

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	Report Area of Oral Cavity	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	X						0-99	1 in 6 months	14.89	14.89	
D0140	Limited Oral Evaluation-Problem-focused		X	X								14.89	14.89	
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver		X							0-2	1 in 6 months	14.89		
D0150	Comprehensive Oral Evaluation- New or Established Patient		X	X						0-99	1 in 6 months	18.90	14.89	
RADIOGRAPHS														
D0210	Intraoral - complete series (including Bitewings)		X	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	X								10.29	6.93	
D0272	Bitewing radiographs –two films		X	X							1 in 12 months	12.60	9.35	
D0273	Bitewing radiographs-three films		X	X							1 in 12 months	15.12	11.69	
D0274	Bitewing radiographs – four films		X	X							1 in 12 months	17.64	14.02	
D0330	Panoramic film		X	X							1 in 5 years	17.56	17.56	
D0340	Cephalometric Film	X												28.39
PREVENTIVE SERVICES														
DENTAL PROPHYLAXIS														
D1110	Prophylaxis-Adult		X	X						14 and over	1 per 6 months	27.72	22.10	
D1120	Prophylaxis-Child		X							0-13	1 per 6 months	19.53		
FLUORIDE TREATMENTS														
D1203	Topical application of fluoride-child		X							1-15	1 per 6 months	13.23		
D1206	Topical Fluoride Varnish; therapeutic application for moderate to high caries risk patients		X							0-2	4 per 12 months	9.00		

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D1206	Topical Fluoride Varnish; therapeutic application for moderate to high caries risk patients		X							3-15	1 per 6 months	13.23		
	SEALANTS													
D1351	Sealant, per tooth		X			X				5-15		15.12		
	SPACE MAINTAINERS													
D1510	Space maintainer-Fixed, unilateral		X					X		Up thru age 12	1 in 2 years per quadrant	110.25		
D1515	Space maintainer-Fixed, bilateral		X					X		Up thru age 12	1 in 2 years per arch	173.25		
D1550	Recementation of Space maintainer		X					X				21.42		
D1555	Removal of fixed space maintainer		X					X		Up thru age 12		21.42		
	RESTORATIVE TREATMENT													
	AMALGAM RESTORATIONS													
D2140	Amalgam - one surface, primary or permanent		X	X		X	X					38.22	15.59	
D2150	Amalgam - two surfaces, primary or permanent		X	X		X	X					48.41	31.21	
D2160	Amalgam - three surfaces, primary or permanent		X	X		X	X					60.12	41.22	
D2161	Amalgam - four or more surfaces, primary or permanent		X	X		X	X					69.93	48.45	
	RESIN RESTORATIONS													
D2330	Resin - one surface, anterior		X	X		X	X					46.94	25.62	
D2331	Resin - two surfaces, anterior		X	X		X	X					60.48	36.77	
D2332	Resin - three surfaces, anterior		X	X		X	X					74.13	49.02	
D2335	Resin- based composite-four or more surfaces or involving incisal angle (anterior)		X	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	X					38.23	15.59	
D2392	Resin-based composite, two surfaces, posterior		X	X		X	X					48.41	31.21	
D2393	Resin-based composite, three surfaces, posterior		X	X		X	X					60.12	41.22	
D2394	Resin-based composite, four or more surfaces, posterior		X	X		X	X					66.52	48.45	
	CROWNS													
D2710	Crown- Resin-based composite (Indirect)		X		X	X						232.05	175.49	

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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
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		X						11.69	11.69	
D2915	Recement Cast or Prefabricated Post and Core		X			X						11.69	11.69	
D2920	Recement Crown		X	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		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			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				Up thru age 12		66.15		

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D3221	Pulpal Debridement, Primary and Permanent Teeth		X			X				Up thru age 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	
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-initial 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	X						14 and over	1 per 12 months	43.26	43.26	
PROSTHODONTICS, REMOVABLE														
COMPLETE DENTURES														
D5110	Complete Denture-Maxillary		X	X	X						1 per 5 years	341.25	341.25	
D5120	Complete Denture-Mandibular		X	X	X						1 per 5 years	341.25	341.25	
D5130	Immediate Denture-Maxillary		X	X	X						1 per 5 years	341.25	341.25	
D5140	Immediate Denture-Mandibular		X	X	X						1 per 5 years	341.25	341.25	
PARTIAL DENTURES														
D5211	Maxillary partial denture, resin base		X	X	X						1 per 5 years	157.93	157.93	

