

MARYLAND MEDICAID  
DENTAL FEE  
SCHEDULE AND  
PROCEDURE  
CODES CDT 2017\*

REVISION August 2017  
EFFECTIVE DATE January 1, 2017

\*The CDT 2017 codes and nomenclature that follow have been obtained, or appears verbatim from the **Current Dental Terminology (CDT) 2017 Dental Procedure Codes** (including procedure codes, definitions, and other data contained therein); copyrighted by the American Dental Association. © 2016 American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.

Code	Description of CDT code	Fee
<b>D0100-D0999 Diagnostic</b>		
<b>Clinical Oral Evaluations</b>		
D0120	Periodic Oral Evaluation – Established Patient	29.08
D0140	Limited Oral Evaluation – Problem Focused	43.20
D0145	Oral Evaluation, Patient Under Three Years of Age and Counseling with Primary Caregiver	40.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	51.50
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, By Report	43.20
<b>Diagnostic Imaging (X-Rays)</b>		
D0210	Intraoral - Complete Series of Radiographic Images	57.00
D0220	Intraoral – Periapical First Radiographic Image	9.00
D0230	Intraoral – Periapical Each Additional Radiographic Image	6.00
D0240	Intraoral – Occlusal Radiographic Image	9.00
D0250	Extra-oral – 2D Projection Radiographic Image	24.00
D0270	Bitewing – Single Radiographic Image	9.00
D0272	Bitewings – Two Radiographic Images	15.00
D0273	Bitewings – Three Radiographic Images	18.00
D0274	Bitewings – Four Radiographic Images	22.00
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	30.00
D0310	Sialography	57.00
D0320	Temporomandibular Joint Arthrogram, Including Injection	96.00
D0321	Other Temporomandibular Joint Radiographic Images, by Report	30.00
D0330	Panoramic Radiographic Image	42.00
D0340	2D Cephalometric Radiographic Image	42.00
<b>Tests And Examinations</b>		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	5.00
D0460	Pulp Vitality Tests	10.00
<b>D1000-D1999 Preventive</b>		
<b>Dental Prophylaxis</b>		
D1110	Prophylaxis – Adult	58.15
D1120	Prophylaxis – Child	42.37
<b>Topical Fluoride Treatment (Office Procedure)</b>		
D1206	Topical Application of Fluoride Varnish	24.92
D1208	Topical Application of Fluoride – Excluding Varnish	23.00
<b>Other Preventive Services</b>		
D1330	Oral Hygiene Instructions	6.00
D1351	Sealant – Per Tooth	33.23

<b>Code</b>	<b>Description of CDT code</b>	<b>Fee</b>
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth	33.23

<b>Space Maintenance (Passive Appliances)</b>		
D1510	Space Maintainer – Fixed, Unilateral	84.00
D1515	Space Maintainer – Fixed – Bilateral	144.00
D1520	Space Maintainer – Removable – Unilateral	64.00
D1525	Space Maintainer – Removable – Bilateral	96.00
D1550	Re-cement or Re-bond Space Maintainer	24.00
D1555	Removal of Fixed Space Maintainer	25.00

<b>D2000-D2999 Restorative</b>		
<b>Amalgam Restorations (Including Polishing)</b>		
D2140	Amalgam – One Surface, Primary or Permanent	70.00
D2150	Amalgam – Two Surfaces, Primary or Permanent	88.00
D2160	Amalgam – Three Surfaces, Primary or Permanent	104.00
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	104.00

<b>Resin-Based Composite Restorations – Direct</b>		
D2330	Resin-Based Composite – One Surface, Anterior	84.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	102.00
D2332	Resin-Based Composite – Three Surfaces, Anterior	125.00
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	151.00
D2390	Resin-Based Composite Crown, Anterior	75.00
D2391	Resin-Based Composite – One Surface, Posterior	93.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	120.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	150.00
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	150.00

