



STATE OF MARYLAND

DHM

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Dental Provider Transmittal No. 35

Managed Care Organizations Transmittal No. 28

December 14, 2001

TO: Dental Providers
Federally Qualified Health Centers
Local Health Departments
Managed Care Organizations

FROM: 
Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Amendments to the Dental Services Regulations COMAR 10.09.05

Effective December 1, 2001, the Maryland Medical Assistance Program allows the universally accepted American Dental Association's (ADA) Current Procedural Terminology (CDT-3) codes. Dental providers should use these codes when billing the Medical Assistance Program for oral health services rendered to Medical Assistance children less than 21 years and to adults enrolled under the Rare and Expensive Case Management (REM) Program. Additionally, the new ADA CDT-3 codes must be utilized by managed care organizations when reporting encounter data for services rendered to their enrollees.

The conversion of the existing Medicaid Assistance dental codes to the ADA codes comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to standardize and simplify the process for health care providers to seek reimbursement from third party carriers. If you have any questions regarding the contents of the Transmittal, please contact the Division of Children's Services, Medicaid Oral Health Program at (410) 767-1485.

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS 10.09.05 Dental Services

Authority: Health-General Article, §15-105,
Annotated Code of Maryland

Notice of Proposed Action [01-376-P-I]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .07 under COMAR 10.09.05 Dental Services.

Statement of Purpose

The purpose of this action is to convert the existing Medical Assistance/Medicaid dental procedure codes to the universally accepted American Dental Association's Current Procedural Terminology (CDT-3) codes. Approval of these codes will bring Maryland in compliance with a federal mandate regarding the Health Insurance Portability and Accountability Act of 1996 and with a national network of third-party insurance around the country who accept the ADA coding system for reporting services rendered to Medicaid recipients and patients from the private sector. Additionally, adoption of the universal codes for oral health services may increase provider participation.

Comparison to Federal Standards

There is a corresponding federal standard to this proposed regulation, but the proposed regulation is not more restrictive or stringent.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Regulations Coordinator, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 521, Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to regs@dhmh.state.md.us, or call (410) 767-6499 or 1-877-4MD-DHMH, extension 6499. These comments must be received by December 3, 2001.

Editor's Note on Incorporation by Reference

Pursuant to State Government Article, §7-207, Annotated Code of Maryland, the Dental Services Fee Schedule, Revision 2001 has been declared a document generally available to the public and appropriate for incorporation by reference. For this reason, it will not be printed in the Maryland Register or the Code of Maryland Regulations (COMAR). Copies of this document are filed in special public depositories located throughout the State. A list of these depositories was published in 28:2 Md. R. 62 (January 26, 2001). This document may also be inspected at the office of the Division of State Documents, 1700 Margaret Avenue, Annapolis, Maryland.

.07 Payment Procedures.

A. — D. (text unchanged)

E. The fee schedule is contained in the Medical Assistance Provider Fee Manual, dated October 1, 1986, all provisions of which are incorporated by reference with the following amendments: Dental Services Fee Schedule Revision [2000] 2001.

F. — N. (text unchanged)

GEORGES C. BENJAMIN, M.
Secretary of Health and Mental Hygiene

Subtitle 24 MARYLAND HEALTH CARE COMMISSION

10.24.14 State Health Plan for Facilities and Services: Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services

Authority: Health-General Article §§19-109(a)(1) and 19-121(c),
Annotated Code of Maryland

Notice of Proposed Action [01-379-P-II]

The Maryland Health Care Commission proposes to amend Regulation .01 under COMAR 10.24.14 State Health Plan for Facilities and Services: Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services. This action was considered by the Commission at an open meeting held on September 13, 2001, notice of which was given by publication in the Maryland Register under State Government Article, 10-506, Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to update the Plan's policies and certificate of need review rules and standards. These updates streamline the plan by concentrating its policy focus, simplifying certificate of need rules, and updating definitions.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed regulation.

Estimate of Economic Impact

I. Summary of Economic Impact. These amendments to COMAR 10.24.14, State Health Plan for Facilities and Services: Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services, update the Plan's policies and certificate of need review rules and standards. These updates streamline the plan by concentrating its policy focus, simplifying certificate of need rules, and updating definitions.

II. Types of Economic Impacts.	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. On issuing agency:	(E+)	Indeterminable
B. On other State agencies:		
(1) Medicaid	(E-)	Indeterminable
(2) Licensing and Certification	(E+)	Indeterminable
(3) Alcohol and Drug Abuse Administration	(R+/E+)	Indeterminable
C. On local governments:	(E+)	Indeterminable

Emergency Action On Regulations

For information concerning Emergency Action on Regulations, see inside front cover.

Symbol Key

Roman type indicates text existing before emergency status was granted. *Italic type* indicates new text. [Single brackets] indicate deleted text.

Emergency Regulations

Under State Government Article, §10-111(b), Annotated Code of Maryland, an agency may petition the Joint Standing Committee on Administrative, Executive, and Legislative Review (AELR), asking that the usual procedures for adopting regulations be set aside because emergency conditions exist. If the Committee approves the request, the regulations are given emergency status. Emergency status means that the regulations become effective immediately, or at a later time specified by the Committee. After the Committee has granted emergency status, the regulations are published in the next available issue of the Maryland Register. The approval of emergency status may be subject to one or more conditions, including a time limit. During the time the emergency status is in effect, the agency may adopt the regulations through the usual promulgation process. If the agency chooses not to adopt the regulations, the emergency status expires when the time limit on the emergency regulations ends. When emergency status expires, the text of the regulations reverts to its original language.

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.05 Dental Services

Authority: Health-General Article, §15-105,
Annotated Code of Maryland

Notice of Emergency Action (01-376-E-I)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amendments to Regulation .07 under COMAR 10.09.05 Dental Services.

Emergency status began: October 7, 2001.
Emergency status expires: March 29, 2002.

Editor's Note: The text of this document will not be printed here because it appeared as a Notice of Proposed Action in 28:22 Md. R. 1952 (November 2, 2001) referenced as [01-376-P-I].

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 39 BOARD OF NURSING — CERTIFIED NURSING ASSISTANTS

10.39.03 Certified Medicine Aides

Authority: Health Occupations Article,
§§8-6A-01, 8-6A-02, 8-6A-04, 8-6A-05, and 8-6A-08,
Annotated Code of Maryland

Notice of Emergency Action (01-390-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amend-

ments to Regulation .02 under COMAR 10.39.03 Certified Medicine Aides.

