box 8050
Harrisburg, PA 17105-8187

All radiographs should be placed in the X-ray envelope (ENV 98) prior to mailing.

The dental unit is accepting electronic PA / BLE through the Department's resource account (RA-FFS_Dental@pa.gov). Providers must submit the following documentation with the BLE request.

- Completed ADA Claim Form
- Completed BLE Request Form (MA 549)
- Digital x-rays
- Treatment plan

Determination - Upon receipt of the required documents, the Department will either approve or disapprove the request for prior authorization. The dentist is notified of the approval or denial on the "Prior Authorization Notice" (MA 328).

Payment - After the service is approved and rendered, the provider may bill the Department. The ADA Claim Form - Version 2019 is completed in accordance with the instructions for completing claim forms in this handbook.

6.4.7 Sleep Apnea Appliance

- a. Payment for the fabrication and placement of a sleep apnea appliance requires prior authorization. The prior authorization request must include:
 1. Prescription from a physician,
 2. A panoramic x-ray, and
 3. A letter of medical necessity including criteria explaining the necessity of the appliance.

8.11.2 Preventive Services

Treatment guidelines for “Interim Caries arresting medicament application – per tooth” are as follows:

- High caries-risk patients with anterior or posterior active cavitated lesions;
- Cavitated caries lesions in individuals presenting with behavioral or medical management challenges;
- Patients with multiple cavitated caries lesions that may not all be treated in one visit;
- Difficult to treat cavitated dental caries lesions; or
- Active cavitated caries lesions with no clinical signs of pulp involvement.

The number of teeth treated should be based on the clinical evaluation. The presence of an active cavitated carious lesion in the tooth is required for treatment.