<b>Crowns – Single Restorations Only</b>		
D2721	Crown – Resin with Predominantly Base Metal	250.00
D2740	Crown – Porcelain/Ceramic Substrate	300.00
D2750	Crown – Porcelain Fused to High Noble Metal	375.00
D2751	Crown – Porcelain Fused to Predominantly Base Metal	375.00
D2752	Crown – Porcelain Fused to Noble Metal	375.00
D2780	Crown – ¾ Cast High Noble Metal	292.00
D2781	Crown – ¾ Cast Predominantly Base Metal	292.00
D2782	Crown – ¾ Cast Noble Metal	292.00
D2783	Crown – ¾ Porcelain/Ceramic	292.00
D2790	Crown – Full Cast High Noble Metal	292.00
D2791	Crown – Full Cast Predominantly Base Metal	292.00
D2792	Crown – Full Cast Noble Metal	292.00
D2794	Crown – Titanium	292.00

Code	Description of CDT code	Fee
<b>Other Restorative Services</b>		
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	25.00
D2920	Re-cement or Re-bond Crown	25.00
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	154.00
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	154.00
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	180.00
D2932	Prefabricated Resin Crown	75.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	81.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth	154.00
D2940	Protective Restoration	50.00
D2950	Core Buildup, Including Any Pins When Required	81.00
D2951	Pin Retention – Per Tooth, In Addition to Restoration	12.00
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	96.00
D2954	Prefabricated Post and Core In Addition to Crown	70.00
D2955	Post Removal	25.00
D2960	Labial Veneer (Resin Laminate) – Chairside	81.00
D2961	Labial Veneer (Resin Laminate) – Laboratory	81.00
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	108.00
D2980	Crown Repair Necessitated by Restorative Material Failure	93.00
<b>D3000-3999 Endodontics</b>		
<b>Pulp Capping</b>		
D3110	Pulp Cap – Direct (Excluding Final Restoration)	15.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	35.00
<b>Pulpotomy</b>		
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	60.00
D3221	Pulpal Debridement, Primary and Permanent Teeth	70.00
<b>Endodontic Therapy On Primary Teeth</b>		
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	96.00
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	115.00
<b>Endodontic Therapy (Includes Treatment Plan, Procedures And Follow-Up Care)</b>		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	550.00
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	650.00
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	748.00

Code	Description of CDT code	Fee
<b>Endodontic Retreatment</b>		
D3346*	Retreatment of Previous Root Canal Therapy – Anterior	634.00
D3347*	Retreatment of Previous Root Canal Therapy – Bicuspid	721.00
D3348*	Retreatment of Previous Root Canal Therapy – Molar	829.00
<b>*Not Covered When Service Is Provided By The Same Provider Or An Associate Within Two Years Of Original Service.</b>		

<b>Apexification/Recalcification</b>		
D3351	Apexification/Recalcification – Initial Visit	108.00
D3352	Apexification/Recalcification – Interim Medication Replacement	67.00
D3353	Apexification/Recalcification – Final Visit	67.00

<b>Apicoectomy/Periradicular Services</b>		
D3410	Apicoectomy – Anterior	504.00
D3421	Apicoectomy – Bicuspid (First Root)	570.00
D3425	Apicoectomy – Molar (First Root)	659.00
D3426	Apicoectomy (Each Additional Root)	217.00
D3430	Retrograde Filling – Per Root	100.00
D3450	Root Amputation – Per Root	355.00
D3470	Intentional Re-implantation (Including Necessary Splinting)	629.00

<b>Other Endodontic Procedures</b>		
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	221.00

<b>D4000-D4999 Periodontics</b>		
<b>Surgical Services (Including Usual Postoperative Care)</b>		
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	108.00
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	25.00
D4230	Anatomical Crown Exposure – Four or More Contiguous Teeth per Quadrant	108.00
D4231	Anatomical Crown Exposure – One to Three Teeth per Quadrant	25.00
D4240	Gingival Flap Procedure, Including Root Planing – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	63.00
D4241	Gingival Flap Procedure, Including Root Planing – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	75.00
D4249	Clinical Crown Lengthening – Hard Tissue	150.00
D4260	Osseous Surgery – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	108.00
D4261	Osseous Surgery – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	150.00