Emergency status began: October 30, 2001.
Emergency status expires: April 27, 2002.

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on page 2072 of this issue referenced as [01-390-P].

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 52 PREVENTIVE MEDICINE

10.52.07 Maryland AIDS Drug Assistance Program: Services

Authority: Health-General Article, §2-104(b) and (i) and 2-105(a) and (b),
Annotated Code of Maryland

Notice of Emergency Action (01-397-E)

The Joint Committee on Administrative, Executive, and Legislative Review has granted emergency status to amendments to Regulation .04 under COMAR 10.52.07 Maryland AIDS Drug Assistance Program: Services.

Emergency status began: November 2, 2001.
Emergency status expires: May 1, 2002.

Editor's Note: The text of this document will not be printed here because it appears as a Notice of Proposed Action on pages 2073 — 2074 of this issue referenced as [01-397-P].

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

COMAR 10.09.05

DENTAL SERVICES FEE SCHEDULE

REVISION 2001

MARYLAND MEDICAL ASSISTANCE PROGRAM

COMAR 10.09.05

DENTAL PROCEDURE CODES AND FEE SCHEDULE

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE
D010-D0999 DIAGNOSTIC		
CLINICAL ORAL EXAMINATIONS		
D0120	PERIODIC ORAL EXAMINATION	15
D0140	LIMITED ORAL EXAMINATION-PROBLEM FOCUSED	BR
D0150	COMPREHENSIVE ORAL EXAMINATION	20
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROB-FOCUSED (Entails extensive diagnostic and cognitive modalities)	BR
D0170	RE-EVALUATION-LIMITED PROBLEM FOCUSED	0
RADIODIAGNOSTIC IMAGING (X-RAYS)		
NOTE: A complete series of radiographs shall not be taken more frequently than once every three (3) years. Complete series could include 14 to 18 intraoral film or a panorex plus bitewings.		
D0210	X-RAY INTRAORAL COMPLETE SERIES INCLUDING BITEWINGS	57
D0220	X-RAY INTRAORAL PERIAPICAL, SINGLE FIRST FILM	9
D0230	X-RAY INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	6
D0240	X-RAY INTRAORAL OCCLUSAL FILM	9
D0250	X-RAY EXTRAORAL FIRST FILM	24
D0260	X-RAY EXTRAORAL EACH ADDITIONAL FILM	18
D0270	X-RAY BITEWING SINGLE FILM	9
D0272	X-RAY BITEWINGS TWO FILMS	15
D0274	X-RAY BITEWINGS FOUR FILMS	22
D0277	VERTICAL BITEWINGS SEVEN TO EIGHT FILMS	0
D0290	X-RAY POSTERIOR-ANTERIOR OR LATERAL SKULL FACIAL BONE SURVEY FILM	32
D0310	X-RAY SIALOGRAPHY	57
D0320	TM JOINT ARTHROGRAM, INCLUDING INJECTION	96
D0321	X-RAY OTHER TEMPORAMANDIBULAR JOINT FILM	30
D0322	TOMOGRAPHIC SURVEY	BR
D0330	X-RAY PANORAMIC MAXILLA/MANDIBLE FILM	42
D0340	X-RAY CEPHALOMETRIC FILM	42
D0350	ORAL FACIAL IMAGES	0
TESTS AND LABORATORY EXAMINATIONS		
D0415	BACTERIOLOGIC STUDIES FOR DETERMINATION OF PATHOLOGIC AGENTS	BR
D0425	CARIES SUSCEPTIBILITY TESTS	0
D0460	PULP VITALITY TEST	10
D0470	DIAGNOSTIC CASTS	0
D0471	DIAGNOSTIC PHOTOGRAPHS	0
D0472	ACCESS OF TISSUE, GROSS EXAM, PREP & TRANSMISSION	0
D0473	ACCESS OF TISSUE, GROSS EXAM, & MICRO EXAM	0
D0474	ACCESS OF TISSUE, INCLUDING ASSESSMENT	0
D0480	PROCESSING & INTERPRETATION OF CYTOLOGIC	0
D0501	HISTOPATHOLOGIC EXAMINATION	BR
D0502	OTHER ORAL PATHOLOGY PROCEDURES	BR
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	BR
01000-01999 PREVENTIVE CARE		
DENTAL PROPHYLAXIS		
D1110	PROPHYLAXIS ADULT - AGES 14 - 20	36
D1120	PROPHYLAXIS CHILD - THROUGH AGE 13	24

BR = BY REPORT
 NCSP = NOT COVERED AS A SEPARATE PROCEDURE
 PA = PREAUTHORIZATION IS REQUIRED
 CPT = CURRENT PROCEDURAL TERMINOLOGY, MOST RECENT FEE
 0 = NOT COVERED

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - CHILD - THROUGH AGE 13	35
D1203	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHYLAXIS) - CHILD - THROUGH AGE 13	
D1204	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHY) - ADULT - AGES 14 - 20	14
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - ADULT - AGES 14 - 20	50
OTHER PREVENTIVE SERVICES		
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	0
D1320	TOBACCO COUNSELING	0
D1330	ORAL HYGIENE INSTRUCTION	0
D1351	SEALANTS, PER TOOTH (Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay)	9
SPACE MANAGEMENT THERAPY		
D1510	SPACE MAINTAINER-FIXED-UNILATERAL	84
D1515	SPACE MAINTAINER-FIXED-BILATERAL	144
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	64
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	96
D1550	RECEMENTATION OF SPACE MAINTAINER	24
02000-02999 RESTORATIVE		
AMALGAM RESTORATIONS (INCLUDING POLISHING) AGES 13 AND UNDER		
D2110	AMALGAM 1 SURFACE, PRIMARY	33
D2120	AMALGAM 2 SURFACES, PRIMARY	42
D2130	AMALGAM 3 SURFACES, PRIMARY	50
D2131	AMALGAM 4 OR MORE SURFACES, PRIMARY	55
AGES 14-20		
D2140	AMALGAM 1 SURFACE, PERMANENT	37
D2150	AMALGAM 2 SURFACES, PERMANENT	45
D2160	AMALGAM 3 SURFACES, PERMANENT	52
D2161	AMALGAM 4 OR MORE SURFACES, PERMANENT	58
D2210	RESTORATION SILICATE CEMENT	n
RESIN RESTORATIONS		
D2330	RESIN 1 SURFACE	39
D2331	RESIN 2 SURFACES	48
D2332	RESIN 3 SURFACES	56
D2335	RESIN 4 OR MORE SURFACES OR INCISAL ANGLE	66
D2336	COMPOSITE RESIN CROWN, ANTERIOR-PRIMARY	75
D2337	RESIN-BASED COMPOSITE CROWN, ANTERIOR-PERMANENT	0
D2380	RESIN - ONE SURFACE, POSTERIOR-PRIMARY	39
D2381	RESIN - TWO SURFACES, POSTERIOR-PRIMARY	48
D2382	RESIN - THREE/MORE SURFACES, POSTERIOR-PRIMARY	56
D2385	RESIN - ONE SURFACE, POSTERIOR-PERMANENT	39
D2386	RESIN - TWO SURFACES, POSTERIOR-PERMANENT	48
D2387	RESIN - THREE/MORE SURFACES, POSTERIOR-PERMANENT	56
D2388	RESIN-BASED COMPOSITE FOUR OR MORE SURFACES, POSTERIOR PERMANENT	0

