

Maryland Medicaid Dental Fee Schedule and Procedure Codes CDT 2024*

EFFECTIVE DATE January 1, 2024

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Maryland Healthy Smiles Dental Program – 2024 Fee Schedule

Code	Description of CDT Code	Auth Req	Fee
Diagnostic			
Clinical Oral Evaluations			
D0120	Periodic Oral Evaluation – Established Patient		31.81
D0140*	Limited Oral Evaluation – Problem Focused		47.26
D0145	Oral Evaluation, Patient Under Three Years of Age and Counseling with Primary Caregiver		43.76
D0150	Comprehensive Oral Evaluation – New or Established Patient		56.34
D0160	Detailed and Extensive Oral Evaluation – Problem Focused, By Report		43.20
*D0140 may be provided via telehealth using the Place of Service 02 to indicate the two-way audio-visual service delivery.			
Diagnostic Imaging (X-Rays)			
D0210	Intraoral - Complete Series of Radiographic Images		57.00
D0220	Intraoral – Periapical First Radiographic Image		11.82
D0230	Intraoral – Periapical Each Additional Radiographic Image		6.56
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		16.41
D0273	Bitewings – Three Radiographic Images		18.00
D0274	Bitewings – Four Radiographic Images		24.07
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		45.95
D0340	2D Cephalometric Radiographic Image		42.00
Tests and Examinations			
D0431	Adjunctive Oral Cancer Screening		5.00
D0460	Pulp Vitality Tests		10.00
Preventive			
Dental Prophylaxis			
D1110	Prophylaxis – Adult		67.12
D1120	Prophylaxis – Child		48.90
Topical Fluoride Treatment (Office Procedure)			
D1206	Topical Application of Fluoride Varnish		26.29
D1208	Topical Application of Fluoride – Excluding Varnish		24.26
Other Preventive Services			
D1330	Oral Hygiene Instructions		7.20
D1351	Sealant – Per Tooth		39.88

D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth		35.06
D1354	Interim Caries Arresting Medicament Application- Per Tooth	Y*	10.55
*D1354- pre-authorization for ages 7 and above			
Space Maintenance (Passive Appliances)			
D1510	Space Maintainer – Fixed, Unilateral		88.62
D1516	Space Maintainer – Fixed – Bilateral, Maxillary		151.91
D1517	Space Maintainer – Fixed – Bilateral, Mandibular		151.91
D1520	Space Maintainer – Removable – Unilateral		67.52
D1526	Space Maintainer – Removable – Bilateral, Maxillary		101.28
D1527	Space Maintainer – Removable – Bilateral, Mandibular		101.28
D1553	Re-cement or re-bond unilateral space maintainer- per quadrant		25.32
D1556	Removal of fixed unilateral space maintainer- per quadrant		26.37
Restorative			
Amalgam Restorations (Including Polishing)			
D2140	Amalgam – One Surface, Primary or Permanent		73.85
D2150	Amalgam – Two Surfaces, Primary or Permanent		92.84
D2160	Amalgam – Three Surfaces, Primary or Permanent		109.72
D2161	Amalgam – Four or More Surfaces, Primary or Permanent		109.72
Resin-Based Composite Restorations – Direct			
D2330	Resin-Based Composite – One Surface, Anterior		96.95
D2331	Resin-Based Composite – Two Surfaces, Anterior		117.72
D2332	Resin-Based Composite – Three Surfaces, Anterior		144.26
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)		174.27
D2390	Resin-Based Composite Crown, Anterior		90.00
D2391	Resin-Based Composite – One Surface, Posterior		107.33
D2392	Resin-Based Composite – Two Surfaces, Posterior		138.49
D2393	Resin-Based Composite – Three Surfaces, Posterior		173.12
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior		173.12
Crowns – Single Restorations Only			
D2721	Crown – Resin with Predominantly Base Metal	Y	263.74
D2740	Crown – Porcelain/Ceramic Substrate	Y	393.84
D2750	Crown – Porcelain Fused to High Noble Metal	Y	492.30
D2751	Crown – Porcelain Fused to Predominantly Base Metal	Y	395.61
D2752	Crown – Porcelain Fused to Noble Metal	Y	395.61
D2780	Crown – ¾ Cast High Noble Metal	Y	308.05
D2781	Crown – ¾ Cast Predominantly Base Metal	Y	308.05
D2782	Crown – ¾ Cast Noble Metal	Y	308.05
D2783	Crown – ¾ Porcelain/Ceramic	Y	308.05
D2790	Crown – Full Cast High Noble Metal	Y	308.05
D2791	Crown – Full Cast Predominantly Base Metal	Y	308.05
D2792	Crown – Full Cast Noble Metal	Y	308.05
D2794	Crown – Titanium	Y	308.05
Other Restorative Services			
D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration		26.37

