MDCH
Dental Database
January 2014

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D0120	Periodic Oral Evaluation			Y	Y					$14.89	$14.89			1 per 6 Months		
D0140	Limit Oral Eval Problm Focus			Y	Y					$14.89	$14.89			2 per Month		
D0145	Oral Evaluation, Pt < 3yrs			Y						$14.89			0-2	1 per 6 Months		
D0150	Comprehensve Oral Evaluation			Y	Y					$18.90	$14.89			1 per 6 Months		
D0190	Screening Of A Patient			Y						$14.89			0-2	1 per 6 Months		
D0191	Assessment Of A Patient			Y	Y					$14.89	$14.89			1 per 6 Months		
D0210	Intraor Complete Film Series			Y	Y					$40.95	$25.62		5-124	1 per 5 Years		
D0220	Intraoral Periapical First			Y	Y					$3.63	$3.63			4 per Month		
D0230	Intraoral Periapical Ea Add			Y	Y					$3.15	$3.15			12 per Year		
D0240	Intraoral Occlusal Film			Y						$3.63	$3.63		< Age 21	2 per 3 Years		
D0270	Dental Bitewing Single Image			Y	Y					$10.29	$6.93			1 per 12 Months		
D0272	Dental Bitewings Two Images			Y	Y					$12.60	$9.35			1 per 12 Months		
D0273	Bitewings - Three Images			Y	Y					$15.12	$11.69			1 per 12 Months		
D0274	Bitewings Four Images			Y	Y					$17.64	$14.02			1 per 12 Months		
D0330	Panoramic Image			Y	Y					$17.56	$17.56		5-124	1 per 5 Years		
D0340	Cephalometric Image		Y									$28.39		1 per Lifetime		
D1110	Dental Prophylaxis Adult			Y	Y					$27.72	$22.10		14-124	1 per 6 Months		
D1120	Dental Prophylaxis Child			Y						$19.53			0-13	1 per 6 Months		
D1206	Topical Fluoride Varnish			Y						$9.00			0-2	4 per 12 Months		

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D1206	Topical Fluoride Varnish			Y						$13.23			3-15	1 per 6 Months		
D1208	Topical App Of Fluoride			Y						$13.23			1-15	1 per 6 Months		
D1351	Dental Sealant Per Tooth			Y		Y				$15.12			5-15	1 per 3 Years		
D1352	Prev Resin Rest, Perm Tooth			Y		Y				$15.12			5-15	1 per 3 Years		
D1510	Space Maintainer Fxd Unilat			Y				Y		$110.25			< Age 13	1 per 2 Years per Quadrant		
D1515	Fixed Bilat Space Maintainer			Y				Y		$173.25			< Age 13	1 per 2 Years per Arch		
D1550	Recement Space Maintainer			Y				Y		$21.42			< Age 13	1 per 2 Years per Quadrant/ Arch		
D1555	Remove Fix Space Maintainer			Y				Y		$21.42			< Age 13	1 per 2 Years per Quadrant/ Arch		
D2140	Amalgam One Surface Permanen			Y	Y	Y	Y			$38.22	$15.59			1 per 2 Years		
D2150	Amalgam Two Surfaces Permane			Y	Y	Y	Y			$48.41	$31.21			1 per 2 Years		
D2160	Amalgam Three Surfaces Perma			Y	Y	Y	Y			$60.12	$41.22			1 per 2 Years		
D2161	Amalgam 4 Or > Surfaces Perm			Y	Y	Y	Y			$69.93	$48.45			1 per 2 Years		
D2330	Resin One Surface-Anterior			Y	Y	Y	Y			$46.94	$25.62			1 per 2 Years		
D2331	Resin Two Surfaces-Anterior			Y	Y	Y	Y			$60.48	$36.77			1 per 2 Years		
D2332	Resin Three Surfaces-Anterio			Y	Y	Y	Y			$74.13	$49.02			1 per 2 Years		
D2335	Resin 4/> Surf Or W Incis An			Y	Y	Y	Y			$98.28	$59.05			1 per 2 Years		