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE	
GOLD FOIL			
D2410	GOLD FOIL - ONE SURFACE	0	
D2420	GOLD FOIL -TWO SURFACES	0	
D2430	GOLD FOIL-THREE SURFACES	0	
INLAY/ONLY			
D2510	INLAY METALLIC - ONE SURFACE	0	
D2520	INLAY METALLIC - TWO SURFACES	0	
D2530	INLAY METALLIC - THREE SURFACES	0	
D2542	ONLAY - METALLIC TWO SURFACES	0	
D2543	ONLAY - METALLIC - THREE SURFACES	0	
D2544	ONLAY - METALLIC - 4 OR MORE SURFACES		
D2610	INLAY PORCELAIN/CERAMIC - 1 SURFACE		
D2620	INLAY PORCELAIN/CERAMIC - 2 SURFACES		
D2630	INLAY PORCELAIN/CERAMIC - 3 OR MORE SURFACES		
D2642	ONLAY PORCELAIN/CERAMIC - 2 SURFACES		
D2643	ONLAY PORCELAIN/CERAMIC - 3 SURFACES		
D2644	ONLAY PORCELAIN/CERAMIC - 4 OR MORE SURFACES	0	
D2650	INLAY COMPOSITE/RESIN - 1 SURFACE (LAB)	0	
D2651	INLAY COMPOSITE/RESIN 2 SURFACES (LAB)	0	
D2652	INLAY COMPOSITE/RESIN - 3/MORE SURFACES (LAB)	0	
D2662	ONLAY COMPOSITE/RESIN - 2 SURFACES (LAB)	0	
D2663	ONLAY COMPOSITE/RESIN 3 SURFACES (LAB)	0	
D2664	ONLAY COMPOSITE/RESIN - 4/MORE SURFACES (LAB)	0	
CROWNS-SINGLE RESTORATIONS			
D2710	RESIN (LABORATORY)	0	
D2720	RESIN W/HIGH NOBLE METAL	0	
D2721	RESIN WITH PREDOMINATELY BASE METAL	300	PA
D2722	RESIN WITH NOBLE METAL	0	
D2740	PORCELAIN/CERAMIC SUBSTRATE	0	
D2750	PORCELAIN FUSED TO HIGH NOBLE METAL	0	
D2751	PORCELAIN FUSED TO PREDOMINATELY BASE METAL	375	PA
D2752	PORCELAIN FUSED TO NOBLE METAL	0	
D2780	CROWN 3/4 CAST HIGH NOBLE METAL	0	
D2781	CROWN 3/4 CAST PREDOMINANT BASE METAL	0	
D2782	CROWN 3/4 CAST NOBLE METAL	0	
D2783	CROWN 3/4 PORCELAIN/CERAMIC	0	
D2790	FULL CAST HIGH NOBLE METAL	0	
D2791	FULL CAST PREDOMINANTLY BASE METAL	292	PA
D2792	FULL CAST NOBLE METAL	0	
D2799	PROVISIONAL CROWN	0	
D2810	3/4 CAST METALLIC	0	
OTHER RESTORATIVE SERVICES			
D2910	RECEMENT INLAYS	25	
D2920	RECEMENT CROWNS	25	
D2930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	75	
D2931	PREFAB STAINLESS STEEL CROWN - PERMANENT TOOTH	75	
D2932	PREFABRICATED RESIN CROWN	75	
D2933	PREFAB STAINLESS STEEL CROWN WITH RESIN WINDOW	81	
D2940	FILLINGS (SEDATIVE)	18	
D2950	CORE BUILDUP (INCLUDES PINS)	81	
D2951	PIN RETENTION-PER TOOTH, IN ADD. TO RESTORATION	12	
D2952	CAST POST AND CORE IN ADDITION TO CROWN	96	
D2953	EACH ADDITIONAL CAST POST SAME TOOTH	0	
D2954	PREFAB POST AND CORE IN ADDITION TO CROWN	70	
D2955	POST REMOVAL (NOT IN CONJUNCTION W/ENDO.THERAPY)	BR	
D2957	EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH	0	
D2960	LABIAL VENEER (LAMINATE) - BONDING	81	
D2961	LABIAL VENEER (RESIN LAMINATE) - LAB	81	

