

PROCEDURE CODES	DESCRIPTION	Covered Benefit CSHCS Only	Covered Benefit (Under 21)	Covered Benefit (21 & Over)	Prior Authorization Required	Report tooth/Number on Claim	Report Tooth Surface on Claim	Documentation Required w/Claim	Age	Frequency	Fee Under Age 19	Fee Age 19 & Over	CSHCS only Fee
DIAGNOSTIC SERVICES													
CLINICAL ORAL EXAMINATIONS													
D0120	Periodic Oral Examination		X							1 in 6 months	14.89	14.89	
D0140	Limited Oral Evaluation-Problem-focused		X	X							14.89	14.89	
D0150	Comprehensive Oral Evaluation- New or Established Patient		X							1 in 6 months	18.90	14.89	
RADIOGRAPHS													
D0210	Intraoral - complete series (including Bitewings)		X							1 in 5 years	40.95	25.62	
D0220	Intraoral, periapical, first film		X	X							3.63	3.63	
D0230	Intra-oral-periapical, ea. Additional film		X	X							3.15	3.15	
D0240	Intraoral-occlusal film		X								13.23	6.96	
D0270	Bitewing- single film		X								10.29	6.93	
D0272	Bitewing radiographs –two films		X							1 in 12 months	12.60	9.35	
D0274	Bitewing radiographs – four films		X							1 in 12 months	17.64	14.02	
D0330	Panoramic film		X							1 in 5 years	17.56	17.56	
D0340	Cephalometric Film	X											28.39
PREVENTIVE SERVICES													
DENTAL PROPHYLAXIS													
D1110	Prophylaxis-Adult		X						14 -20	1 per 6 months	27.72	22.10	
D1120	Prophylaxis-Child		X						2-13	1 per 6 months	19.53		
FLUORIDE TREATMENTS													
D1203	Topical application of fluoride-child		X						0-15	1 per 6 months	13.23		
SEALANTS													
D1351	Sealant, per tooth		X			X			5-15		15.12		
SPACE MAINTAINERS													

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D1510	Space maintainer-Fixed, unilateral		X						0 - 12	1 in 2 years per quadrant	110.25		
D1515	Space maintainer-Fixed, bilateral		X						0 - 12	1 in 2 years per quadrant	173.25		
D1550	Recementation of Space maintainer		X								21.42		
	RESTORATIVE TREATMENT												
	AMALGAM RESTORATIONS												
D2140	Amalgam - one surface, primary or permanent		X			X	X				38.22	15.59	
D2150	Amalgam - two surfaces, primary or permanent		X			X	X				48.41	31.21	
D2160	Amalgam - three surfaces, primary or permanent		X			X	X				60.12	41.22	
D2161	Amalgam - four or more surfaces, primary or permanent		X			X	X				69.93	48.45	
	RESIN RESTORATIONS												
D2330	Resin - one surface, anterior		X			X	X				46.94	25.62	
D2331	Resin - two surfaces, anterior		X			X	X				60.48	36.77	
D2332	Resin - three surfaces, anterior		X			X	X				74.13	49.02	
D2335	Resin- based composite-four or more surfaces or involving incisal angle (anterior)		X			X	X				98.28	59.05	
D2390	Resin-based Composite Crown, Anterior		X			X	X				154.75	131.25	
D2391	Resin-based composite, one surface, posterior		X			X	X				38.23	15.59	
D2392	Resin-based composite, two surfaces, posterior		X			X	X				48.41	31.21	
D2393	Resin-based composite, three surfaces, posterior		X			X	X				60.12	41.22	
D2394	Resin-based composite, four or more surfaces, posterior		X			X	X				66.52	48.45	
	CROWNS												
D2710	Crown- Resin-based composite (Indirect)		X		X	X					232.05	175.49	
D2712	Crown-3/4 Resin-based composite (Indirect)		X		X	X					232.05	175.49	
D2740	Crown-Porcelain/ceramic substrate	X			X	X							432.92
D2750	Crown-Porcelain fused high noble metal	X			X	X							411.60
D2751	Crown-Porcelain fused to predominantly base metal	X			X	X							393.23