Code	Description of CDT code	Fee
<b>Non-Surgical Periodontal Service</b>		
D4320	Provisional Splinting – Intracoronal	90.00
D4321	Provisional Splinting – Extracoronal	100.00
D4341	Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant	75.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant	54.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	100.00
<b>Other Periodontal Services</b>		
D4910	Periodontal Maintenance	54.00
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	24.00
<b>D5000-D5999 Prosthodontics (Removable)</b>		
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>		
D5110	Complete Denture – Maxillary	375.00
D5120	Complete Denture – Mandibular	375.00
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>		
D5211	Maxillary Partial Denture – Resin Base	225.00
D5212	Mandibular Partial Denture – Resin Base	225.00
D5225	Maxillary Partial Denture – Flexible Base	275.00
D5226	Mandibular Partial Denture – Flexible Base	275.00
<b>Adjustments To Dentures</b>		
D5410	Adjust Complete Denture – Maxillary	20.00
D5411	Adjust Complete Denture – Mandibular	20.00
D5421	Adjust Partial Denture – Maxillary	20.00
D5422	Adjust Partial Denture – Mandibular	20.00
<b>Repairs to Complete Dentures</b>		
D5510	Repair Broken Complete Denture Base	40.00
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	20.00
<b>Repairs to Partial Dentures</b>		
D5610	Repair Resin Denture Base	63.00
D5620	Repair Cast Framework	70.00
D5630	Repair/Replace Broken Clasp – per Tooth	63.00
D5640	Replace Broken Teeth - Per Tooth	20.00
D5650	Add Tooth to Existing Partial Denture	57.00
D5660	Add Clasp To Existing Partial Denture – per Tooth	65.00
<b>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.</b>		

Code	Description of CDT code	Fee
<b>Denture Rebase Procedures</b>		
D5710	Rebase Complete Maxillary Denture	160.00
D5711	Rebase Complete Mandibular Denture	160.00
D5720	Rebase Maxillary Partial Denture	160.00
D5721	Rebase Mandibular Partial Denture	160.00
<b>Denture Reline Procedures</b>		
D5750	Reline Complete Maxillary Denture (Laboratory)	150.00
D5751	Reline Complete Mandibular Denture (Laboratory)	150.00
D5760	Reline Maxillary Partial Denture (Laboratory)	150.00
D5761	Reline Mandibular Partial Denture (Laboratory)	150.00
<b>Other Removable Prosthetic Services</b>		
D5850	Tissue Conditioning, Maxillary	24.00
D5851	Tissue Conditioning, Mandibular	24.00
D5863	Overdenture – Complete Maxillary	325.00
D5864	Overdenture – Partial Maxillary	325.00
D5865	Overdenture – Complete Mandibular	325.00
D5866	Overdenture – Partial Mandibular	325.00
<b>D5900-D5999 Maxillofacial Prosthetics</b>		
D5992	Adjust Maxillofacial Prosthetic Appliance, by Report	20.00
D5993	Maintenance & Cleaning of Maxillofacial Prosthesis (Extra- or Intra-oral) Other than Required Adjustments, by Report	20.00
<b>D6200-D6999 Prosthodontics, Fixed</b>		
D6930	Re-cement or Re-bond Fixed Partial Denture	32.00
<b>D7000-D7999 Oral And Maxillofacial Surgery</b>		
<b>Extractions</b>		
D7111	Extraction, Coronal Remnants – Deciduous Tooth	27.00
D7140	Extraction, Erupted Tooth Or Exposed Root	103.01
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	103.01
D7220	Removal of Impacted Tooth – Soft Tissue	144.00
D7230	Removal of Impacted Tooth – Partially Bony	211.00
D7240	Removal of Impacted Tooth – Completely Bony	277.00
D7241	Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications	415.00
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	103.01
D7251	Coronectomy – Intentional Partial Tooth Removal	415.00
<b>Note: Preauthorization Is Required For Multiple Extractions In Hospitals (Other Than Emergency Conditions) And For Extractions Requiring Replacements.</b>		