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LAB	108	
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	48	
D2980	CROWN REPAIR	BR	
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	BR	
03000-03999 ENDODONTICS			
PULP CAPPING			
D3110	PULP CAP DIRECT	15	
D3120	PULP CAP INDIRECT	15	
D3220	PULPOTOMY	60	
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH (gross pulpal debridement for the relief of acute pain prior to conventional root canal therapy) (not to be used by provider completing endodontic treatment)	0	
PULPAL THERAPY			
D3230	PULPAL THERAPY - ANTERIOR-PRIMARY TOOTH	96	PA
D3240	PULPAL THERAPY - POSTERIOR-PRIMARY TOOTH	115	PA
ROOT THERAPY			
NOTE: REIMBURSEMENT FOR ROOT CANAL THERAPY INCLUDES ALL DIAGNOSTIC TESTS, PREOPERATIVE AND POSTOPERATIVE RADIOGRAPHS, PREOPERATIVE AND POSTOPERATIVE TREATMENTS, PULPOTOMY AND PULPECTOMY.			
D3310	ENDODONTICS 1 CANAL	230	PA
D3320	ENDODONTICS 2 CANALS	280	PA
D3330	ENDODONTICS 3 CANALS	325	PA
D3331	TREATMENT OF ROOT CANAL OBSTR NON-SURG	0	
D3332	INCOMPLETE ENDOTHERAPY; INOPER/FAC TEETH	0	
D3333	INTERNAL ROOT REPAIR OF PERF DEFECTS	0	
ENDODONTIC THERAPY ON PRIMARY TEETH			
*D3346	RETREATMENT OF PRIOR ROOT CANAL- ANTERIOR	230	PA
*D3347	RETREATMENT OF PRIOR ROOT CANAL - BICUSPID	280	PA
*D3348	RETREATMENT OF PRIOR ROOT CANAL- MOLAR *Not covered when service is provided by same provider or associate within 2 years	325	PA
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT	108	
D3352	APEXIFICATION/RECALCIFICATION INTERIM MEDS	67	
D3353	APEXIFICATION/RECALCIFICATION FINAL VISIT	67	
APICOECTOMY/PERIRADICULAR SERVICES			
D3410	SURGERY - ANTERIOR	108	PA
D3421	SURGERY - BICUSPID	118	PA
D3425	SURGERY - MOLAR	128	PA
D3426	SURGERY EACH ADDITIONAL ROOT	81	PA
D3430	RETROGRADE FILLING PER ROOT	24	PA
D3450	ROOT AMPUTATION PER ROOT	81	PA
D3460	ENDODONTIC ENDOSSEOUS IMPLANTS	0	
D3470	INTENTIONAL REIMPLANTATION (INCLUDES SPLINTING)	BR	
OTHER			
D3910	SURG PROCEDURE FOR ISOLATING TOOTH RUB DAM	BR	
D3920	HEMISECTION (INCLUDES ROOT REMOVAL)	27	
D3950	CANAL PREP & FITTING OF PREFORMED DOWEL OR POST	0	
D3960	BLEACHING OF DISCOLORED TOOTH	0	
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	BR	

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE	
04000-04999 PERIODONTICS			
SURGICAL			
D4210	GINGIVECTOMY OR GINGIVOPLASTY (PER QUADRANT)	108	PA
D4211	GINGIVECTOMY OR GINGIVOPLASTY - PER TOOTH	25	
D4220	GINGIVAL CURETTAGE-PER QUADRANT (SURGICAL)	BR	
D4240	GINGIVAL FLAP PROCEDURE- (Including Root Planning, per Quadant)	63	PA
D4245	APICALLY POSITIONED FLAP -(procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.	0	
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	BR	
D4260	OSSEOUS SURGERY PER QUADRANT	108	PA
D4263	BONE REPLACEMENT GRAFT 1ST SITE IN QUAD	BR	
D4264	BONE REPLACEMENT GRAFT EACH ADD'L SITE IN QUAD	BR	
D4266	GUIDED TISSUE REGENERATION-RESORBABLE, PER TOOTH	BR	
D4267	GUIDED TISSUE REGENERATION - NON-RESORBABLE	BR	
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH-(this procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.)	0	
D4270	PEDICLE SOFT TISSUE GRAFTS	BR	
D4271	FREE SOFT TISSUE GRAFTS (INCLUDING DONOR SITE)	BR	
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT (INCLUDES DONOR SITE)	BR	
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	BR	
NON-SURGICAL PERIODONTAL SERVICE			
D4320	PROVISIONAL SPLINT - INTRACORONAL	BR	
D4321	PROVISIONAL SPLINT - EXTRACORONAL	BR	
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUAD	54	PA
D4355	FULL MOUTH DEBRIDEMENT	BR	
D4381	LOCALIZED CHEMOTHERAPEUTIC AGENT CONTROLLED RELEASE	BR	
OTHER PERIODONTAL SERVICE			
D4910	PERIODONTAL MAINTENANCE PROCEDURES- (Following therapy only)	0	
D4920	UNSCHEDULED DRESSING CHANGE BY ANOTHER DENTIST	24	
D4999	UNSPECIFIED PERIODONTAL PROCEDURE	BR	
05000-05899 PROSTHODONTICS (REMOVABLE)			
COMPLETE DENTURES (Includes routine post-delivery care)			
D5110	COMPLETE MAXILLARY	375	PA
D5120	COMPLETE MANDIBULAR	375	PA
D5130	IMMEDIATE MAXILLARY	0	
D5140	IMMEDIATE MANDIBULAR	0	
PARTIAL DENTURES (Incl.routine post-delivery care) (3 or more teeth excluding third molars) (includes conventional clasps, rests, and teeth)			
D5211	MAXILLARY - RESIN BASE	225	PA
D5212	MANDIBULAR - RESIN BASE	225	PA
D5213	MAXILLARY - CAST METAL W/RESIN BASE	0	
D5214	MANDIBULAR - CAST METAL W/RESIN BASE	0	
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE 1 PIECE CHROME CASTING, CLASP ATTACHMENTS, PER UNIT INCL.PONTICS	0	