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDCH
Dental Database
January 2014

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D2390	Ant Resin-Based Cmpst Crown			Y		Y				$154.75	$131.25		< Age 21	1 per 2 Years		
D2391	Post 1 Srfc Resinbased Cmpst			Y	Y	Y	Y			$38.23	$15.59			1 per 2 Years		
D2392	Post 2 Srfc Resinbased Cmpst			Y	Y	Y	Y			$48.41	$31.21			1 per 2 Years		
D2393	Post 3 Srfc Resinbased Cmpst			Y	Y	Y	Y			$60.12	$41.22			1 per 2 Years		
D2394	Post >=4srfc Resinbase Cmpst			Y	Y	Y	Y			$66.52	$48.45			1 per 2 Years		
D2710	Crown Resin-Based Indirect			Y		Y				$232.05	$175.49		< Age 21	1 per 5 Years	Y	
D2712	Crown 3/4 Resin-Based Compos			Y		Y				$232.05	$175.49		< Age 21	1 per 5 Years	Y	
D2740	Crown Porcelain/Ceramic Subs		Y			Y						$432.92			Y	
D2750	Crown Porcelain W/ H Noble M		Y			Y						$411.60			Y	
D2751	Crown Porcelain Fused Base M		Y			Y						$393.23			Y	
D2752	Crown Porcelain W/ Noble Met		Y			Y						$404.25			Y	
D2790	Crown Full Cast High Noble M		Y			Y						$404.25			Y	
D2791	Crown Full Cast Base Metal		Y			Y						$363.83			Y	
D2792	Crown Full Cast Noble Metal		Y			Y						$367.50			Y	
D2794	Crown-Titanium		Y			Y						$367.50			Y	
D2799	Provisional Crown		Y			Y						$232.05			Y	
D2910	Recement Inlay Onlay Or Part			Y	Y	Y				$11.69	$11.69			1 per 6 Months		
D2915	Recement Cast Or Prefab Post			Y	Y	Y				$11.69	$11.69			1 per 6 Months		
D2920	Dental Recement Crown			Y	Y	Y				$11.69	$11.69			1 per 6 Months		
D2930	Prefab Stnlss Steel Crwn Pri			Y		Y				$84.00	$46.80		< Age 21	1 per 2 Years		
D2931	Prefab Stnlss Steel Crown Pe			Y		Y				$85.62	$85.62		< Age 21	1 per 2 Years		
D2933	Prefab Stainless Steel Crown			Y		Y				$90.83	$58.49		< Age 21	1 per 2 Years		
D2934	Prefab Steel Crown Primary			Y		Y				$90.83	$90.83		< Age 21	1 per 2 Years		

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDCH
Dental Database
January 2014

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D2940	Protective Restoration			Y	Y	Y				$11.69	$11.69			1 per 2 Years		
D2950	Core Build-Up Incl Any Pins			Y		Y				$116.13	$116.13		< Age 21	1 per 2 Years		
D2951	Tooth Pin Retention			Y	Y	Y				$22.79	$22.79			1 per 2 Years		
D2952	Post And Core Cast + Crown			Y		Y				$155.82	$155.82		< Age 21	1 per 2 Years		
D2954	Prefab Post/Core + Crown			Y		Y				$150.68	$150.68		< Age 21	1 per 2 Years		
D2999	Dental Unspec Restorative Pr			Y	Y	Y				M	M				Y	
D3110	Pulp Cap Direct			Y		Y				$18.38	$12.82		< Age 21	1 per Lifetime		
D3220	Therapeutic Pulpotomy			Y		Y				$66.15			< Age 13	1 per Lifetime		
D3221	Gross Pulpal Debridement			Y		Y				$66.15			< Age 13	1 per Lifetime		
D3222	Part Pulp For Apexogenesis			Y		Y				$66.15	$35.10		5-20	1 per Lifetime		
D3230	Pulpal Therapy Anterior Prim			Y		Y				$102.77			0-7	1 per Lifetime		
D3240	Pulpal Therapy Posterior Pri			Y		Y				$102.77			0-12	1 per Lifetime		
D3310	End Thxpy, Anterior Tooth			Y		Y				$239.40	$134.54		< Age 21	1 per Lifetime		
D3320	End Thxpy, Bicuspid Tooth			Y		Y				$283.50	$157.93		< Age 21	1 per Lifetime		
D3330	End Thxpy, Molar			Y		Y				$378.00	$204.73		< Age 21	1 per Lifetime		
D3346	Retreat Root Canal Anterior			Y		Y				$246.48	$138.57		< Age 21	1 per Lifetime	Y	
D3347	Retreat Root Canal Bicuspid			Y		Y				$292.00	$162.66		< Age 21	1 per Lifetime	Y	
D3348	Retreat Root Canal Molar			Y		Y				$389.34	$210.87		< Age 21	1 per Lifetime	Y	
D3351	Apexification/Recalc Initial			Y		Y				$63.21			0-12	1 per Lifetime		

