MARYLAND MEDICAID

DENTAL FEE

SCHEDULE AND

PROCEDURE

CODES CDT 2020*

REVISION January 2020
EFFECTIVE DATE January 1, 2020

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## Maryland Healthy Smiles Dental Program

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**Endodontics**

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**Endodontic Therapy On Primary Teeth**

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**Endodontic Therapy (Includes Treatment Plan, Procedures And Follow-Up Care)**

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**Endodontic Retreatment**

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*Not Covered When Service Is Provided By The Same Provider Or An Associate Within Two Years Of Original Service.
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<td>D4320</td>
<td>Provisional Splinting – Intracorononal</td>
<td>Y</td>
<td>90.00</td>
</tr>
<tr>
<td>D4321</td>
<td>Provisional Splinting – Extracorononal</td>
<td>Y</td>
<td>100.00</td>
</tr>
<tr>
<td>D4341</td>
<td>Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant</td>
<td>Y</td>
<td>75.00</td>
</tr>
<tr>
<td>D4342</td>
<td>Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant</td>
<td>Y</td>
<td>54.00</td>
</tr>
<tr>
<td>D4355</td>
<td>Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis</td>
<td>Y</td>
<td>100.00</td>
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</tbody>
</table>
### Other Periodontal Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>D4910</td>
<td>Periodontal Maintenance</td>
<td>Y 54.00</td>
</tr>
<tr>
<td>D4920</td>
<td>Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)</td>
<td>Y 24.00</td>
</tr>
</tbody>
</table>

### Prosthodontics (Removable)

#### Complete Dentures (Including Routine Post-Delivery Care)

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110</td>
<td>Complete Denture – Maxillary</td>
<td>Y 375.00</td>
</tr>
<tr>
<td>D5120</td>
<td>Complete Denture – Mandibular</td>
<td>Y 375.00</td>
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</table>

#### Partial Dentures (Including Routine Post-Delivery Care)

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5211</td>
<td>Maxillary Partial Denture – Resin Base</td>
<td>Y 225.00</td>
</tr>
<tr>
<td>D5212</td>
<td>Mandibular Partial Denture – Resin Base</td>
<td>Y 225.00</td>
</tr>
<tr>
<td>D5225</td>
<td>Maxillary Partial Denture – Flexible Base</td>
<td>Y 275.00</td>
</tr>
<tr>
<td>D5226</td>
<td>Mandibular Partial Denture – Flexible Base</td>
<td>Y 275.00</td>
</tr>
</tbody>
</table>

#### Adjustments To Dentures

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>D5410</td>
<td>Adjust Complete Denture – Maxillary</td>
<td>20.00</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust Complete Denture – Mandibular</td>
<td>20.00</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust Partial Denture – Maxillary</td>
<td>20.00</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust Partial Denture – Mandibular</td>
<td>20.00</td>
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</table>

#### Repairs to Complete Dentures

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5510</td>
<td>Repair Broken Complete Denture Base</td>
<td>40.00</td>
</tr>
<tr>
<td>D5511</td>
<td>Repair Broken Complete Denture Base- Mandibular</td>
<td>40.00</td>
</tr>
<tr>
<td>D5512</td>
<td>Repair Broken Complete Denture Base- Maxillary</td>
<td>40.00</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace Missing Or Broken Teeth-Complete Denture Each Tooth</td>
<td>20.00</td>
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</table>

#### Repairs to Partial Dentures

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5610</td>
<td>Repair Resin Denture Base</td>
<td>63.00</td>
</tr>
<tr>
<td>D5611</td>
<td>Repair Resin Partial Denture Base- Mandibular</td>
<td>63.00</td>
</tr>
<tr>
<td>D5612</td>
<td>Repair Resin Partial Denture Base- Maxillary</td>
<td>63.00</td>
</tr>
<tr>
<td>D5620</td>
<td>Repair Cast Framework</td>
<td>70.00</td>
</tr>
<tr>
<td>D5621</td>
<td>Repair Cast Partial Framework- Mandibular</td>
<td>70.00</td>
</tr>
<tr>
<td>D5622</td>
<td>Repair Cast Partial Framework- Maxillary</td>
<td>70.00</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair/Replace Broken Clasp – per Tooth</td>
<td>63.00</td>
</tr>
<tr>
<td>D5640</td>
<td>Replace Broken Teeth - Per Tooth</td>
<td>20.00</td>
</tr>
<tr>
<td>D5650</td>
<td>Add Tooth to Existing Partial Denture</td>
<td>57.00</td>
</tr>
<tr>
<td>D5660</td>
<td>Add Clasp To Existing Partial Denture – per Tooth</td>
<td>65.00</td>
</tr>
</tbody>
</table>

Note: Aftercare Is Within The First 6 Months Following Denture Placement And Is Not Reimbursable. Following The Aftercare Period These Services May Be Provided Once Every Two Years.