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE		
ADJUSTMENTS				
D5410	ADJUST COMPLETE DENTURE - MAXILLARY		20	
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR		20	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY		20	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR		20	
REPAIRS-Complete Dentures				
D5510	REPAIR BROKEN COMPLETE DENTURE BASE		40	
D5520	REPLACE MISSING OR BROKEN TEETH (Each tooth)		20	
REPAIRS-Partials				
D5610	REPAIR RESIN DENTURE BASE		63(per denture)	
D5620	REPAIR CAST FRAMEWORK		BR	
D5630	REPAIR OR REPLACE BROKEN CLASP		63	PA
D5640	REPLACE BROKEN TOOTH ON DENT NO OTHER REPAIR		20	
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE		57	PA
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE		65	PA
REBASING				
NOTE: CONSIDERED AFTERCARE WITHIN THE FIRST SIX (6) MONTHS FOLLOWING DENTURE PLACEMENT AND IS NOT REIMBURSABLE. CANNOT BE PROVIDED MORE FREQUENTLY THAN ONCE EVERY TWO (2) YEARS ONCE THIS PROCEDURE IS RENDERED.				
D5710	COMPLETE MAXILLARY DENTURE (LAB)		BR	PA
D5711	COMPLETE MANDIBULAR DENTURE (LAB)		BR	PA
D5720	MAXILLARY PARTIAL DENTURE (LAB)		BR	PA
D5721	MANDIBULAR PARTIAL DENTURE (LAB)		BR	PA
RELINING				
D5730	COMPLETE MAXILLARY DENTURE (CHAIR)		0	
D5731	COMPLETE MANDIBULAR DENTURE (CHAIR)		0	
D5740	MAXILLARY PARTIAL DENTURE (CHAIR)		53	PA
D5741	MANDIBULAR PARTIAL DENTURE (CHAIR)		53	PA
D5750	COMPLETE MAXILLARY DENTURE (LAB)		150	PA
D5751	COMPLETE MANDIBULAR DENTURE (LAB)		150	PA
D5760	MAXILLARY PARTIAL DENTURE (LAB)		150	PA
D5761	MANDIBULAR PARTIAL DENTURE (LAB)		BR	PA
OTHER				
D5810	INTERIM COMPLETE DENTURE-MAXILLARY		0	
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR		0	
D5820	INTERIM PARTIAL DENTURE-MAXILLARY			
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR			

CODE	BRIEF DESCRIPTION	MAX FEE		
D5850	TISSUE CONDITIONING MAXILLARY (denture)		24	
D5851	TISSUE CONDITIONING MANDIBULAR (denture)		24	
D5860	OVERDENTURE - COMPLETE, BY REPORT		BR	PA
D5861	OVERDENTURE - PARTIAL, BY REPORT		BR	PA
D5862	PRECISION ATTACHMENT, BY REPORT		BR	
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)		0	
D5875	MODIFICATION-REMOVABLE PROS AFTER SURGERY		0	
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE		BR	
05900-05999 MAXILLOFACIAL PROSTHETICS				
D5911	MOULAGE (SECTIONAL)		BR	
D5912	MOULAGE (COMPLETE)		BR	
D5913	PROSTHESIS (NASAL)		BR	
D5914	PROSTHESIS (AURICLAR)		BR	
D5915	PROSTHESIS (ORBITAL)		BR	

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

D5916	PROSTHESIS (OCULAR)	BR
D5919	PROSTHESIS (FACIAL)	BR
D5922	PROSTHESIS (NASAL, SEPTAL)	BR
D5923	PROSTHESIS (OCULAR-INTERIM)	BR
D5924	PROSTHESIS (CRANIAL)	BR
D5925	PROSTHESIS (FACIAL AUG. IMPLANT)	BR
D5926	PROSTHESIS (NASAL, REPLACEMENT)	BR
D5927	PROSTHESIS (AURICULAR, REPLACEMENT)	BR
D5928	PROSTHESIS (ORBITAL, REPLACEMENT)	BR
D5929	PROSTHESIS (FACIAL, REPLACEMENT)	BR
D5931	PROSTHESIS (OBTURATOR, SURGICAL)	BR
D5932	PROSTHESIS (OBTURATOR, DEFINITIVE)	BR
D5933	PROSTHESIS (OBTURATOR, MODIFICATION)	BR
D5934	PROSTHESIS (MANDIBULAR RESECTION W/GUIDE FLANGE)	BR
D5935	PROSTHESIS (MANDIBULAR RESECTION NO GUIDE FLANGE)	BR
D5936	PROSTHESIS (OBTURATOR, INTERIM)	BR
D5937	APPLIANCE (TRISMUS-NO TMD TRTMT)	BR
D5951	PROSTHESIS (FEEDING AID)	BR
D5952	PROSTHESIS (PEDIATRIC SPEECH APPLIANCE)	BR
D5953	PROSTHESIS (ADULT SPEECH APPLIANCE)	BR
D5954	PROSTHESIS (PALATAL AUGMENTATION)	BR
D5955	PROSTHESIS (PALATAL LIFT, DEFINITIVE)	BR
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR
D5959	PROSTHESIS (PALATAL LIFT, MODIFICATION)	BR
D5960	PROSTHESIS (SPEECH APPLIANCE-MODIFICATION)	BR
D5982	STENT (SURGICAL)	BR
D5983	RADIATION CARRIER	BR
D5984	RADIATION SHIELD	BR
CODE BRIEF DESCRIPTION		MAX FEE
D5985	RADIATION CONE LOCATOR	BR
D5986	FLUORIDE GEL CARRIER (Neoplasm or Tumor- Related Only)	BR
D5987	COMMISSURE SPLINT	BR
D5988	SPLINT (SURGICAL)	BR
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS	BR
06000-06199 IMPLANT SERVICES		
ENDOSTEAL		
D6010	ENDOSTEAL IMPLANT, SURGICAL PLACEMENT	BR
D6020	ENDOSTEAL IMPLANT, ABUTMENT PLACEMENT	BR
EPOSTEAL		
D6040	EPOSTEAL IMPLANT, SURGICAL PLACEMENT	BR
TRANSOSTEAL		
D6050	TRANSOSTEAL IMPLANT, SURGICAL PLACEMENT	BR
D6055	IMPLANT CONNECTING BAR	BR
D6056	PREFABRICATED ABUTMENT	0
D6057	CUSTOM ABUTMENT	0
D6058	ABUTMENT POCELAIN/CERAMIC CROWN	0
D6059	ABUTMENT POCELAIN FUSED CROWN (HIGH)	0
D6060	ABUTMENT PORCELAIN FUSED CROWN (BASE)	0
D6061	ABUTMENT PORCELAIN FUSED CROWN (NOBLE)	0
D6062	ABUTMENT CAST CROWN (HIGH)	0
D6063	ABUTMENT CAST CROWN (BASE)	0
D6064	ABUTMENT CAST CROWN (NOBLE)	0
D6065	IMPLANT PORCELAIN/CERAMIC CROWN	0
D6066	IMPLANT PORCELAIN FUSED CROWN (TITANIUM)	0
D6067	IMPLANT METAL CROWN (TITANIUM)	0
D6068	ABUTMENT RETAINER - CERAMIC/PORCELAIN FPD	0
D6069	ABUTMENT RETAINER - PORCELAIN FUSED FPD (HIGH)	0
D6070	ABUTMENT RETAINER - PORCELAIN FUSED FPD (BASE)	0