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D2752	Crown-Porcelain fused to noble metal	X			X	X							404.25
D2790	Crown full cast high noble metal	X			X	X							404.25
D2791	Crown full cast predominantly base metal	X			X	X							363.83
D2792	Crown full cast noble metal	X			X	X							367.50
D2794	Crown-Titanium	X			X	X							367.50
D2799	Provisional crown	X			X	X							232.05
OTHER RESTORATIVE SERVICES													
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration		X			X					11.69	11.69	
D2915	Recement Cast or Prefabricated Post and Core		X			X					11.69	11.69	
D2920	Recement Crown		X			X					11.69	11.69	
D2930	Prefab. Stainless Steel Crown-primary		X			X					84.00	46.80	
D2931	Prefab. Stainless Steel crown-permanent		X			X					85.62	85.62	
D2933	Prefabricated stainless steel crown with resin window		X			X					90.83		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown-Primary Tooth		X			X					90.83		
D2940	Sedative filling		X			X					11.69	11.69	
D2950	Core Buildup, including any pins		X			X					116.13	116.13	
D2951	Pin retention-per tooth, addition to restoration		X			X					22.79	22.79	
D2952	Cast post and core in addition to crown		X			X					155.82	155.82	
D2954	Prefabricated post and core in addition to crown		X			X					150.68	150.68	
D2999	Unspecified restorative procedure, by report	X	X		X	X		X			0.01	0.01	
ENDODONTICS													
PULP CAPPING													
D3110	Pulp cap - direct (excluding final restoration)		X			X					18.38	12.82	
PULPOTOMY													
D3220	Therapeutic Pulpotomy (excluding final restoration)		X			X			0-12		66.15		
D3221	Pulpal Debridement, Primary and Permanent Teeth		X			X			0-12		66.15		
ROOT CANAL THERAPY													
D3230	Pulpal therapy, anterior, primary		X			X			0-7		102.77		
D3240	Pulpal therapy, posterior, primary		X			X			0-12		102.77		
D3310	Anterior (excluding final restoration)		X			X					239.40	134.54	

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D3320	Bicuspid (excluding final restoration)		X			X					283.50	157.93	
D3330	Molar root canal (excluding final restoration)		X			X					378.00	204.73	
D3351	Apexification-intial visit		X			X			0-12		63.21		
D3352	Apexification/recalcification –interim medication replacement		X			X			0-12		63.21		
D3353	Apexification-final visit		X			X			0-12		404.25		
PERIAPICAL SERVICES													
D3410	Apicoectomy - anterior		X			X					312.90	81.89	
D3421	Apicoectomy – bicuspid (first root)		X			X					349.13		
D3425	Apicoectomy – molar (first root)		X			X					374.85		
D3426	Apicoectomy – (each additional root)		X			X					374.85		
D3430	Retrograde filling - per root		X			X					73.50		
D3999	Unspecified endodontic procedure, by report		X			X		X			0.01	0.01	
PERIODONTICS													
D4355	Full mouth debridement		X						14-20	1 per 12 months	43.26	43.26	
PROSTHODONTICS, REMOVABLE													
COMPLETE DENTURES													
D5110	Complete Denture-Maxillary		X		X					1 per 5 years	341.25	341.25	
D5120	Complete Denture-Mandibular		X		X					1 per 5 years	341.25	341.25	
D5130	Immediate Denture-Maxillary		X		X					1 per 5 years	341.25	341.25	
D5140	Immediate Denture-Mandibular		X		X					1 per 5 years	341.25	341.25	
PARTIAL DENTURES													
D5211	Maxillary partial denture, resin base		X		X					1 per 5 years	157.93	157.93	
D5212	Mandibular partial denture, resin base		X		X					1 per 5 years	157.93	157.93	
D5213	Maxillary partial denture, cast metal framework with resin denture bases		X		X					1 per 5 years	380.22	380.22	
D5214	Mandibular partial denture, cast metal framework with resin denture bases		X		X					1 per 5 years	380.22	380.22	
D5225	Maxillary partial denture-flexible base (including any clasps, rests and teeth)		X		X					1 per 5 years	157.93	157.93	