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D5212	Mandibular partial denture, resin base		X	X	X						1 per 5 years	157.93	157.93	
D5213	Maxillary partial denture, cast metal framework with resin denture bases		X	X	X						1 per 5 years	380.22	380.22	
D5214	Mandibular partial denture, cast metal framework with resin denture bases		X	X	X						1 per 5 years	380.22	380.22	
D5225	Maxillary partial denture-flexible base (including any clasps, rests and teeth)		X	X	X						1 per 5 years	157.93	157.93	
D5226	Mandibular partial denture-flexible base (including any clasps, rests and teeth)		X	X	X						1 per 5 years	157.93	157.93	
ADJUSTMENTS														
D5410	Complete denture adjustment -maxillary		X	X								36.75	36.75	
D5411	Complete denture adjustment -mandibular		X	X								36.75	36.75	
D5421	Partial denture adjustment - maxillary		X	X								36.75	36.75	
D5422	Partial denture adjustment - mandibular		X	X								36.75	36.75	
REPAIRS TO COMPLETE DENTURES														
D5510	Repair broken complete denture base		X	X								66.15	66.15	
D5520	Replace missing or broken teeth-complete denture (each tooth)		X	X		X						70.35	70.35	
REPAIRS TO PARTIAL DENTURES														
D5610	Repair resin denture base		X	X								66.15	66.15	
D5620	Repair cast framework		X	X								70.35	70.35	
D5630	Repair or replace broken clasp		X	X								89.24	89.24	
D5640	Replace broken teeth-per tooth		X	X		X						63.00	63.00	
D5650	Add tooth to existing partial denture		X	X		X						70.35	70.35	
D5660	Add clasp to existing partial denture		X	X								99.75	99.75	
REBASE AND RELINING														
D5710	Rebase complete maxillary denture		X	X								146.24	146.24	
D5711	Rebase complete mandibular denture		X	X								146.24	146.24	
D5720	Rebase maxillary partial denture		X	X								87.74	87.74	
D5721	Rebase mandibular partial denture		X	X								87.74	87.74	
D5730	Reline complete maxillary denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5731	Reline complete mandibular denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5740	Reline maxillary partial denture (chairside)		X	X							1 in 2 years	66.15	66.15	

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D5741	Reline mandibular partial denture (chairside)		X	X							1 in 2 years	66.15	66.15	
D5750	Reline complete maxillary denture (laboratory)		X	X							1 in 2 years	105.85	105.85	
D5751	Reline complete mandibular denture (laboratory)		X	X							1 in 2 years	105.85	105.85	
D5760	Reline maxillary partial denture (laboratory)		X	X							1 in 2 years	116.99	116.99	
D5761	Reline mandibular partial denture (laboratory)		X	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					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													

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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
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	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

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D7282	Mobilization of erupted or malpositioned tooth to aid eruption	X				X								120.40
D7283	Placement of device to facilitate eruption of impacted tooth	X				X								120.40
D7310	Alveoplasty per quadrant, in conj. with extractions		X	X				X				99.23	99.23	
D7320	Alveoplasty per quadrant -not in conjunctions with extractions		X	X				X				124.95	124.95	
D7471	Removal of lateral exostosis (maxilla or mandible)		X	X				X				87.74	87.74	
D7472	Removal of Torus Palatinus		X	X								113.58	113.58	
D7473	Removal of Torus Mandibularis		X	X								113.58	113.58	
D7485	Surgical reduction of osseous tuberosity		X	X				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	X				X				113.58	113.58	
D7971	Excision of pericoronal gingiva		X	X		X						55.13	55.13	
D7972	Surgical reduction of fibrous tuberosity		X	X				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							0-5		40.56	40.56	
	PROFESSIONAL VISITS													
D9310	Consultation (service rendered by provider other than dentist providing treatment)		X	X								29.24	29.24	
D9420	Hospital Calls		X	X								150.00	150.00	
	MISCELLANEOUS SERVICES													
D9930	Complication (post surgical - unusual circumstances)		X	X								17.56	17.56	
	ORTHODONTICS													
	OTHER ORTHODONTIC SERVICES													

MDCH Dental Database

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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					5-14				1470.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	X			X					5-14				1460.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	X			X					10-17				1775.00
D8090	Comprehensive orthodontic treatment of the adult dentition	X			X					17-20				1880.00
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			600.00
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