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D3352	Apexification/Recalc Interim			Y		Y				$63.21			0-12	1 per Lifetime		
D3353	Apexification/Recalc Final			Y		Y				$404.25			0-12	1 per Lifetime		
D3410	Apicoect/Perirad Surg Anter			Y		Y				$312.90	$81.89		< Age 21	1 per Lifetime		
D3421	Root Surgery Bicuspid			Y		Y				$349.13	$349.13		< Age 21	1 per Lifetime		
D3425	Root Surgery Molar			Y		Y				$374.85	$374.85		< Age 21	1 per Lifetime		
D3426	Root Surgery Ea Add Root			Y		Y				$374.85	$374.85		< Age 21	1 per Lifetime		
D3430	Retrograde Filling			Y		Y				$73.50	$73.50		< Age 21	1 per Lifetime		
D3999	Endodontic Procedure			Y		Y			Y	M	M		< Age 21			
D4355	Full Mouth Debridement			Y	Y					$43.26	$43.26		> Age 13	1 per 12 Months		
D5110	Dentures Complete Maxillary			Y	Y					$341.25	$341.25			1 per 5 Years	Y	
D5120	Dentures Complete Mandible			Y	Y					$341.25	$341.25			1 per 5 Years	Y	
D5130	Dentures Immediat Maxillary			Y	Y					$341.25	$341.25			1 per 5 Years	Y	
D5140	Dentures Immediat Mandible			Y	Y					$341.25	$341.25			1 per 5 Years	Y	
D5211	Dentures Maxill Part Resin			Y	Y					$157.93	$157.93			1 per 5 Years	Y	
D5212	Dentures Mand Part Resin			Y	Y					$157.93	$157.93			1 per 5 Years	Y	
D5213	Dentures Maxill Part Metal			Y	Y					$380.22	$380.22			1 per 5 Years	Y	
D5214	Dentures Mandibl Part Metal			Y	Y					$380.22	$380.22			1 per 5 Years	Y	
D5225	Maxillary Part Denture Flex			Y	Y					$157.93	$157.93			1 per 5 Years	Y	
D5226	Mandibular Part Denture Flex			Y	Y					$157.93	$157.93			1 per 5 Years	Y	

