


<b>ISSUE DATE</b> September 7, 2022	<b>EFFECTIVE DATE</b> August 29, 2022	<b>NUMBER</b> 27-22-27
<b>SUBJECT</b>  2022 Medical Assistance Program Dental Fee Schedule Update		<b>BY</b>  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

## **PURPOSE:**

The purpose of this bulletin is to notify dentists of updates to the Medical Assistance (MA) Program Dental Fee Schedule and the MA Program Dental PROMISe™ Provider Handbook.

## **SCOPE:**

This bulletin applies to MA enrolled dentists who provide services to MA beneficiaries in the MA Program's fee-for-service delivery system. Dentists rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any billing questions.

## **BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) issued MA Bulletin 99-22-05, titled "2022 Healthcare Common Procedure Coding System (HCPCS) Updates and Other Procedure Code Changes" (2022 HCPCS Updates) to announce changes to the MA Program Fee Schedule effective with dates of service on and after August 29, 2022. The 2022 HCPCS Updates contain a subset of 2022 Current Dental Terminology (CDT) procedure codes.

As a result, the Department updated the MA Program Dental Fee Schedule to reflect the 2022 CDT procedure codes that were added and deleted, along with other changes, effective with dates of service on and after August 29, 2022.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

**NOTE:** The procedure code updates do not apply to dental services provided in Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC). The Department will continue to pay FQHCs and RHCs their provider-specific prospective payment system rate for dental services when the FQHC or RHC bills using procedure code T1015, with the U9 modifier.

**New Procedure Codes**

The Department added the following procedure codes to the MA Program Dental Fee Schedule as a result of the 2022 HCPCS Updates, effective with dates of service on and after August 29, 2022:

Procedure Codes		
D3921	D9947	D9948
D9949		

The Department is adding the following procedure code to the MA Program Dental Fee Schedule based upon clinical review, effective with dates of service on and after August 29, 2022:

Procedure Code
D4346

**NOTE:** D4346 can only be billed in combination with routine prophylaxis and/or periodontal maintenance (D1110, D1120, D4910, D4346) totaling 3 per year.

**Changes to Age Limit**

As a result of clinical review, the Department is revising the age limit of D1208 to include beneficiaries under the age of 21.

**Claim Submission**

Dentists will now be required to report tooth numbers when submitting claims for the following procedure codes that were already open on the fee schedule.

Procedure Codes		
D1354	D5630	D5660

Dentists will no longer be required to report tooth numbers when submitting claims for the following procedure codes that were already open on the fee schedule.

Procedure Codes	
D7450	D7451

**Prior Authorization**

Prior authorization will now be required for the following procedure codes that were already open on the fee schedule.

Procedure Codes		
D3310	D3320	D3330

Section 6.3 of the MA Program Dental PROMISe™ Provider Handbook has been updated to refer providers to the MA Program Dental Fee Schedule for information regarding which services require prior authorization.

**PROCEDURE:**

Attached are the updated MA Program Dental Fee Schedule and MA Program Dental PROMISe™ Provider Handbook, effective for dates of service on and after August 29, 2022. Included in this document are the procedure codes and procedure code descriptions, provider types and specialties, places of services, prior authorization requirements and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

The Department pays dentists according to the MA Program Dental Fee Schedule, and dentists are to bill the Department using the MA Program Dental Fee Schedule.

Providers should refer to this bulletin, as well as the PROMISe™ Provider Handbook and Billing Guides that can be found on the Department’s website at:  
[https://www.dhs.pa.gov/providers/PROMISe\\_Guides/Pages/PROMISe-Handbooks.aspx](https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx).

**ATTACHMENT:**

Medical Assistance Program Dental Fee Schedule – Effective August 29, 2022

Medical Assistance Program Dental PROMISe™ Provider Handbook – 6.3 Services Requiring Prior Authorization

