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|---|---|---|
| <b>ISSUE DATE</b><br><br>June 5, 2024   | <b>EFFECTIVE DATE</b><br><br>May 28, 2024 | <b>NUMBER</b><br><br>27-24-03   |
| <b>SUBJECT</b><br><br>2024 Medical Assistance Program Dental Fee<br>Schedule Update |   | <b>BY</b><br><br>Sally A. Kozak,<br>Deputy Secretary<br>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.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-enrollment.html>

**PURPOSE:**

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

**SCOPE:**

This bulletin applies to MA enrolled dentists 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:**

The Department of Human Services (Department) issued MA Bulletin 99-24-03, titled “2024 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.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2024052801.pdf>).

The 2024 HCPCS Updates contain a subset of 2024 Current Dental Terminology (CDT) procedure codes. The Department is updating the MA Program Dental Fee Schedule to reflect the added 2024 CDT procedure codes. The Department is also announcing additional changes to the MA Program Dental Fee Schedule as a result of clinical review.

**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.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/contact-information-for-ma-providers.html>

**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.

**DISCUSSION:**

**Procedure Codes Added**

The Department added the following procedure code to the MA Program Dental Fee Schedule as a result of the 2024 HCPCS Updates:

| Procedure Codes |
|-----------------|
| D2991           |

The Department added the following procedure codes to the MA Program Dental Fee Schedule based on clinical review:

| Procedure Codes |       |  |
|-----------------|-------|--|
| D0190           | D0191 |  |

**Procedure Code Updates**

As a result of clinical review, the Department adjusted the Fee Schedule limit for procedure codes D8703, defined as “Replacement of lost or broken retainer – maxillary”, and D8704, defined as “Replacement of lost or broken retainer – mandibular”, as indicated below:

| Procedure Code | Present Limit                                    | New Limit   |
|----------------|--|---|
| D8703          | 1 appliance per day (Under 23 years of age only) | 1 appliance per lifetime (Under 23 years of age only) |
| D8704          | 1 appliance per day (Under 23 years of age only) | 1 appliance per lifetime (Under 23 years of age only) |

**PROCEDURE:**

The Department updated the MA Program Dental Fee Schedule 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.

For additional information, providers should refer to the current PROMISe™ Provider Handbook and Billing Guides that may be viewed on the Department's website at the following link: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html>

The MA Program Dental Fee schedule may be viewed on the Department's website at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/documents/dental-care/Dental%20Fee%20Schedule.pdf>.

**ATTACHMENTS:**

Medical Assistance Program Dental Fee Schedule, Effective May 28, 2024

**Medical Assistance Program Dental Fee Schedule  
Effective May 28, 2024**

| Procedure Code   | Description  | Provider Type | Provider Specialty | Place of Service                       | MA Fee  | Prior Authorization | Limits  | ** Reporting Requirements |
|--|--|---------------|--------------------|--|---------|---------------------|---|---------------------------|
| <b>Clinical Oral Evaluation</b>  |  |               |                    |  |         |                     |   |                           |
| 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                         |
| D0190  | Screening of a patient; A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.  | 27            | All                | 27                                     | \$20.00 | No                  | 1 per patient per year  | N                         |
| D0191  | Assessment of a patient; A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment. | 27            | All                | 27                                     | \$20.00 | No                  | 1 per patient per year  | N                         |
| <b>Radiographs/Diagnostic Imaging</b>  |  |               |                    |  |         |                     |   |                           |
| (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                         |

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**Medical Assistance Program Dental Fee Schedule  
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|                           |   |    |     |  |         |    |  |   |
|---------------------------|---|----|-----|--|---------|----|--|---|
| 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 |
| 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 |
| <b>PREVENTIVE</b>         |   |    |     |  |         |    |  |   |
| <b>Dental Prophylaxis</b> |   |    |     |  |         |    |  |   |
| 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 |