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D5410	Dentures Adjust Cmplt Maxil			Y	Y					$36.75	$36.75			2 per Year		
D5411	Dentures Adjust Cmplt Mand			Y	Y					$36.75	$36.75			2 per Year		
D5421	Dentures Adjust Part Maxill			Y	Y					$36.75	$36.75			2 per Year		
D5422	Dentures Adjust Part Mandbl			Y	Y					$36.75	$36.75			2 per Year		
D5510	Dentur Repr Broken Compl Bas			Y	Y			Y		$66.15	$66.15			2 per Year per Arch		
D5520	Replace Denture Teeth Complt			Y	Y	Y				$70.35	$70.35			2 per Year		
D5610	Dentures Repair Resin Base			Y	Y			Y		$66.15	$66.15			2 per Year per Arch		
D5620	Rep Part Denture Cast Frame			Y	Y			Y		$70.35	$70.35			2 per Year per Arch		
D5630	Rep Partial Denture Clasp			Y	Y					$89.24	$89.24			2 per Year		
D5640	Replace Part Denture Teeth			Y	Y	Y				$63.00	$63.00			2 per Year		
D5650	Add Tooth To Partial Denture			Y	Y	Y				$70.35	$70.35			2 per Year		
D5660	Add Clasp To Partial Denture			Y	Y					$99.75	$99.75			2 per Year		
D5710	Dentures Rebase Cmplt Maxil			Y	Y					$146.24	$146.24			1 per 2 Years		
D5711	Dentures Rebase Cmplt Mand			Y	Y					$146.24	$146.24			1 per 2 Years		
D5720	Dentures Rebase Part Maxill			Y	Y					$87.74	$87.74			1 per 2 Years		
D5721	Dentures Rebase Part Mandbl			Y	Y					$87.74	$87.74			1 per 2 Years		
D5730	Denture Reln Cmplt Maxil Ch			Y	Y					$66.15	$66.15			1 per 2 Years		

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D5731	Denture Reln Cmplt Mand Chr			Y	Y					$66.15	$66.15			1 per 2 Years		
D5740	Denture Reln Part Maxil Chr			Y	Y					$66.15	$66.15			1 per 2 Years		
D5741	Denture Reln Part Mand Chr			Y	Y					$66.15	$66.15			1 per 2 Years		
D5750	Denture Reln Cmplt Max Lab			Y	Y					$105.85	$105.85			1 per 2 Years		
D5751	Denture Reln Cmplt Mand Lab			Y	Y					$105.85	$105.85			1 per 2 Years		
D5760	Denture Reln Part Maxil Lab			Y	Y					$116.99	$116.99			1 per 2 Years		
D5761	Denture Reln Part Mand Lab			Y	Y					$116.99	$116.99			1 per 2 Years		
D5810	Denture Interm Cmplt Maxill			Y						$146.24			< Age 16	1 per 2 Years	Y	
D5811	Denture Interm Cmplt Mandbl			Y						$146.24			< Age 16	1 per 2 Years	Y	
D5820	Denture Interm Part Maxill			Y						$105.28			< Age 16	1 per 2 Years	Y	
D5821	Denture Interm Part Mandbl			Y						$105.28			< Age 16	1 per 2 Years	Y	
D5899	Removable Prosthodontic Proc			Y	Y				Y	M	M					
D5982	Surgical Stent		Y					Y				$627.00			Y	
D5988	Surgical Splint		Y					Y				$627.00			Y	
D6010	Odontics Endosteal Implant		Y			Y						$1,468.00			Y	
D6053	Implnt/Abtmnt Spprt Remv Dnt		Y					Y				$1,719.00			Y	
D6054	Implnt/Abtmnt Spprt Remvprtl		Y					Y				$1,719.00			Y	
D6055	Implant Connecting Bar		Y			Y						$1,949.00			Y	
D6056	Prefabricated Abutment		Y			Y						$300.00			Y	
D6057	Custom Abutment		Y			Y						$300.00			Y	
D6058	Abutment Supported Crown		Y			Y						$675.00			Y	
D6059	Abutment Supported Mtl Crown		Y			Y						$675.00			Y	
D6062	Abutment Supported Mtl Crown		Y			Y						$675.00			Y	
D6065	Implant Supported Crown		Y			Y						$975.00			Y	
D6066	Implant Supported Mtl Crown		Y			Y						$975.00			Y	
D6067	Implant Supported Mtl Crown		Y			Y						$975.00			Y	
D6068	Abutment Supported Retainer		Y					Y				$675.00			Y	