**Medical Assistance Program Dental Fee Schedule  
Effective August 29, 2022**

Procedure Code	Provider Type	Provider Specialty	Place of Service	Description	Limits	** Reporting Requirements	MA Fee	Prior Authorization
<b>Clinical Oral Evaluation</b>								
D0120	27	All	11, 12, 21, 23, 24, 31, 32, 99	Periodic oral evaluation - established patient	1 oral evaluation per 180 days, per patient	N	\$20.00	No
D0140	27	All	02, 11, 12, 21, 23, 31, 32, 99	Limited oral evaluation - problem focused	1 oral evaluation per day (must be initiated by patient for POS 02)	N	\$55.22	No
D0145	27	All	11, 12, 21, 23, 24, 99	Oral evaluation for a patient under three years of age and counseling with primary caregiver	1 oral evaluation per 180 days, per patient (Under 3 years of age only)	N	\$20.00	No
D0150	27	All	11, 12, 21, 23, 24, 31, 32, 52, 99	Comprehensive oral evaluation - new or established patient	1 oral evaluation per patient per provider per lifetime	N	\$20.00	No
<b>Radiographs/Diagnostic Imaging</b>								
(Maximum allowance for any combination of dental radiographs, per patient per provider per calendar year is \$69.00)								
D0210	27	All	11, 12, 31, 32	Intraoral - complete series of radiographic images	1 image series per 5 years	N	\$45.00	No
D0220	27	All	11, 12, 31, 32	Intraoral - periapical first radiographic image	1 image per day	N	\$8.00	No
D0230	27	All	11, 12, 31, 32	Intraoral - periapical each additional radiographic image	10 images per day	N	\$8.00	No
D0240	27	All	11, 12, 31, 32	Intraoral – occlusal radiographic image	2 images per day	N	\$12.00	No
D0250	27	All	11, 12, 31, 32	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	1 image per day	N	\$8.00	No
D0251	27	All	11, 12, 31, 32	Extra-oral posterior dental radiographic image	10 images per day	N	\$8.00	No
D0270	27	All	11, 12, 31, 32	Bitewing – single radiographic image	1 image per day	N	\$8.00	No

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D0272	27	All	11, 12, 31, 32	Bitewings – two radiographic images	1 image pair per day	N	\$16.00	No
D0273	27	All	11, 12, 31, 32	Bitewings – three radiographic images	1 image set per day	N	\$22.00	No
D0274	27	All	11, 12, 31, 32	Bitewings – four radiographic images	1 image set per day	N	\$28.00	No
D0330	27	All	11, 12, 31, 32	Panoramic radiographic image	1 image per 5 years	N	\$37.00	No
D0340	27	All	11, 31, 32	2D cephalometric radiographic image - acquisition, measurement and analysis	1 image per day (Under 21 years of age only)	N	\$19.50	No
<b>PREVENTIVE</b>								
<b>Dental Prophylaxis</b>								
D1110	27	All	11, 12, 21, 24, 31, 32, 99	Prophylaxis – adult	1 visit per 180 days, per patient (12 years of age and older only)	N	\$36.00	No
D1120	27	All	11, 12, 21, 24, 31, 32, 99	Prophylaxis – child	1 visit per 180 days, per patient (Under 12 years of age only)	N	\$30.00	No
D1206	27	All	02, 11, 12, 21, 24, 31, 32, 99	Topical application of fluoride varnish	6 procedures per calendar year (Under 21 years of age only)	N	\$18.00	No
D1208	27	All	11, 12, 21, 24, 31, 32, 99	Topical application of fluoride - excluding varnish	1 procedure per 180 days, per patient (Under 21 years of age only)	N	\$18.72	No
<b>Other Preventive Services</b>								

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99407	27	370	02, 11, 12, 31, 32, 99	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	N	\$19.33	No
D1310	27	All	02, 11, 12, 31, 32, 99	Nutritional counseling for control of dental disease	1 visit per 180 days	N	\$10.87	No
D1320	27	370	02, 11, 12, 31, 32, 99	Tobacco counseling for the control and prevention of oral disease	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	N	\$19.33	No
D1321	27	All	11, 12, 31, 32, 99	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Any combination of 99407, D1320 or D1321 once per day with a maximum of 70 per calendar year	N	\$13.10	No
D1330	27	All	02, 11, 12, 31, 32, 99	Oral hygiene instructions	1 visit per 180 days	N	\$11.08	No
D1351	27	All	11, 12, 21, 24, 31, 32, 99	Sealant - per tooth	1 application per indicated 1st and 2nd premolars – 1 application per permanent 1st and 2nd molars per lifetime. Includes 1st and 2nd molars where a buccal restoration may exist (Under 21 years of age only)	T	\$25.00	No