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D5226	Mandibular partial denture-flexible base (including any clasps, rests and teeth)		X		X					1 per 5 years	157.93	157.93	
ADJUSTMENTS													
D5410	Complete denture adjustment -maxillary		X								36.75	36.75	
D5411	Complete denture adjustment -mandibular		X								36.75	36.75	
D5421	Partial denture adjustment - maxillary		X								36.75	36.75	
D5422	Partial denture adjustment - mandibular		X								36.75	36.75	
REPAIRS TO COMPLETE DENTURES													
D5510	Repair broken complete denture base		X								66.15	66.15	
D5520	Replace missing or broken teeth-complete denture (each tooth)		X			X					70.35	70.35	
REPAIRS TO PARTIAL DENTURES													
D5610	Repair resin denture base		X								66.15	66.15	
D5620	Repair cast framework		X								70.35	70.35	
D5630	Repair or replace broken clasp		X								89.24	89.24	
D5640	Replace broken teeth-per tooth		X			X					63.00	63.00	
D5650	Add tooth to existing partial denture		X			X					70.35	70.35	
D5660	Add clasp to existing partial denture		X								99.75	99.75	
REBASE AND RELINING													
D5710	Rebase complete maxillary denture		X								146.24	146.24	
D5711	Rebase complete mandibular denture		X								146.24	146.24	
D5720	Rebase maxillary partial denture		X								87.74	87.74	
D5721	Rebase mandibular partial denture		X								87.74	87.74	
D5730	Reline complete maxillary denture (chairside)		X							1 in 2 years	66.15	66.15	
D5731	Reline complete mandibular denture (chairside)		X							1 in 2 years	66.15	66.15	
D5740	Reline maxillary partial denture (chairside)		X							1 in 2 years	66.15	66.15	
D5741	Reline mandibular partial denture (chairside)		X							1 in 2 years	66.15	66.15	
D5750	Reline complete maxillary denture (laboratory)		X							1 in 2 years	105.85	105.85	
D5751	Reline complete mandibular denture (laboratory)		X							1 in 2 years	105.85	105.85	

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D5760	Reline maxillary partial denture (laboratory)		X							1 in 2 years	116.99	116.99	
D5761	Reline mandibular partial denture (laboratory)		X							1 in 2 years	116.99	116.99	
OTHER PROSTHETIC SERVICES													
D5810	Interim complete denture (maxillary)		X		X						146.24	146.24	
D5811	Interim complete denture (mandibular)		X		X						146.24	146.24	
D5820	Interim partial denture (maxillary)		X		X						105.28	105.28	
D5821	Interim partial denture (mandibular)		X		X						105.28	105.28	
D5899	Not otherwise classified prosthetic procedures		X					X			0.01		
PROSTHODONTICS, FIXED													
BRIDGE PONTICS													
D6053	Implant/Abutment supported removable denture for completely edentulous arch	X			X								0.01
D6054	Implant/Abutment supported removable denture for partially edentulous arch	X			X								0.01
D6094	Abutment Supported Crown (Titanium)	X			X	X							0.01
D6194	Abutment Supported Retainer Crown for FPD- (Titanium)	X			X	X							0.01
D6205	Pontic-Indirect Resin Based Composite	X			X	X							232.05
D6210	Pontic –cast high noble metal	X			X	X							396.90
D6211	Pontic-cast predominantly base metal	X			X	X							382.20
D6212	Pontic-cast noble metal	X			X	X							389.55
D6214	Pontic-Titanium	X			X	X							422.63
D6240	Pontic-porcelain fused to high noble metal	X			X	X							422.63
D6241	Pontic-porcelain fused to predominantly base metal	X			X	X							374.85
D6242	Pontic-porcelain fused to noble metal	X			X	X							393.23
D6245	Pontic – porcelain/ceramic	X			X	X							417.90
D6253	Provisional Pontic	X			X								232.05
CROWNS													
D6710	Crown-Indirect Resin Based composite	X			X	X							232.05
D6740	Porcelain/ceramic	X			X	X							417.90
D6750	Porcelain fused to high noble metal	X			X	X							422.63
D6751	Porcelain fused to predominantly base metal	X			X	X							374.85