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D6069	Abutment Supported Retainer		Y					Y				$675.00			Y	
D6072	Abutment Supported Retainer		Y					Y				$675.00			Y	
D6075	Implant Supported Retainer		Y					Y				$975.00			Y	
D6076	Implant Supported Retainer		Y					Y				$975.00			Y	
D6077	Implant Supported Retainer		Y					Y				$975.00			Y	
D6078	Implnt/Abut Suprtd Fixd Dent		Y					Y				$2,919.00			Y	
D6079	Implnt/Abut Suprtd Fixd Dent		Y					Y				$2,235.00			Y	
D6080	Implant Maintenance		Y									$112.00		2 per Year		
D6090	Repair Implant		Y					Y				M			Y	
D6091	Repl Semi/Precision Attach		Y			Y						M			Y	
D6092	Recement Supp Crown		Y			Y						$65.00			Y	
D6093	Recement Supp Part Denture		Y			Y						$70.00			Y	
D6094	Abut Support Crown Titanium		Y			Y						M			Y	
D6095	Odontics Repr Abutment		Y			Y						M			Y	
D6100	Removal Of Implant		Y			Y						M			Y	
D6194	Abut Support Retainer Titani		Y			Y						$675.00			Y	
D6199	Implant Procedure		Y			Y						M			Y	
D6205	Pontic-Indirect Resin Based		Y			Y						$232.05			Y	
D6210	Prosthodont High Noble Metal		Y			Y						$396.90			Y	
D6211	Bridge Base Metal Cast		Y			Y						$382.20			Y	
D6212	Bridge Noble Metal Cast		Y			Y						$389.55			Y	
D6214	Pontic Titanium		Y			Y						$422.63			Y	
D6240	Bridge Porcelain High Noble		Y			Y						$422.63			Y	
D6241	Bridge Porcelain Base Metal		Y			Y						$374.85			Y	
D6242	Bridge Porcelain Nobel Metal		Y			Y						$393.23			Y	
D6245	Bridge Porcelain/Ceramic		Y			Y						$417.90			Y	
D6253	Provisional Pontic		Y									$232.05			Y	
D6710	Crown-Indirect Resin Based		Y			Y						$232.05			Y	
D6740	Crown Porcelain/Ceramic		Y			Y						$417.90			Y	
D6750	Crown Porcelain High Noble		Y			Y						$422.63			Y	
D6751	Crown Porcelain Base Metal		Y			Y						$374.85			Y	
D6752	Crown Porcelain Noble Metal		Y			Y						$393.23			Y	
D6790	Crown Full High Noble Metal		Y			Y						$396.90			Y	
D6791	Crown Full Base Metal Cast		Y			Y						$382.20			Y	
D6792	Crown Full Noble Metal Cast		Y			Y						$385.88			Y	
D6793	Provisional Retainer Crown		Y			Y						$232.05			Y	
D6794	Crown Titanium		Y			Y						$422.63			Y	

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D6930	Dental Recement Bridge			Y	Y					$28.61	$28.61					
D6980	Fixed Partial Repair		Y									M			Y	
D7111	Extraction Coronal Remnants			Y		Y				$23.39	$23.39		< Age 21	1 per Lifetime		Y
D7140	Extraction Erupted Tooth/Exr			Y	Y	Y				$44.47	$25.62			1 per Lifetime		Y
D7210	Rem Imp Tooth W Mucoper Flp			Y	Y	Y				$99.23	$33.43		2-124	1 per Lifetime		Y
D7220	Impact Tooth Remov Soft Tiss			Y	Y	Y				$117.60	$52.65		2-124	1 per Lifetime		Y
D7230	Impact Tooth Remov Part Bony			Y	Y	Y				$158.03	$87.74		2-124	1 per Lifetime		Y
D7240	Impact Tooth Remov Comp Bony			Y	Y	Y				$190.37	$116.99		2-124	1 per Lifetime		Y
D7250	Tooth Root Removal			Y	Y	Y				$43.37	$23.39			1 per Lifetime		Y
D7260	Oral Antral Fistula Closure			Y	Y					$257.25	$257.25			1 per Lifetime		Y
D7261	Primary Closure Sinus Perf			Y	Y					$171.50	$171.50			1 per Lifetime		Y
D7270	Tooth Reimplantation			Y		Y				$147.00	$147.00		< Age 21	1 per Lifetime		Y
D7280	Exposure Impact Tooth Orthod		Y			Y						$176.40		1 per Lifetime		Y
D7282	Mobilize Erupted/Malpos Toot		Y			Y						$120.40		1 per Lifetime		Y
D7283	Place Device Impacted Tooth		Y			Y						$120.40		1 per Lifetime		Y
D7310	Alveoplasty W/ Extraction			Y	Y			Y		$99.23	$99.23			1 per Lifetime		Y
D7320	Alveoplasty W/O Extraction			Y	Y			Y		$124.95	$124.95			1 per 5 Years		Y
D7471	Rem Exostosis Any Site			Y	Y			Y		$87.74	$87.74			1 per Lifetime		Y
D7472	Removal Of Torus Palatinus			Y	Y					$113.58	$113.58			1 per Lifetime		Y
D7473	Remove Torus Mandibularis			Y	Y			Y		$113.58	$113.58			1 per Lifetime		Y