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D1354	27	All	11, 12, 21, 24, 31, 32, 99	Application of caries arresting medicament – per tooth	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per year (Under 21 years of age only)	T	\$25.00	No
D1510	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed, unilateral - per quadrant	1 appliance per quadrant (Under 21 years of age only; 4 per lifetime)	Q	\$120.00	No
D1516	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed - bilateral, maxillary	1 appliance per arch (Under 21 years of age only; 1 per lifetime)	T	\$190.00	No
D1517	27	All	11, 12, 21, 24, 31, 32	Space maintainer – fixed - bilateral, mandibular	1 appliance per arch (Under 21 years of age only; 1 per lifetime)	T	\$190.00	No
D1551	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond bilateral space maintainer – maxillary	1 appliance per day (Under 21 years of age only)	N	\$30.00	No
D1552	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond bilateral space maintainer – mandibular	1 appliance per day (Under 21 years of age only)	N	\$30.00	No
D1553	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond unilateral space maintainer – per quadrant	4 appliances per day (Under 21 years of age only)	N	\$30.00	No
D1556	27	All	11, 12, 21, 24, 31, 32	Removal of fixed unilateral space maintainer – per quadrant	4 appliances per day (Under 21 years of age only)	N	\$25.00	No
D1557	27	All	11, 12, 21, 24, 31, 32	Removal of fixed bilateral space maintainer – maxillary	1 appliance per day (Under 21 years of age only)	N	\$25.00	No

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D1558	27	All	11, 12, 21, 24, 31, 32	Removal of fixed bilateral space maintainer – mandibular	1 appliance per day (Under 21 years of age only)	N	\$25.00	No
<b>RESTORATIVE</b>								
<b>Amalgam Restoration (Including Polishing)</b>								
D2140	27	All	11, 12, 21, 24, 31, 32	Amalgam – one surface, primary or permanent	1 procedure per day	T	\$45.00	No
D2150	27	All	11, 12, 21, 24, 31, 32	Amalgam – two surfaces, primary or permanent	1 procedure per day	T	\$55.00	No
D2160	27	All	11, 12, 21, 24, 31, 32	Amalgam – three surfaces, primary or permanent	1 procedure per day	T	\$65.00	No
D2161	27	All	11, 12, 21, 24, 31, 32	Amalgam – four or more surfaces, primary or permanent	1 procedure per day	T	\$65.00	No
<b>Resin-based Composite Restorations</b>								
D2330	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – one surface, anterior	1 procedure per day	T	\$50.00	No
D2331	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – two surfaces, anterior	1 procedure per day	T	\$60.00	No
D2332	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – three surfaces, anterior	1 procedure per day	T	\$65.00	No
D2335	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	1 procedure per day	T	\$65.00	No
D2390	27	All	11, 12, 21, 24, 31, 32	Resin-based composite crown, anterior	1 procedure per day (Under 21 years of age only)	T	\$150.00	No
D2391	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – one surface, posterior	1 procedure per day	T	\$50.00	No
D2392	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – two surfaces, posterior	1 procedure per day	T	\$60.00	No
D2393	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – three surfaces, posterior	1 procedure per day	T	\$65.00	No
D2394	27	All	11, 12, 21, 24, 31, 32	Resin-based composite – four or more surfaces, posterior	1 procedure per day	T	\$65.00	No
<b>Crowns - Single Restoration Only</b>								

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* D2710	27	All	11, 12, 21, 24, 31, 32	Crown - resin-based composite (indirect)	1 per 3 years per tooth	T	\$150.00	Yes
* D2721	27	All	11, 12, 21, 24, 31, 32	Crown – resin with predominantly base metal	1 per 5 years per tooth	T	\$200.00	Yes
* D2740	27	All	11, 12, 21, 24, 31, 32	Crown – porcelain/ceramic	1 per 5 years per tooth	T	\$500.00	Yes
* D2751	27	All	11, 12, 21, 24, 31, 32	Crown – porcelain fused to predominantly base metal	1 per 5 years per tooth	T	\$500.00	Yes
* D2791	27	All	11, 12, 21, 24, 31, 32	Crown – full cast predominantly base metal	1 per 5 years per tooth	T	\$475.00	Yes
<b>Other Restorative Services</b>								
D2910	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per tooth per day	T	\$25.00	No
D2915	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond indirectly fabricated or prefabricated post and core	1 per tooth per day	T	\$25.00	No
D2920	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond crown	1 per tooth per day	T	\$25.00	No
D2930	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown - primary tooth	1 per tooth per day (Under 21 years of age only)	T	\$99.00	No
D2931	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown - permanent tooth	1 per tooth per day (Under 21 years of age only)	T	\$110.00	No
D2932	27	All	11, 12, 21, 24, 31, 32	Prefabricated resin crown	1 per tooth per day (Under 21 years of age only)	T	\$50.00	No
D2933	27	All	11, 12, 21, 24, 31, 32	Prefabricated stainless steel crown with resin window	1 per tooth per day (Under 21 years of age only)	T	\$145.00	No
D2934	27	All	11, 12, 21, 24, 31, 32	Prefabricated esthetic coated stainless steel crown - primary tooth	1 per tooth per day (Under 21 years of age only)	T	\$145.00	No