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D6752	Porcelain fused to noble metal	X			X	X							393.23
D6790	Full cast - high noble metal	X			X	X							396.90
D6791	Full cast- predominantly base metal	X			X	X							382.20
D6792	Full cast - noble metal	X			X	X							385.88
D6793	Provisional Retainer Crown	X			X	X							232.05
D6794	Crown-Titanium	X			X	X							422.63
OTHER FIXED PROSTHETIC SERVICES													
D6930	Recement fixed partial denture		X								28.61	28.61	
D6970	Cast post and core in addition to fixed partial denture retainer	X			X	X							168.00
D6971	Cast post as part of fixed partial denture retainer	X			X	X							147.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	X			X	X							128.63
D6973	Core build up for retainer, including any pins	X			X	X							102.90
D6980	Fixed partial denture repair, by report	X			X								0.01
ORAL SURGERY													
SIMPLE EXTRACTIONS													
D7111	Extractions, Coronal Remnants-deciduous tooth		X			X					23.39	23.39	
D7140	Extraction, erupted tooth or exposed root (Elevation and/or forceps removal)		X	X		X					44.47	25.62	
SURGICAL EXTRACTIONS													
D7210	Extraction of tooth, erupted		X	X		X					99.23	33.43	
D7220	Extraction of tooth, soft tissue impaction		X	X		X					117.60	52.65	
D7230	Extraction of tooth, partial bony impaction		X	X		X					158.03	87.74	
D7240	Extraction of tooth, complete bony impaction		X	X		X					190.37	116.99	
D7250	Surgical removal of residual tooth roots (cutting procedure)		X	X		X					43.37	23.39	
OTHER SURGICAL PROCEDURES													
D7260	Oroantral fistula closure		X	X							257.25	257.25	
D7261	Primary closure of a sinus perforation		X	X							171.50	171.50	
D7270	Tooth replantation and/or stabilization		X			X					147.00	147.00	
D7280	Surgical access of an unerupted tooth	X				X							176.40
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	X				X							120.40

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D7283	Placement of device to facilitate eruption of impacted tooth	X				X							120.40
D7310	Alveoplasty per quadrant, in conj. with extractions		X								99.23	99.23	
D7320	Alveoplasty per quadrant -not in conjunctions with extractions		X								124.95	124.95	
D7471	Removal of lateral exostosis (maxilla or mandible)		X								87.74	87.74	
D7472	Removal of Torus Palatinus		X								113.58	113.58	
D7473	Removal of Torus Mandibularis		X								113.58	113.58	
D7485	Surgical reduction of osseous tuberosity		X								113.58	113.58	
D7510	Incision and Drainage (intraoral soft tissue)		X	X							9.46	9.46	
D7970	Excision of hyperplastic tissue – per arch		X								113.58	113.58	
D7971	Excision of pericoronal gingiva		X			X					55.13	55.13	
D7972	Surgical reduction of fibrous tuberosity		X								87.74	87.74	
D7999	Unspecified oral surgery procedure, by report		X	X				X			0.01	0.01	
	ADJUNCTIVE GENERAL SERVICES												
	UNCLASSIFIED TREATMENT												
D9110	Palliative treatment		X								13.92	13.92	
	ANESTHESIA												
D9220	Deep Sedation/General Anesthesia – first 30 minutes		X					X			81.11	81.11	
D9221	Deep Sedation/General Anesthesia – each additional 15 minutes		X					X			40.56	40.56	
D9241	IV Conscious Sedation/analgesia- first 30 minutes		X					X			81.11	81.11	
D9242	IV Conscious Sedation/analgesia – each additional 15 minutes		X					X			40.56	40.56	
D9248	Non-intravenous Conscious Sedation		X					X	0-5		40.56	40.56	
	PROFESSIONAL VISITS												
D9310	Consultation (service rendered by provider other than dentist providing treatment)		X								29.24	29.24	
D9420	Hospital Calls		X								150.00	150.00	
	MISCELLANEOUS SERVICES												
D9930	Complication (post surgical - unusual circumstances)		X								17.56	17.56	
	ORTHODONTICS												
	OTHER ORTHODONTIC SERVICES												

MDCH Dental Database

January 1, 2005
Revised: 7/1/2005

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D8050	Interceptive orthodontic treatment of the primary dentition	X			X				0-9				1260.00
D8060	Interceptive orthodontic treatment of the transitional dentition	X			X				5-13				1470.00
D8660	Pre-orthodontic treatment visit	X											107.09
D8670	Periodic orthodontic treatment visit (as part of Contract)	X			X					1 PA request every 6 months			513.82
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	X			X								0.01
D8692	Replacement of lost or broken retainer	X			X					2 per lifetime			78.75
D8999	Unspecified orthodontic procedure, by report	X			X			X					0.01