### Denture Rebase Procedures

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>D5710</td>
<td>Rebase Complete Maxillary Denture</td>
<td>160.00</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase Complete Mandibular Denture</td>
<td>160.00</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase Maxillary Partial Denture</td>
<td>160.00</td>
</tr>
<tr>
<td>D5721</td>
<td>Rebase Mandibular Partial Denture</td>
<td>160.00</td>
</tr>
<tr>
<td>D5750</td>
<td>Reline Complete Maxillary Denture (Laboratory)</td>
<td>150.00</td>
</tr>
<tr>
<td>D5751</td>
<td>Reline Complete Mandibular Denture (Laboratory)</td>
<td>150.00</td>
</tr>
<tr>
<td>D5760</td>
<td>Reline Maxillary Partial Denture (Laboratory)</td>
<td>150.00</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Charge</td>
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<tr>
<td>--------</td>
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<tr>
<td>D5761</td>
<td>Reline Mandibular Partial Denture (Laboratory)</td>
<td>150.00</td>
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<tr>
<td></td>
<td><strong>Other Removable Prosthetic Services</strong></td>
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<tr>
<td>D5850</td>
<td>Tissue Conditioning, Maxillary</td>
<td>24.00</td>
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<tr>
<td>D5851</td>
<td>Tissue Conditioning, Mandibular</td>
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<tr>
<td>D5863</td>
<td>Overdenture – Complete Maxillary</td>
<td>325.00</td>
</tr>
<tr>
<td>D5864</td>
<td>Overdenture – Partial Maxillary</td>
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<tr>
<td>D5865</td>
<td>Overdenture – Complete Mandibular</td>
<td>325.00</td>
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<tr>
<td>D5866</td>
<td>Overdenture – Partial Mandibular</td>
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<tr>
<td></td>
<td><strong>Maxillofacial Prosthetics</strong></td>
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<tr>
<td>D5992</td>
<td>Adjust Maxillofacial Prosthetic Appliance, by Report</td>
<td>20.00</td>
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<tr>
<td>D5993</td>
<td>Maintenance &amp; Cleaning of Maxillofacial Prosthesis (Extra- or Intra-oral)</td>
<td>20.00</td>
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<tr>
<td></td>
<td><strong>Prosthodontics, Fixed</strong></td>
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<tr>
<td>D6930</td>
<td>Re-cement or Re-bond Fixed Partial Denture</td>
<td>32.00</td>
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<tr>
<td></td>
<td><strong>Oral And Maxillofacial Surgery</strong></td>
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<tr>
<td></td>
<td><strong>Extractions</strong></td>
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<tr>
<td>D7111</td>
<td>Extraction, Coronal Remnants – Deciduous Tooth</td>
<td>27.00</td>
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<tr>
<td>D7140</td>
<td>Extraction, Erupted Tooth Or Exposed Root</td>
<td>103.01</td>
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<tr>
<td>D7210</td>
<td>Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated</td>
<td>103.01</td>
</tr>
<tr>
<td>D7220</td>
<td>Removal of Impacted Tooth – Soft Tissue</td>
<td>144.00</td>
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<tr>
<td>D7230</td>
<td>Removal of Impacted Tooth – Partially Bony</td>
<td>211.00</td>
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<tr>
<td>D7240</td>
<td>Removal of Impacted Tooth – Completely Bony</td>
<td>277.00</td>
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<tr>
<td>D7241</td>
<td>Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications</td>
<td>415.00</td>
</tr>
<tr>
<td>D7250</td>
<td>Removal of Residual Tooth Roots (Cutting Procedure)</td>
<td>103.01</td>
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<tr>
<td>D7251</td>
<td>Coronectomy – Intentional Partial Tooth Removal</td>
<td>415.00</td>
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<tr>
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<td><strong>Note:</strong> Preauthorization Is Required For Multiple Extractions In Hospitals (Other Than Emergency Conditions) And For Extractions Requiring Replacements.</td>
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<tr>
<td></td>
<td><strong>Other Surgical Procedures</strong></td>
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<tr>
<td>D7260</td>
<td>Oraanaltral Fistula Closure</td>
<td>125.00</td>
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<tr>
<td>D7270</td>
<td>Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth</td>
<td>64.00</td>
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<tr>
<td>D7272</td>
<td>Tooth Transplantation</td>
<td>27.00</td>
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<tr>
<td>D7280</td>
<td>Exposure of an Unerupted Tooth</td>
<td>369.00</td>
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<tr>
<td>D7285</td>
<td>Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)</td>