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* D2952	27	All	11, 12, 21, 24, 31, 32	Post and core in addition to crown, indirectly fabricated	1 per tooth per day	T	\$80.00	No
* D2954	27	All	11, 12, 21, 24, 31, 32	Prefabricated post and core in addition to crown	1 per tooth per day	T	\$80.00	No
D2980	27	All	11, 12, 21, 24, 31, 32	Crown repair necessitated by restorative material failure	1 per tooth per day	T	\$42.00	No
<b>ENDODONTICS</b>								
<b>Pulpotomy</b>								
D3220	27	All	11, 21, 24	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	6 teeth per day (Under 21 years of age only)	T	\$75.00	No
D3230	27	All	11, 21, 24	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	1 tooth per day (Under 21 years of age only)	T	\$150.00	No
D3240	27	All	11, 21, 24	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	1 tooth per day (Under 21 years of age only)	T	\$180.00	No
* D3310	27	All	11, 21, 24, 31, 32	Endodontic therapy, anterior tooth (excluding final restoration)	1 tooth per day	T	\$275.00	Yes
* D3320	27	All	11, 21, 24, 31, 32	Endodontic therapy, premolar tooth (excluding final restoration)	1 tooth per day	T	\$375.00	Yes
* D3330	27	All	11, 21, 24	Endodontic therapy, molar tooth (excluding final restoration)	1 tooth per day	T	\$500.00	Yes
<b>Apicoectomy/ Periradicular Services</b>								
* D3410	27	All	11, 21, 24	Apicoectomy - anterior	2 teeth per day	T	\$70.00	No
* D3421	27	All	11, 21, 24	Apicoectomy - premolar (first root)	2 teeth per day	T	\$70.00	No
* D3425	27	All	11, 21, 24	Apicoectomy - molar (first root)	2 teeth per day	T	\$70.00	No
* D3426	27	All	11, 21, 24	Apicoectomy (each additional root)	2 teeth per day	T	\$70.00	No
* D3471	27	270, 272	11, 21, 24	Surgical repair of root resorption- anterior	1 per tooth per day	T	\$208.00	Yes
* D3472	27	270, 272	11, 21, 24	Surgical repair of root resorption- premolar	1 per tooth per day	T	\$208.00	Yes

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* D3473	27	270, 272	11, 21, 24	Surgical repair of root resorption-molar	1 per tooth per day	T	\$208.00	Yes
* D3501	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	1 per tooth per day	T	\$208.00	Yes
* D3502	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per tooth per day	T	\$208.00	Yes
* D3503	27	270, 272	11, 21, 24	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per tooth per day	T	\$208.00	Yes
*D3921	27	All	11, 21, 24	Decoronation or submergence of an erupted tooth	1 per tooth per day	T	\$210.00	Yes
<b>PERIODONTICS</b>								
<b>Surgical Services (Including Usual Post- Operative Care)</b>								
* D4210	27	All	11, 21, 24	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant; up to 4 different quadrants in 24 months	Q	\$125.00	Yes