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DENTAL PROCEDURE CODES AND FEE SCHEDULE**

D6071	ABUTMENT RETAINER - PORCELAIN FUSED FPD (NOBLE)	0
D6072	ABUTMENT RETAINER - CAST METAL FPD (HIGH)	0
D6073	ABUTMENT RETAINER - CAST METAL FPD (BASE)	0
D6074	ABUTMENT RETAINER - CAST METAL FPD (NOBLE)	0
D6075	IMPLANT RETAINER FOR CERAMIC FPD	0
D6076	IMPLANT RETAINER - PORCELAIN FPD (TITANIUM/HIGH)	0
D6077	IMPLANT RETAINER - CAST FPD (TITANIUM/HIGH)	0
D6078	IMPLANT/ABUTMENT FIXED FOR COMPLETE-EDENT ARCH	0
D6079	IMPLANT/ABUTMENT FIXED FOR PARTIAL-EDENT ARCH	0
D6080	IMPLANT MAINTENANCE	BR
D6090	IMPLANT REPAIR (PROSTHESIS)	BR
D6095	IMPLANT REPAIR (ABUTMENT)	BR
D6100	IMPLANT REMOVAL	BR
D6199	UNSPECIFIED IMPLANT PROCEDURE	BR

06200-06999 PROSTHODONTICS, FIXED**FIXED PARTIAL DENTURE PONTICS (FIXED BRIDGES)**

D6210	HIGH NOBLE METAL CAST	0
D6211	PREDOMINANTLY BASE METAL CAST	0
D6212	NOBLE METAL CAST	0
D6240	PORCELAIN FUSED TO HIGH NOBLE METAL	0
D6241	PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0
D6242	PORCELAIN FUSED TO NOBLE METAL	0
D6245	PONTIC - PORCELAIN/CERAMIC	0
D6250	RESIN WITH HIGH NOBLE METAL	0
D6251	RESIN WITH PREDOMINANTLY BASE METAL	0
D6252	RESIN WITH NOBLE METAL	0

FIXED PARTIAL DENTURE (FIXED BRIDGE) RETAINER-INLAYS/ONLAYS

D6519	INLAY/ONLAY - PORCELAIN/CERAMIC	0
D6520	INLAY-METALLIC-TWO SURFACES	0
D6530	INLAY-METALLIC-THREE OR MORE SURFACES	0
D6543	ONLAY-METALLIC-THREE SURFACES	0
D6544	ONLAY-METALLIC-4 OR MORE SURFACES	0
D6545	RETAINER CAST METAL FOR RESIN BONDED	0
D6548	RETAINER-PORCELAIN/CERAMIC FIXED PROSTHESIS	0

CODE BRIEF DESCRIPTION**MAX FEE****FIXED PARTIAL DENTURE (FIXED BRIDGE) RETAINER-CROWNS**

D6720	RESIN - HIGH NOBLE METAL	0
D6721	RESIN - PREDOMINANTLY BASE METAL	0
D6722	RESIN - NOBLE METAL	0
D6740	CROWN PORCELAIN	0
D6750	PORCELAIN FUSED TO HIGH NOBLE METAL	0
D6751	PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0
D6752	PORCELAIN FUSED TO NOBLE METAL	0
D6780	HIGH NOBLE METAL (3/4 CAST)	0
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	0
D6782	CROWN - 3/4 CAST NOBLE METAL	0
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	0
D6790	HIGH NOBLE METAL (FULL CAST)	0
D6791	PREDOMINANTLY BASE METAL (FULL CAST)	0
D6792	NOBLE METAL (FULL CAST)	0

OTHER FIXED PARTIAL DENTURE (FIXED BRIDGE) SERVICES

D6920	CONNECTOR BAR	0
D6930	RECENT FIXED PARTIAL DENTURE (BRIDGE) PER UNIT CEMENTED	32
D6940	STRESS BREAKER	0

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

D6950	PRECISION ATTACHMENT		
D6970	CAST POST AND CORE-IN ADDITION		
D6971	CAST POST AS PART OF BRIDGE RETAINER		
D6972	PREFABRICATED POST AND CORE-IN ADDITION		0
D6973	CORE BUILD UP FOR RETAINER, INCLUDES PINS		0
D6975	COPING METAL		0
D6976	EACH ADDITIONAL CAST POST-SAME TOOTH		0
D6977	EACH ADDITIONAL PREFABRICATED POST-SAME TOOTH		0
D6980	FIXED PARTIAL DENTURE (FIXED BRIDGE) REPAIR BR		0
D6999	UNSPECIFIED FIXED PROSTHETIC PROCEDURE	BR	PA

07000-07999 ORAL SURGERY**EXTRACTIONS**

NOTE: PREAUTHORIZATION IS REQUIRED FOR MULTIPLE EXTRACTIONS IN HOSPITALS (OTHER THAN EMERGENCY CONDITIONS) AND FOR EXTRACTIONS REQUIRING REPLACEMENTS.

D7110	SINGLE TOOTH		42
D7120	EXTRACT ADDITIONAL TOOTH SIMPLE		24
D7130	ROOT REMOVAL - EXPOSED ROOTS - PER TOOTH		42

SURGICAL EXTRACTIONS

D7210	SURGICAL REMOVAL ERUPTED TOOTH		0
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE		64
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY		90
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY		100
D7241	REMOVAL OF IMPACTED TOOTH, BONY, UNUSUAL		0
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING)		52 (complete)

CODE BRIEF DESCRIPTION**MAX FEE****OTHER**

D7260	OROANTRAL FISTULA CLOSURE	125	BR
D7270	TOOTH REIMPLANTATION/STABILIZATION		64
D7272	TOOTH TRANSPLANTATION		27
D7280	SURGICAL EXPOSURE IMPACTED/UNERUPTED TOOTH (ORTHO REASONS-INCLUDES ATTACHMENTS)		BR
D7281	SURGICAL EXPOSURE IMPACTED/UNERUPTED TOOTH		85
D7285	BIOPSY ORAL TISSUE HARD INCL LAB REPORT		BR
D7286	BIOPSY ORAL TISSUE SOFT INCL LAB REPORT		BR
D7290	SURGICAL REPOSITIONING OF TEETH		BR
D7291	TRANSSEPTAL FIBEROTOMY		BR