<td>85.00</td>
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<tr>
<td>D7286</td>
<td>Incisional Biopsy of Oral Tissue – Soft</td>
<td>231.00</td>
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<tr>
<td>D7290</td>
<td>Surgical Repositioning of Teeth</td>
<td>165.00</td>
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<td><strong>Alveoloplasty</strong></td>
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</tr>
<tr>
<td>D7310</td>
<td>Alveoloplasty In Conjunction with Extractions - Four or more teeth or tooth spaces, per Quadrant</td>
<td>90.00</td>
</tr>
<tr>
<td>D7311</td>
<td>Alveoloplasty In Conjunction with Extractions -One to Three Teeth or Tooth Spaces, per Quadrant</td>
<td>50.00</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Y/P</td>
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<tr>
<td>D7320</td>
<td>Alveoloplasty Not in Conjunction with Extractions - Four or more teeth or Tooth Spaces, per Quadrant</td>
<td>Y</td>
</tr>
<tr>
<td>D7321</td>
<td>Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant</td>
<td>Y</td>
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<tr>
<td></td>
<td><strong>Vestibuloplasty</strong></td>
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<tr>
<td>D7340</td>
<td>Vestibuloplasty – Ridge Extension (Secondary Epithelialization)</td>
<td>Y</td>
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<tr>
<td>D7350</td>
<td>Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts)</td>
<td>Y</td>
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<tr>
<td></td>
<td><strong>Excision Of Soft Tissue Lesions</strong></td>
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<tr>
<td>D7410</td>
<td>Excision of Benign Lesion Up To 1.25 cm</td>
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<td></td>
<td><strong>Excision Of Intra-Osseous Lesions</strong></td>
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<tr>
<td>D7440*</td>
<td>Excision of Malignant Tumor – Lesion Diameter Up To 1.25 cm</td>
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<tr>
<td>D7450*</td>
<td>Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Up To 1.25 cm</td>
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<tr>
<td>D7451*</td>
<td>Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm</td>
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<tr>
<td>D7460*</td>
<td>Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Up To 1.25 cm</td>
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<tr>
<td>D7461*</td>
<td>Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm</td>
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</tr>
<tr>
<td></td>
<td>*Use CPT Codes For These Procedures</td>
<td></td>
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<tr>
<td></td>
<td><strong>Excision Of Bone Tissue</strong></td>
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</tr>
<tr>
<td>D7471</td>
<td>Removal of Lateral Exostosis – (Maxilla or Mandible)</td>
<td>Y</td>
</tr>
<tr>
<td>D7472</td>
<td>Removal of Torus Palatinus</td>
<td>Y</td>
</tr>
<tr>
<td>D7473</td>
<td>Removal of Torus Mandibularis</td>
<td>Y</td>
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<tr>
<td></td>
<td><strong>Surgical Incision</strong></td>
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<tr>
<td>D7510</td>
<td>Incision &amp; Drainage of Abscess – Intraoral Soft Tissue</td>
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</tr>
<tr>
<td>D7520</td>
<td>Incision &amp; Drainage of Abscess – Extraoral Soft Tissue</td>
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<tr>
<td>D7550</td>
<td>Partial Ostectomy/Sequestrectomy for Removal of Non-Vital Bone</td>
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<td></td>
<td><strong>Other Repair Procedures</strong></td>
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<tr>
<td>D7960</td>
<td>Frenulectomy – Also Known as Frenectomy or Frenotomy</td>
<td>Y</td>
</tr>
<tr>
<td>D7970</td>
<td>Excision of Hyperplastic Tissue – Per Arch</td>
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<tr>
<td>D7971</td>
<td>Excision of Pericoronal Gingiva</td>
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<tr>
<td></td>
<td><strong>Orthodontics</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Comprehensive Orthodontic Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive Orthodontic Treatment of the Adolescent Dentition</td>
<td>Y</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive Orthodontic Treatment of the Adult Dentition</td>
<td>Y</td>
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<tr>
<td></td>
<td><strong>Other Orthodontic Services</strong></td>
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</tr>
<tr>
<td>D8660</td>
<td>Pre-Orthodontic Treatment Examination to Monitor Growth and Development</td>
<td></td>
</tr>
<tr>
<td>D8670</td>
<td>Periodic Orthodontic Treatment Visit</td>
<td>Y</td>
</tr>
<tr>
<td>D8680</td>
<td>Orthodontic Retention (Removal of Appliances,</td>
<td>Y</td>
</tr>
</tbody>
</table>
### Construction and Placement of Retainer(s))