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Non-Surgical Periodontal Services								
* D4341	27	All	11, 12, 21, 24, 31, 32	Periodontal scaling and root planing – four or more teeth per quadrant	1 - 2 quadrants per day; up to 4 different quadrants in 24 months	Q	\$75.00	Yes
* D4355	27	All	11, 12, 21, 24, 31, 32	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	1 procedure per 365 days per quadrant	N	\$60.00	No - requires post operative review.
D4346	27	All	11, 12, 21, 24, 31, 32	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral eval	Any combination of routine prophylaxis and periodontal maintenance (D1110, D1120, D4910, D4346) totaling 3 per year	N	\$43.20	N
Other Periodontal Services								
* D4910	27	All	11, 12, 21, 24, 31, 32	Periodontal maintenance	Any combination of routine prophylaxis and periodontal maintenance (D1110, D1120, D4910, D4346) totaling 3 per year	N	\$44.00	Yes
PROSTHODONTICS								
Complete Dentures (Including Routine Post-Delivery Care)								
D5110	27	All	11, 12, 31, 32	Complete denture – maxillary	1 appliance per arch per lifetime	N	\$525.00	Yes
D5120	27	All	11, 12, 31, 32	Complete denture – mandibular	1 appliance per arch per lifetime	N	\$525.00	Yes
D5130	27	All	11, 12, 21, 24, 31, 32	Immediate denture – maxillary	1 appliance per arch per lifetime	N	\$525.00	Yes
D5140	27	All	11, 12, 21, 24, 31, 32	Immediate denture – mandibular	1 appliance per arch per lifetime	N	\$525.00	Yes
Partial Dentures (Including Routine Post-Delivery Care)								

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D5211	27	All	11, 12, 31, 32	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	1 appliance per arch per lifetime (6-120 years of age only)	N	\$375.00	Yes
D5212	27	All	11, 12, 31, 32	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	1 appliance per arch per lifetime (6-120 years of age only)	N	\$375.00	Yes
D5213	27	All	11, 12, 31, 32	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 appliance per arch per lifetime (6-120 years of age only)	N	\$550.00	Yes
D5214	27	All	11, 12, 31, 32	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1 appliance per arch per lifetime (6-120 years of age only)	N	\$550.00	Yes
<b>Adjustments to Dentures</b>								
D5410	27	All	11, 12, 21, 24, 31, 32	Adjust complete denture – maxillary	1 procedure per day	N	\$20.00	No
D5411	27	All	11, 12, 21, 24, 31, 32	Adjust complete denture – mandibular	1 procedure per day	N	\$20.00	No
D5421	27	All	11, 12, 21, 24, 31, 32	Adjust partial denture – maxillary	1 procedure per day	N	\$20.00	No
D5422	27	All	11, 12, 21, 24, 31, 32	Adjust partial denture – mandibular	1 procedure per day	N	\$20.00	No
<b>Repairs to Complete Dentures</b>								
D5511	27	All	11, 12, 21, 24, 31, 32	Repair broken complete denture base, mandibular	1 procedure per day per appliance (6-120 years of age only)	N	\$50.00	No
D5512	27	All	11, 12, 21, 24, 31, 32	Repair broken complete denture base, maxillary	1 procedure per day per appliance (6-120 years of age only)	N	\$50.00	No
D5520	27	All	11, 12, 21, 24, 31, 32	Replace missing or broken teeth – complete denture (each tooth)	3 teeth per day	T	\$45.00	No
<b>Repairs to Partial Dentures</b>								

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D5611	27	All	11, 12, 21, 24, 31, 32	Repair resin partial denture base, mandibular	1 procedure per day per appliance	N	\$50.00	No
D5612	27	All	11, 12, 21, 24, 31, 32	Repair resin partial denture base, maxillary	1 procedure per day per appliance	N	\$50.00	No
D5621	27	All	11, 12, 21, 24, 31, 32	Repair cast partial framework, mandibular	1 procedure per day per appliance	N	\$60.00	No
D5622	27	All	11, 12, 21, 24, 31, 32	Repair cast partial framework, maxillary	1 procedure per day per appliance	N	\$60.00	No
D5630	27	All	11, 12, 21, 24, 31, 32	Repair or replace broken retentive/clasping materials - per tooth	1 clasp per tooth, total of 4 clasps per year	T	\$60.00	No
D5640	27	All	11, 12, 21, 24, 31, 32	Replace broken teeth – per tooth	3 teeth per day	T	\$45.00	No
D5650	27	All	11, 12, 21, 24, 31, 32	Add tooth to existing partial denture	2 teeth per day	T	\$50.00	No
D5660	27	All	11, 12, 21, 24, 31, 32	Add clasp to existing partial denture - per tooth	1 clasp per tooth per lifetime	T	\$50.00	No
<b>Denture Reline Procedures</b>								
D5730	27	All	11, 12, 21, 24, 31, 32	Reline complete maxillary denture (direct)	1 procedure per day per appliance	N	\$70.00	No
D5731	27	All	11, 12, 21, 24, 31, 32	Reline complete mandibular denture (direct)	1 procedure per day per appliance	N	\$70.00	No
D5740	27	All	11, 12, 21, 24, 31, 32	Reline maxillary partial denture (direct)	1 procedure per day per appliance	N	\$70.00	No
D5741	27	All	11, 12, 21, 24, 31, 32	Reline mandibular partial denture (direct)	1 procedure per day per appliance	N	\$70.00	No
D5750	27	All	11, 12, 21, 24, 31, 32	Reline complete maxillary denture (indirect)	1 procedure per day per appliance	N	\$100.00	No
D5751	27	All	11, 12, 21, 24, 31, 32	Reline complete mandibular denture (indirect)	1 procedure per day per appliance	N	\$100.00	No
D5760	27	All	11, 12, 21, 24, 31, 32	Reline maxillary partial denture (indirect)	1 procedure per day per appliance	N	\$100.00	No
D5761	27	All	11, 12, 21, 24, 31, 32	Reline mandibular partial denture (indirect)	1 procedure per day per appliance	N	\$100.00	No
<b><u>PROSTHODONTICS, FIXED</u></b>								