Code	Description of CDT code	Fee
<b>Other Surgical Procedures</b>		
D7260	Oralantral Fistula Closure	125.00
D7270	Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	64.00
D7272	Tooth Transplantation	27.00
D7280	Exposure of an Unerupted Tooth	369.00
D7285	Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)	85.00
D7286	Incisional Biopsy of Oral Tissue – Soft	231.00
D7290	Surgical Repositioning of Teeth	165.00
<b>Alveoloplasty - Preparation Of Ridge</b>		
D7310	Alveoloplasty In Conjunction with Extractions - Four or more teeth or tooth spaces, per Quadrant	90.00
D7311	Alveoloplasty In Conjunction with Extractions -One to Three Teeth or Tooth Spaces, per Quadrant	50.00
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or more teeth or Tooth Spaces, per Quadrant	48.00
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	95.00
<b>Vestibuloplasty</b>		
D7340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	270.00
D7350	Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts)	405.00
<b>Excision Of Soft Tissue Lesions</b>		
D7410	Excision of Benign Lesion Up To 1.25 cm	84.00
<b>Excision Of Intra-Osseous Lesions (*Use CPT Codes For These Procedures)</b>		
D7440*	Excision of Malignant Tumor – Lesion Diameter Up To 1.25 cm	108.00
D7450*	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Up To 1.25 cm	97.00
D7451*	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm	125.00
D7460*	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Up To 1.25 cm	95.00
D7461*	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm	125.00
<b>Excision Of Bone Tissue</b>		
D7471	Removal of Lateral Exostosis – (Maxilla or Mandible)	105.00
D7472	Removal of Torus Palatinus	105.00
D7473	Removal of Torus Mandibularis	105.00



<b>Code</b>	<b>Description of CDT code</b>	<b>Fee</b>
<b>Surgical Incision</b>		
D7510	Incision & Drainage of Abscess – Intraoral Soft Tissue	48.00
D7520	Incision & Drainage of Abscess – Extraoral Soft Tissue	68.00
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	68.00
<b>Other Repair Procedures</b>		
D7960	Frenulectomy – Also Known as Frenectomy or Frenotomy	63.00
D7970	Excision of Hyperplastic Tissue – Per Arch	27.00
D7971	Excision of Pericoronal Gingiva	25.00
<b>D8000-D8999 Orthodontics</b>		
<b>Comprehensive Orthodontic Treatment</b>		
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	1035.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	900.00
<b>Other Orthodontic Services</b>		
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development	150.00
D8670	Periodic Orthodontic Treatment Visit	75.00
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	200.00
D8692	Replacement of Lost or Broken Retainer	140.00
D8693	Re-cement or Re-bond Fixed Retainer	95.00
*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.		
<b>D9000-D9999 Adjunctive General Services</b>		
<b>Unclassified Treatment</b>		
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	20.00
<b>Anesthesia</b>		
D9223	Deep Sedation / General Anesthesia – Each 15 Minute Increment	71.00
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	18.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment	59.00
D9248	Non-Intravenous Conscious Sedation	186.91
<b>Professional Consultation</b>		
D9310	Consultation – Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician	48.00
<b>Professional Visits</b>		
D9410	House/Extended Care Facility Call	15.00
D9420	Hospital or Ambulatory Surgical Center Call	15.00

<b>Code</b>	<b>Description of CDT code</b>	<b>Fee</b>
<b>Miscellaneous Services</b>		
D9910	Apply of Desensitizing Medication	10.00
D9940	Occlusal Guard, by Report	150.00
D9941	Fabrication of Athletic Mouthguard	103.00
D9951	Occlusal Adjustment - Limited	33.00
D9952	Occlusal Adjustment - Complete	66.00