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**Medical Assistance Program Dental Fee Schedule  
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|                                  |   |    |     |                                   |         |    |  |   |
|----------------------------------|---|----|-----|-----------------------------------|---------|----|--|---|
| D1208                            | Topical application of fluoride -<br>excluding varnish  | 27 | All | 11, 12, 21, 24, 31,<br>32, 99     | \$18.72 | No | 1 procedure per 180<br>days, per patient<br>(Under 21 years of age<br>only)  | N |
| <b>Other Preventive Services</b> |   |    |     |                                   |         |    |  |   |
| 99407                            | Smoking and tobacco use cessation<br>counseling visit; intensive, greater than<br>10 minutes  | 27 | 370 | 02, 10, 11, 12, 31,<br>32, 99     | \$19.33 | No | Any combination of<br>99407, D1320 or D1321<br>once per day with a<br>maximum of 70 per<br>calendar year   | N |
| D1310                            | Nutritional counseling for control of<br>dental disease   | 27 | All | 02, 10, 11, 12, 27,<br>31, 32, 99 | \$10.87 | No | 1 per 180 days per<br>recipient  | N |
| D1320                            | Tobacco counseling for the control and<br>prevention of oral disease  | 27 | 370 | 02, 10, 11, 12, 27,<br>31, 32, 99 | \$19.33 | No | Any combination of<br>99407, D1320 or D1321<br>once per day with a<br>maximum of 70 per<br>calendar year   | N |
| D1321                            | Counseling for the control and<br>prevention of adverse oral, behavioral,<br>and systemic health effects associated<br>with high-risk substance use | 27 | All | 11, 12, 27, 31, 32,<br>99         | \$13.10 | No | Any combination of<br>99407, D1320 or D1321<br>once per day with a<br>maximum of 70 per<br>calendar year   | N |
| D1330                            | Oral hygiene instructions   | 27 | All | 02, 10, 11, 12, 27,<br>31, 32, 99 | \$11.08 | No | 1 per 180 days per<br>recipient  | N |
| D1351                            | Sealant - per tooth   | 27 | All | 11, 12, 21, 24, 31,<br>32, 99     | \$25.00 | No | 1 application per<br>indicated 1st and 2nd<br>premolars – 1 application<br>per<br>permanent 1st and 2nd<br>molars per<br>lifetime. Includes 1st and<br>2nd molars<br>where a buccal<br>restoration may<br>exist<br>(Under 21 years of age<br>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 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 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 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 |
| 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 |
| <b>RESTORATIVE</b>                               |   |    |     |                        |          |    |   |   |
| <b>Amalgam Restoration (Including Polishing)</b> |   |    |     |                        |          |    |   |   |
| 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 |

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**Medical Assistance Program Dental Fee Schedule**  
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|   |   |    |     |                        |          |     |  |   |
|---|---|----|-----|------------------------|----------|-----|--|---|
| 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 |
| <b>Resin-based Composite Restorations</b> |   |    |     |                        |          |     |  |   |
| 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 |
| <b>Crowns - Single Restoration Only</b>   |   |    |     |                        |          |     |  |   |
| * 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 |
| <b>Other Restorative Services</b>         |   |    |     |                        |          |     |  |   |
| 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 |

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|                    |  |    |     |                        |          |    |   |   |
|--------------------|--|----|-----|------------------------|----------|----|---|---|
| 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<br>(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<br>(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<br>(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<br>(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<br>(Under 21 years of age only) | T |
| * 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 |
| D2991              | Application of hydroxyapatite regeneration medicament - per tooth; Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration. | 27 | All | 11, 12, 31, 32, 99     | \$44.16  | No | 1 per tooth per lifetime                            | T |
| <b>ENDODONTICS</b> |  |    |     |                        |          |    |   |   |
| <b>Pulpotomy</b>   |  |    |     |                        |          |    |   |   |
| 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<br>(Under 21 years of age only)     | T |

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|   |  |    |          |                    |          |     |  |   |
|---|--|----|----------|--------------------|----------|-----|--|---|
| 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 |
| <b>Apicoectomy/ Periradicular Services</b>                      |  |    |          |                    |          |     |  |   |
| * 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 |
| * 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 |
| <b>PERIODONTICS</b>   |  |    |          |                    |          |     |  |   |
| <b>Surgical Services (Including Usual Post- Operative Care)</b> |  |    |          |                    |          |     |  |   |
| * 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 |

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| 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 |
| 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 |

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|-------------------------------------|--|----|-----|------------------------|----------|-----|---|---|
| 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 |
| <b>Adjustments to Dentures</b>      |  |    |     |                        |          |     |   |   |
| 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 |
| 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 |
| <b>Repairs to Complete Dentures</b> |  |    |     |                        |          |     |   |   |
| 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 |
| <b>Repairs to Partial Dentures</b>  |  |    |     |                        |          |     |   |   |
| 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 |

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|----------------------------------|---|----|-----|------------------------|----------|----|--|---|
| 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 |
| <b>Denture Reline Procedures</b> |   |    |     |                        |          |    |  |   |
| 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 |