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Other Fixed Partial Denture Service								
D6930	27	All	11, 12, 21, 24, 31, 32	Re-cement or re-bond fixed partial denture	1 procedure per day per appliance	N	\$30.00	No
D6980	27	All	11, 12, 21, 24, 31, 32	Fixed partial denture repair necessitated by restorative material failure	1 procedure per day per appliance	N	\$35.00	No

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<b>ORAL AND MAXILLOFACIAL SURGERY</b>								
<b>Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)</b>								
D7140	27	All	11, 21, 24, 31, 32	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per tooth per lifetime	T	\$65.00	No
D7210	27	All	11, 21, 24, 31, 32	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1 per tooth per lifetime	T	\$65.00	No
D7220	27	All	11, 21, 24	Removal of impacted tooth – soft tissue	1 per tooth per lifetime	T	\$90.00	Yes
D7230	27	All	11, 21, 24	Removal of impacted tooth – partially bony	1 per tooth per lifetime	T	\$170.00	Yes
D7240	27	All	11, 21, 24	Removal of impacted tooth – completely bony	1 per tooth per lifetime	T	\$200.00	Yes
D7250	27	All	11, 21, 24	Removal of residual tooth roots (cutting procedure)	1 per tooth per lifetime	T	\$100.00	Yes
<b>Other Surgical Procedures</b>								
D7260	27	All	11, 21, 24	Oroantral fistula closure	1 procedure per day	N	\$75.00	No
D7270	27	All	11, 12, 21, 23, 24, 31, 32	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	1 per tooth per day (Under 21 years of age only)	T	\$320.00	No
D7280	27	All	11, 21, 24	Exposure of an unerupted tooth	1 per tooth per lifetime (Under 24 years of age only)	T	\$80.00	Yes
D7283	27	All	11, 21, 24	Placement of device to facilitate eruption of impacted tooth	1 per tooth per day (Under 24 years of age only)	T	\$35.00	Yes
D7288	27	All	11, 12, 21, 24, 31, 32	Brush biopsy – transepithelial sample collection	2 procedures per day	N	\$34.50	No

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Alveoplasty - Preparation of Ridge								
D7310	27	All	11, 21, 24	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	1 per quadrant per day	Q	\$ 30.00 1st quadrant \$ 15.00 each, 2nd – 4th quadrant	No
D7320	27	All	11, 21, 24	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	1 per quadrant per day	Q	\$ 30.00 1st quadrant \$ 15.00 each, 2nd – 4th quadrant	No
Excision of Intraosseous Lesions								
D7450	27	All	11, 21, 24	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	2 lesions per day	N	\$40.00	No
D7451	27	All	11, 21, 24	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	2 lesions per day	N	\$80.00	No
D7460	27	All	11, 21, 24	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	2 lesions per day	N	\$40.00	No
D7461	27	All	11, 21, 24	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	2 lesions per day	N	\$80.00	No
Excision of Bone Tissue								
D7471	27	All	11, 21, 24	Removal of lateral exostosis – (maxilla or mandible)	2 procedures per day	N	\$60.00	No
D7472	27	All	11, 21, 24	Removal of torus palatinus	2 procedures per day	N	\$60.00	No