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDCH
Dental Database
January 2014

HCPCS Code	Short Description	HCPCS Action Code	Covered Benefit CSHCS ONLY *	Covered Benefit < 21 *	Covered Benefit ≥ 21	Tooth #	Tooth Surface	Oral Cavity Area	Documentation Required	Fee Age < 19	Fee Age ≥ 19	CSHCS Only Fee	Age	Limits	PA	Diagnosis Code Required
D7485	Surg Reduct Osseoustuberosit			Y	Y			Y		$113.58	$113.58			1 per Lifetime		Y
D7510	I&D Absc Intraoral Soft Tiss			Y	Y					$9.46	$9.46					Y
D7970	Excision Hyperplastic Tissue			Y	Y			Y		$113.58	$113.58			1 per 2 Years		Y
D7971	Excision Pericoronal Gingiva			Y	Y	Y				$55.13	$55.13			1 per 2 Years		Y
D7972	Surg Redct Fibrous Tuberosit			Y	Y			Y		$87.74	$87.74			1 per 2 Years		Y
D7999	Oral Surgery Procedure			Y	Y				Y	M	M				Y	Y
D8050	Intercep Dental Tx Primary		Y									$1,260.00	*		Y	
D8060	Intercep Dental Tx Transitn		Y									$1,470.00	*		Y	
D8070	Compre Dental Tx Transition		Y									$1,460.00	*		Y	
D8080	Compre Dental Tx Adolescent		Y									$1,775.00	*		Y	
D8090	Compre Dental Tx Adult		Y									$1,880.00	*		Y	
D8660	Preorthodontic Tx Visit		Y									$107.09		1 per Year		
D8670	Periodic Orthodontc Tx Visit		Y									$600.00		1 PA request every 6 Months	Y	
D8692	Replacement Retainer		Y									$78.75		2 per Lifetime	Y	
D8999	Orthodontic Procedure		Y									M			Y	
D9110	Tx Dental Pain Minor Proc			Y						$13.92	$13.92		< Age 21			
D9220	General Anesthesia			Y	Y					$81.11	$81.11					Y
D9221	General Anesthesia Ea Ad 15m			Y	Y					$40.56	$40.56					Y
D9241	Intravenous Sedation			Y	Y					$81.11	$81.11					Y
D9242	Iv Sedation Ea Ad 30 M			Y	Y					$40.56	$40.56					Y
D9248	Sedation (Non-Iv)			Y						$40.56			0-5			Y
D9310	Dental Consultation			Y	Y					$29.24	$29.24					
D9420	Hospital/Asc Call			Y	Y					$150.00	$150.00			1 per 6 Months		
D9930	Treatment Of Complications			Y	Y					$17.56	$17.56					
D9940	Dental Occlusal Guard		Y					Y				$229.00			Y	

***Age deleted effective February 1, 2014 per MSA 13-51.**

Current Dental Terminology is copyright American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.