ALVEOLOPLASTY

D7310	ALVEOLOPLASTY WITH EXTRACTIONS-PER QUAD- NCSF		0
D7320	ALVEOLOPLASTY NO EXTRACTIONS - PER QUAD		48

VESTIBULOPLASTY

D7340	RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)		BR
D7350	RIDGE EXTENSION (INCLUDES GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MNGMT OF HYPER-TROPHIED/PLASTIC TISSUE		BR

SURGICAL EXCISION (SCAR TISSUE/LOCALIZED CONGENITAL LESIONS)

D7410	RADICAL EXCISION LESION UP TO 1.25 CM	27	CPT
D7420	RADICAL EXCISION LESION OVER 1.25 CM		BR

TUMORS/CYSTS/NEOPLASMS

D7430	EXCISION BENIGN TUMOR UP TO 1.25 CM	27	CPT
D7431	EXCISION BENIGN TUMOR OVER 1.25 CM		BR
D7440	EXCISE MALIGNANT TUMOR UP TO 1.25 CM	42	CPT
D7441	EXCISION MALIGNANT TUMOR LES OVE 1.25 CM		BR

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

REMOVAL-CYSTS/NEOPLASMS

D7450	REMOVE ODONTOGENIC CYST OR TUMOR-UP TO 1.25 CM.	58	CPT
D7451	REMOVE ODONTOGENIC CYST OR TUMOR-OVER 1.25 CM		BR
D7460	REMOVE NONODONTOGENIC CYST - UP TO 1.25 CM	27	CPT
D7461	REMOVE NONODONTOGENIC CYST OR TUMOR-OVER 1.25 CM		BR
D7465	DESTRUCTION LESION (s) PHYSICAL/CHEMICAL METHODS		BR

BRIEF DESCRIPTION**MAX FEE****EXCISION-BONE TISSUE**

D7470	REMOVAL OF EXOSTOSIS MAXILLA OR MANDIBLE	105	
D7471	REMOVAL OF EXOSTOSIS- PER SITE	0	
D7480	PARTIAL OSTECTOMY (GUTTERING OR SAUCERIZATION)	27	
D7490	RADICAL RESECTION OF MANDIBLE W/BONE GRAFT		BR

INCISION-SURGICAL

D7510	INCISION AND DRAINAGE OF ABCESS - INTRAORAL	48	
D7520	INCISION AND DRAINAGE OF ABCESS - EXTRAORAL	68	
D7530	REMOVAL OF FOREIGN BODY		BR
D7540	REMOVE REACTION-PRODUCING FOREIGN BODIES		BR
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	68	
D7560	MAXILLARY SINUSOTOMY-REMOVE FRAGMENT OR FOREIGN BODY		BR

FRACTURE-SIMPLE

D7610	MAXILLA - OPEN REDUCTION (IMMOBILIZED)	212	CPT
D7620	MAXILLA - CLOSED REDUCTION	159	CPT
D7630	MANDIBLE - OPEN REDUCTION (IMMOBILIZED)	212	CPT
D7640	MANDIBLE - CLOSED REDUCTION (IMMOBILIZED)	159	CPT
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	191	CPT
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	114	CPT
D7670	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	64	CPT
D7680	FACIAL BONES COMPLICATED REDUCTION	318	CPT

FRACTURE-COMPOUND

D7710	MAXILLA - OPEN REDUCTION WITH SURGICAL INCISION	286	CPT
D7720	MAXILLA - CLOSED REDUCTION	172	CPT
D7730	MANDIBLE - OPEN REDUCTION WITH SURGICAL INCISION	286	CPT
D7740	MANDIBLE - CLOSED REDUCTION	172	CPT
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION - INCISION	286	CPT
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	172	CPT
D7770	ALVEOLUS - STABILIZATION OF TEETH, OPEN REDUCTION, SPLINTING - REQUIRING SURGICAL INCISION	106	CPT
D7780	FACIAL BONES COMPLICATED REDUCTION		BR

TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

D7810	OPEN REDUCTION OF DISLOCATION - SURGICAL EXPOSURE	158	CPT
D7820	CLOSED REDUCTION OF DISLOCATION	27	CPT
D7830	MANIPULATION UNDER ANESTHESIA	32	CPT
D7840	CONDYLECTOMY	180	CPT PA
D7850	SURGICAL DISECTOMY, WITH/WITHOUT IMPLANT	276	CPT PA
D7852	DISC REPAIR		BR PA

BRIEF DESCRIPTION**MAX FEE**

D7854	SYNOVECTOMY		BR	PA
D7856	MYOTOMY		BR	PA
D7858	JOINT RECONSTRUCTION		BR	
D7860	ARTHROTOMY	179	CPT	PA
D7865	ARTHROPLASTY	306	CPT	PA
D7870	ARTHROCENTESIS	17	CPT	PA
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE - (inflow and outflow)	0		

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

catherers are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.)

D7872	ARTHROSCOPY: DIAGNOSIS W/WITHOUT BIOPSY	172	CPT	PA
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	143	CPT	
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZ	143	CPT	
D7875	ARTHROSCOPY: SYNOVECTOMY	143	CPT	
D7876	ARTHROSCOPY: DISCECTOMY	143	CPT	
D7877	ARTHROSCOPY: DEBRIDEMENT	143	CPT	
D7880	OCCLUSAL ORTHOTIC DEVICE		BR	
D7899	UNSPECIFIED TMD THERAPY		BR	

TRAUMATIC WOUNDS/TMD REPAIR

D7910	SUTURE RECENT SMALL WOUNDS UP TO 5 CM	16	CPT	
D7911	COMPLICATED SUTURE UP TO 5 CM	27	CPT	
D7912	COMPLICATED SUTURE OVER 5 CM		BR	