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D7473	27	All	11, 21, 24	Removal of torus mandibularis	2 procedures per day	N	\$60.00	No
D7485	27	All	11, 21, 24	Reduction of osseous tuberosity	2 procedures per day	N	\$60.00	No
<b>Surgical Incision</b>								
D7510	27	All	11, 21, 24	Incision and drainage of abscess – intraoral soft tissue	2 procedures per day	N	\$25.50	No
D7511	27	All	11, 21, 24	Incision and drainage of abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	2 procedures per day	N	\$88.50	No
D7520	27	All	11, 21, 24	Incision and drainage of abscess – extraoral soft tissue	2 procedures per day	N	\$38.50	No
D7521	27	All	11, 21, 24	Incision and drainage of abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	2 procedures per day	N	\$88.50	No
<b>Other Repair Procedures</b>								
D7871	27	All	11, 21, 24	Non-arthroscopic lysis and lavage	1 procedure per day	N	\$64.50	No
D7961	27	All	11, 21, 24	Buccal/labial Frenectomy (frenulectomy)	2 procedures per lifetime	N	\$156.42	No
D7962	27	All	11, 21, 24	Lingual Frenectomy (frenulectomy)	1 procedure per lifetime	N	\$156.42	No
D7970	27	All	11, 21, 24	Excision of hyperplastic tissue – per arch	1 procedure per arch per day	N	\$80.00	No

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D7999	27	All	11, 21, 24	Unspecified oral surgery procedure, by report	1 procedure per day	N	\$80.00	No
<b>ORTHODONTICS</b>								
<b>Comprehensive Orthodontic Treatment</b>								
D8080	27	273, 283	11	Comprehensive orthodontic treatment of the adolescent dentition	1 treatment per lifetime (Under 21 years of age only)	N	\$1,000.00	Yes
<b>Other Orthodontic Services</b>								
D8660	27	273	11	Pre-orthodontic treatment examination to monitor growth and development	1 visit per 365 days per provider (Under 21 years of age only)	N	\$35.00	No
D8670	27	273, 283	11	Periodic orthodontic treatment visit	1 visit per day, limited to 7 per lifetime (Under 23 years of age only)	N	\$350.00	Yes
D8680	27	273	11	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	1 visit per lifetime (Under 23 years of age only)	N	\$150.00	Yes
D8703	27	All	11, 12, 31, 32	Replacement of lost or broken retainer – maxillary	1 appliance per day (Under 23 years of age only)	N	\$142.50	Yes
D8704	27	All	11, 12, 31, 32	Replacement of lost or broken retainer – mandibular	1 appliance per day (Under 23 years of age only)	N	\$142.50	Yes
<b>Minor Treatment to Control Harmful Habits</b>								
D8210	27	All	11, 24	Removable appliance therapy	1 appliance per lifetime per arch (Under 21 years of age only)	N	\$200.00	Yes

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D8220	27	All	11, 24	Fixed appliance therapy	1 appliance per lifetime per arch (Under 21 years of age only)	N	\$200.00	Yes
<b><u>CLEFT PALATE SERVICES</u></b>								
The Department will pay one member of the Cleft Palate Treatment Team, and payment is inclusive of all providers.								
<b>Ancillary Services for Provider Type 17,19, 20, 21, 27, 31</b>								
D0160	17	173	11, 22, 49	Detailed and extensive oral evaluation – problem focused, by report.	Complete initial examination at a Cleft Palate Clinic only involving all licensed staff (Under 21 years of age only)	N	\$120.00	No
	19	190	11, 22, 49					
	20	200	11, 22, 49					
	21	212,213	11, 22, 49					
	27	283	11, 22, 49					
	31	All	11, 22, 49					
D0170	17	173	11, 22, 49	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	1 visit per day (Under 21 years of age only)	N	\$25.00	No
	19	190	11, 22, 49					
	20	200	11, 22, 49					
	21	212,213	11, 22, 49					
	27	283	11, 22, 49					
	31	All	11, 22, 49					
<b><u>ADJUNCTIVE GENERAL SERVICES</u></b>								
Unclassified Treatment								