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|--|---|----|-----|----------------------------|----------|-----|--|---|
| 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 |
| <b>PROSTHODONTICS, FIXED</b>   |   |    |     |                            |          |     |  |   |
| <b>Other Fixed Partial Denture Service</b>   |   |    |     |                            |          |     |  |   |
| 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 |
| <b>ORAL AND MAXILLOFACIAL SURGERY</b>  |   |    |     |                            |          |     |  |   |
| <b>Extractions</b> (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 |
| <b>Other Surgical Procedures</b>   |   |    |     |                            |          |     |  |   |
| 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 |

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|---|--|----|-----|------------------------|--|----|------------------------|---|
| D7288                                       | Brush biopsy – transepithelial sample collection   | 27 | All | 11, 12, 21, 24, 31, 32 | \$34.50  | No | 2 procedures per day   | N |
| <b>Alveoloplasty - Preparation of Ridge</b> |  |    |     |                        |  |    |                        |   |
| D7310                                       | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant     | 27 | All | 11, 21, 24             | \$ 30.00 1st quadrant<br>\$ 15.00 each, 2nd – 4th quadrant | No | 1 per quadrant per day | Q |
| D7320                                       | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | 27 | All | 11, 21, 24             | \$ 30.00 1st quadrant<br>\$ 15.00 each, 2nd – 4th quadrant | No | 1 per quadrant per day | Q |
| <b>Excision of Intraosseous Lesions</b>     |  |    |     |                        |  |    |                        |   |
| 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 |
| <b>Excision of Bone Tissue</b>              |  |    |     |                        |  |    |                        |   |
| 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 |
| <b>Surgical Incision</b>                    |  |    |     |                        |  |    |                        |   |
| 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 |
| <b>Other Repair Procedures</b>             |   |    |          |                |            |     |   |   |
| 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 |
| <b>ORTHODONTICS</b>                        |   |    |          |                |            |     |   |   |
| <b>Comprehensive Orthodontic Treatment</b> |   |    |          |                |            |     |   |   |
| 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 |
| <b>Other Orthodontic Services</b>          |   |    |          |                |            |     |   |   |
| 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 |
| 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 lifetime (Under 23 years of age only)                   | N |

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|---|---|----|---------|----------------|----------|-----|---|---|
| D8704   | Replacement of lost or broken retainer<br>– mandibular  | 27 | All     | 11, 12, 31, 32 | \$142.50 | Yes | 1 appliance per lifetime<br>(Under 23 years of age<br>only)   | N |
| <b>Minor Treatment to Control Harmful Habits</b>  |   |    |         |                |          |     |   |   |
| D8210   | Removable appliance therapy   | 27 | All     | 11, 24         | \$200.00 | Yes | 1 appliance per lifetime<br>per arch<br>(Under 21 years of age<br>only)   | N |
| D8220   | Fixed appliance therapy   | 27 | All     | 11, 24         | \$200.00 | Yes | 1 appliance per lifetime<br>per arch<br>(Under 21 years of age<br>only)   | N |
| <b>CLEFT PALATE SERVICES</b>  |   |    |         |                |          |     |   |   |
| The Department will pay one member of the Cleft Palate Treatment Team, and payment is inclusive of all providers. |   |    |         |                |          |     |   |   |
| <b>Ancillary Services for Provider Type 17,19, 20, 21, 27, 31</b>   |   |    |         |                |          |     |   |   |
| D0160   | Detailed and extensive oral evaluation<br>– problem focused, by report.                         | 17 | 173     | 11, 22, 49     | \$120.00 | No  | Complete initial<br>examination at a Cleft<br>Palate Clinic only<br>involving all licensed<br>staff (Under 21 years of<br>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<br>focused (established patient; not post-<br>operative visit) | 17 | 173     | 11, 22, 49     | \$25.00  | No  | 1 visit per day (Under 21<br>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     |          |     |   |   |
| <b>ADJUNCTIVE GENERAL SERVICES</b>  |   |    |         |                |          |     |   |   |
| Unclassified Treatment  |   |    |         |                |          |     |   |   |

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|-------------------------------|--|----|---------------|------------------------|------------|-----|--|---|
| D9110                         | Palliative treatment of dental pain - per visit  | 27 | All           | 11, 12, 23, 31, 32     | \$30.00    | No  | 1 procedure per day                                  | N |
| <b>Anesthesia</b>             |  |    |               |                        |            |     |  |   |
| 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 |
| <b>Miscellaneous Services</b> |  |    |               |                        |            |     |  |   |
| 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 |
| 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 |

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|----------------------------------|--|----|-----|----------------|----------|----|--|---|
| 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 |
| <b>Maxillofacial Prosthetics</b> |  |    |     |                |          |    |  |   |
| 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 |
| 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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