OTHER REPAIRS

D7920	SKIN GRAFTS (INCLUDE DEFECT, LOCATION & GRAFT TYPE)		BR	
D7940	OSTEOPLASTY (FOR ORTHOGNATHIC DEFORMITIES)		BR	PA
D7941	OSTEOTOMY MANDIBULAR RAMI		BR	PA
D7943	OSTEOTOMY RAMI WITH BONE GRAFT		BR	PA
D7944	OSTEOTOMY SEGMENTED/SUBAPICAL-PER SEXTANT OR QUAD		BR	PA
D7945	OSTEOTOMY BODY OF MANDIBLE		BR	PA
D7946	LEFORT I-TOTAL MAXILLA ((OSTEOTOMY)		BR	PA
D7947	LEFORT I-SEGMENTED MAXILLA (OSTEOTOMY)		BR	PA
D7948	LEFORT II OR III, NO GRAFT (OSTEOPLASTY)		BR	PA
D7949	LEFORT II OR III WITH GRAFT		BR	PA
D7950	GRAFT OF MANDIBLE; FACIAL BONES		BR	
D7955	REPAIR MAXILLOFACIAL DEFECTS HARD AND SOFT TISSUE		BR	PA
D7960	FRENUECTOMY-SEPARATE PROCEDURE (FRENECTOMY; FRENOTOMY)	63		
D7970	EXCISION HYPERPLASTIC TISSUE PER ARCH	27		
D7971	EXCISION OF PERICORONAL GINGIVA	25		
D7980	SIALOLITHOTOMY	18	CPT	
D7981	EXCISION SALIVARY GLAND	106	CPT	
D7982	SIALODOCHOPLASTY	133	CPT	PA

CODE BRIEF DESCRIPTION**MAX FEE**

D7983	CLOSURE OF SALIVARY FISTULA	48	CPT	
D7990	EMERGENCY TRACHEOTOMY	100	CPT	
D7991	CORONOIDECTOMY	302	CPT	
D7995	SYNTHETIC GRAFT MANDIBLE OR FACIAL BONES		BR	
D7996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES		BR	
D7997	APPLIANCE REMOVAL - (not by dentist who placed appliance), includes removal or archbar	0		
D7999	UNSPECIFIED ORAL SURGERY		BR	

08000-08999 ORTHODONTICS**LIMITED**

D8010	ORTHODONTIC TREATMENT-PRIMARY DENTITION	0		
D8020	ORTHODONTIC TREATMENT	0		
D8030	ORTHODONTIC TREATMENT	0		
D8040	ORTHODONTIC TREATMENT - ADULTS	0		
D8050	ORTHODONTIC TREATMENT INTERCEPTIVE - PRIMARY	0		
D8060	ORTHODONTIC TREATMENT INTERCEPTIVE	0		
D8070	ORTHODONTIC TREATMENT - COMPREHENSIVE TRANSITIONAL	0		
D8080	ORTHODONTIC TREATMENT	0		
D8090	ORTHODONTIC TREATMENT	0		

APPLIANCE THERAPY, HABITS

BR = BY REPORT
 NCSP = NOT COVERED AS A SEPARATE PROCEDURE
 PA = PREAUTHORIZATION IS REQUIRED
 CPT = CURRENT PROCEDURAL TERMINOLOGY, MOST RECENT FEE
 0 = NOT COVERED

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

D8210	CONTR HARMFUL HABIT REMOVABLE APPLIANCE	0	
D8220	CONTR HARMFUL HABIT FIXED APPLIANCE	0	

COMPREHENSIVE (CRITERIA: Case must be considered severe, dysfunctional, handicapping with a score of at least 15 on an HLD scoresheet and in full permanent dentition. Criteria may be waived if cleft palate or other severe oral anomaly is present.)

OTHER

D8660	ORTHODONTIC PRE-TREATMENT RECORDS	150	PA
D8670	ORTHODONTIC TREATMENT-PERIODIC (MONTHLY FOR 24 MONTHS)	75	PA
D8680	ORTHODONTIC RETENTION (PLACING APPLIANCES)	1035	PA
D8690	ORTHODONTIC TREATMENT (NO CONTRACT)	0	
D8691	REPAIR OF ORTHODONTIC APPLIANCE - (does not include bracket and standard fixed ortho appliances. It does include functional appliances and palatal expanders.)	0	
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	0	
D8999	ORTHODONTIC UNSPECIFIED PROCEDURE	0	

09000-09999 ADJUNCTIVE GENERAL SERVICES

D9110	PALLIATIVE (EMERGENCY) TREATMENT (BILL THIS OR THE ACTUAL PROCEDURE-NOT BOTH)	20	
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ANESTHESIA

D9210	LOCAL ANESTHESIA (NO OPER/SURG PROCEDURES)		NCSP
D9211	REGIONAL BLOCK ANESTHESIA		NCSP
D9212	TRIGEMINAL DIVISION BLOCK		NCSP
D9215	LOCAL ANESTHESIA		NCSP
D9220	GENERAL ANESTHESIA (FIRST 30 MINUTES)	76	

CODE	BRIEF DESCRIPTION	MAX FEE
D9221	GENERAL ANESTHESIA (additional 15 min.)	36
D9230	ANALGESIA	18
D9240	INTRAVENOUS SEDATION	44
D9241	INTRAVENOUS SEDATION 30 MINUTES	0
D9242	INTRAVENOUS SEDATION ADDITIONAL 15 MINUTES	0
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	0

CONSULTATION

D9310	CONSULTATION - PER SESSION (invoice requires a copy of the consultation report)	48
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VISITS

D9410	HOUSE CALLS	15	
D9420	HOSPITAL CALLS	15	NCSP
D9430	OFFICE VISIT (REGULAR HOURS)		NCSP
D9440	OFFICE VISIT (AFTER REGULAR HOURS)	0	

DRUGS

D9610	THERAPEUTIC DRUG INJECTION		BR
D9630	OTHER DRUGS	1.00	BR

OTHER

D9910	APPLY DESENSITIZING MEDICATION	10	
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH - (typically reported on a "per tooth" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.)	0	
D9920	BEHAVIOR MANAGEMENT	0	
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) NON-ROUTINE		BR
D9940	OCCLUSAL GUARD		BR

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**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

D9941	FABRICATION OF ATHLETIC MOUTH GUARD	40
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	0
D9951	OCCLUSAL ADJUSTMENT - LIMITED	33
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	66
D9970	ENAMEL MICROABRASION	0
D9999	UNSPECIFIED DENTAL TREATMENT	BR

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