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D9110	27	All	11, 12, 23, 31, 32	Palliative (emergency) treatment of dental pain – minor procedure	1 procedure per day	N	\$ 30.00	No
<b>Anesthesia</b>								
D9222	27	284	11	Deep sedation/general anesthesia – first 15 minutes	First 15 minutes	N	\$122.00	No
D9223	27	284	11	Deep sedation/general anesthesia – each subsequent 15 minute increment	Each subsequent 15 minutes; 2 per day	N	\$122.00	No
D9230	27	284, 285, 286	11	Inhalation of nitrous oxide/analgesia, anxiolysis	1 procedure per day (Under 21 years of age only)	N	\$44.00	No
D9239	27	284, 285	11	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	First 15 minutes	N	\$128.50	No
D9243	27	284, 285	11	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Each subsequent 15 minutes; 2 per day	N	\$128.50	No
D9248	27	284, 285	11	Non-intravenous conscious sedation	1 procedure per day	N	\$184.00	No
<b>Miscellaneous Services</b>								
D9920	27	All	11, 12, 31, 32	Behavior Management Fee (a visit fee for difficult to manage persons with developmental disabilities. Developmental disability – a substantial handicap having its onset before the age of 18 years of indefinite duration and attributable to neuropathy)	1 per day; maximum 4 per calendar year	N	\$125.00	No
D9930	27	All	11, 12, 23, 24, 31, 32	Treatment of complications (post-surgical) – unusual circumstances, by report	1 procedure per day	N	\$15.00	No
D9947	27	All	11, 12, 31, 32	Custom sleep apnea appliance fabrication and placement	1 appliance per lifetime	N	\$2,410.00	Yes

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D9948	27	All	11, 12, 31, 32	Adjustment of custom sleep apnea appliance	1 procedure per day at least 180 days post placement	N	\$50.00	No
D9949	27	All	11, 12, 31, 32	Repair of custom sleep apnea appliance	1 procedure per day at least 180 days post placement	N	\$100.00	No

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S0215	27	271	12, 31, 32	Mileage - additional allowance for home, skilled nursing facility and ICF visits	300 miles per day	N	\$0.10	No
<b>Maxillofacial Prosthetics</b>								
21076	27	All	11, 21, 24, 99	Impression and custom preparation; surgical obturator prosthesis	1 appliance per day	N	\$387.00	No
21079	27	All	11, 21, 24, 99	Impression and custom preparation: Interim obturator prosthesis	1 appliance per day	N	\$387.00	No
21080	27	All	11, 21, 24, 99	Impression and custom preparation: definitive obturator prosthesis	1 appliance per day	N	\$387.00	No
21081	27	All	11, 21, 24, 99	Impression and custom preparation: mandibular resection prosthesis	1 appliance per day	N	\$387.00	No
21082	27	All	11, 21, 24, 99	Impression and custom preparation: palatal augmentation prosthesis	1 appliance per day	N	\$387.00	No
21083	27	All	11, 21, 24, 99	Impression and custom preparation: palatal lift prosthesis	1 appliance per day	N	\$387.00	No
21084	27	All	11, 21, 24, 99	Impression and custom preparation: speech aid prosthesis	1 appliance per day	N	\$387.00	No
21085	27	All	11, 21, 24, 99	Impression and custom preparation: oral surgical splint	1 appliance per day	N	\$387.00	No
21086	27	All	11, 21, 24, 99	Impression and custom preparation: auricular prosthesis	1 appliance per day	N	\$387.00	No
21087	27	All	11, 21, 24, 99	Impression and custom preparation: nasal prosthesis	1 appliance per day	N	\$387.00	No
21088	27	All	11, 21, 24, 99	Impression and custom preparation: facial prosthesis	1 appliance per day	N	\$387.00	No

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### **6.3 Services Requiring Prior Authorization**

Refer to the “Medical Assistance Program Dental Fee Schedule” to determine which services require prior authorization. The dental fee schedule is available on the DHS website at the following web address:

<https://www.dhs.pa.gov/providers/Documents/Dental%20Care/Dental%20Fee%20Schedule.pdf>.

Services requiring prior authorization must be accompanied by a full mouth periapical or a panorex and current radiograph(s) of the affected area(s). Exceptions to this rule are noted in Section 6.4, Special Guidelines, which follows.

\*\*DHS requires the dentist to secure post-operative review approval for procedure code D4355. The dentist is to submit for post-operative review through the prior authorization program. The procedure name and procedure code must match and accurately describe the requested service(s).