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8698</td>
<td>Re-cement or re-bonding fixed retainers- Maxillary</td>
<td>40.00</td>
</tr>
<tr>
<td>D8699</td>
<td>Re-cement or re-bonding fixed retainers- Mandibular</td>
<td>40.00</td>
</tr>
<tr>
<td>D8703</td>
<td>Replacement of lost or broken retainer- Maxillary Y</td>
<td>140.00</td>
</tr>
<tr>
<td>D8704</td>
<td>Replacement of lost or broken retainer- Mandibular Y</td>
<td>140.00</td>
</tr>
</tbody>
</table>

*In order for orthodontic services to be covered by Maryland Medical Assistance the following criteria must be met: 1) Case must be considered severe with a score of at least 15 on the HLD score sheet and in full permanent dentition. Criteria may be waived if a cleft palate or other anomaly is present. **Note: CDT D8703-D8704 frequency limitations are- 1 per lifetime; and D8698-D8699 frequency limitations are- 1 per member per 24 months.

### Adjunctive General Services

#### Unclassified Treatment

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9110</td>
<td>Palliative (Emergency) Treatment of Dental Pain – Minor Procedure</td>
<td>20.00</td>
</tr>
</tbody>
</table>

#### Anesthesia

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>D9222</td>
<td>Deep Sedation/General Anesthesia- First 15 Minutes</td>
<td>71.00</td>
</tr>
<tr>
<td>D9223</td>
<td>Deep Sedation / General Anesthesia – Each 15 Minute Increment</td>
<td>71.00</td>
</tr>
<tr>
<td>D9230</td>
<td>Inhalation of Nitrous Oxide/Analgesia, Anxiolysis</td>
<td>18.00</td>
</tr>
<tr>
<td>D9239</td>
<td>Intravenous Moderate (Conscious)Sedation/Analgesia- First 15 Minute</td>
<td>59.00</td>
</tr>
<tr>
<td>D9243</td>
<td>Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment</td>
<td>59.00</td>
</tr>
<tr>
<td>D9248</td>
<td>Non-Intravenous Conscious Sedation</td>
<td>186.91</td>
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#### Professional Consultation

<table>
<thead>
<tr>
<th>Code</th>
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<th>Fee</th>
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<tbody>
<tr>
<td>D9310</td>
<td>Consultation – Diagnostic Service Provided by Dentist of Physician Other than Requesting Dentist of Physician</td>
<td>48.00</td>
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#### Professional Visits

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<tbody>
<tr>
<td>D9420</td>
<td>Hospital or Ambulatory Surgical Center Call</td>
<td>15.00</td>
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#### Miscellaneous Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>D9941</td>
<td>Fabrication of Athletic Mouthguard</td>
<td>103.00</td>
</tr>
<tr>
<td>D9944</td>
<td>Occlusal Guard - Hard Appliance, Full Arch</td>
<td>150.00</td>
</tr>
<tr>
<td>D9945</td>
<td>Occlusal Guard - Soft Appliance, Full Arch</td>
<td>150.00</td>
</tr>
<tr>
<td>D9946</td>
<td>Occlusal Guard - Hard Appliance, Partial Arch</td>
<td>150.00</td>
</tr>
<tr>
<td>D9951</td>
<td>Occlusal Adjustment - Limited</td>
<td>33.00</td>
</tr>
<tr>
<td>D9952</td>
<td>Occlusal Adjustment - Complete</td>
<td>66.00</td>
</tr>
</tbody>
</table>