D2920	Re-cement or Re-bond Crown		26.37
D2928	Prefabricated porcelain/ceramic crown – Permanent Tooth		189.89
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	Y	162.46
D2930	Prefabricated Stainless Steel Crown – Primary Tooth		177.74
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth		207.74
D2932	Prefabricated Resin Crown		79.12
D2933	Prefabricated Stainless Steel Crown with Resin Window		85.45
D2934	Prefabricated Esthetic Coated Stainless Steel Crown – Primary Tooth		177.74
D2940	Protective Restoration		52.75
D2950	Core Buildup, Including Any Pins When Required	Y	85.45
D2951	Pin Retention – Per Tooth, In Addition to Restoration		12.66
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	Y	101.28
D2954	Prefabricated Post and Core In Addition to Crown	Y	73.85
D2955	Post Removal	Y	26.37
D2960	Labial Veneer (Resin Laminate) – Chairside		85.45
D2961	Labial Veneer (Resin Laminate) – Laboratory		85.45
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	Y	113.93
D2980	Crown Repair Necessitated by Restorative Material Failure		98.11
Endodontics			
Pulp Capping			
D3110	Pulp Cap – Direct (Excluding Final Restoration)		15.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)		35.00
Pulpotomy			
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)		78.77
D3221	Pulpal Debridement, Primary and Permanent Teeth		70.00
Endodontic Therapy On Primary Teeth			
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
Endodontic Therapy (Includes Treatment Plan, Procedures And Follow-Up Care)			
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Y	550.00
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	Y	650.00
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	Y	748.00
Endodontic Retreatment			
D3346*	Retreatment of Previous Root Canal Therapy – Anterior	Y	634.00
D3347*	Retreatment of Previous Root Canal Therapy – Bicuspid	Y	721.00
D3348*	Retreatment of Previous Root Canal Therapy – Molar	Y	829.00
*Not covered when service is provided by the same provider or an associate within two years of original service.			

Apexification/Recalcification			
D3351	Apexification/Recalcification – Initial Visit	Y	108.00
D3352	Apexification/Recalcification – Interim Medication Replacement	Y	67.00
D3353	Apexification/Recalcification – Final Visit	Y	67.00
Apicoectomy/Periradicular Services			
D3410	Apicoectomy – Anterior	Y	504.00
D3421	Apicoectomy – Bicuspid (First Root)	Y	570.00
D3425	Apicoectomy – Molar (First Root)	Y	659.00
D3426	Apicoectomy (Each Additional Root)	Y	217.00
D3430	Retrograde Filling – Per Root	Y	100.00
D3450	Root Amputation – Per Root	Y	355.00
D3470	Intentional Re-implantation (Including Necessary Splinting)	Y	629.00
Other Endodontic Procedures			
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	Y	221.00
Periodontics			
Surgical Services (Including Usual Postoperative Care)			
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	Y	108.00
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	Y	25.00
D4230	Anatomical Crown Exposure – Four or More Contiguous Teeth per Quadrant	Y	108.00
D4231	Anatomical Crown Exposure – One to Three Teeth per Quadrant	Y	25.00
D4240	Gingival Flap Procedure, Including Root Planing – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	Y	63.00
D4241	Gingival Flap Procedure, Including Root Planing – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	Y	75.00
D4249	Clinical Crown Lengthening – Hard Tissue	Y	150.00
D4260	Osseous Surgery – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	Y	108.00
D4261	Osseous Surgery – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	Y	150.00
Non-Surgical Periodontal Service			
D4322	Splint – intra-coronal natural teeth or prosthetic crowns		90.00
D4323	Splint- extra-coronal natural teeth or prosthetic crowns		100.00
D4341	Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant	Y	90.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant	Y	64.80
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis		100.00

Other Periodontal Services			
D4910	Periodontal Maintenance	Y	54.00
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist or Their Staff)	Y	24.00
Prosthodontics (Removable)			
Complete Dentures (Including Routine Post-Delivery Care)			
D5110	Complete Denture – Maxillary	Y	375.00
D5120	Complete Denture – Mandibular	Y	375.00
Partial Dentures (Including Routine Post-Delivery Care)			
D5211	Maxillary Partial Denture – Resin Base	Y	225.00
D5212	Mandibular Partial Denture – Resin Base	Y	225.00
D5225	Maxillary Partial Denture – Flexible Base	Y	275.00
D5226	Mandibular Partial Denture – Flexible Base	Y	275.00
Adjustments To Dentures			
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
Repairs to Complete Dentures			
D5511	Repair Broken Complete Denture Base- Mandibular		40.00
D5512	Repair Broken Complete Denture Base- Maxillary		40.00
D5520	Replace Missing Or Broken Teeth-Complete Denture Each Tooth		20.00
Repairs to Partial Dentures			
D5611	Repair Resin Partial Denture Base- Mandibular		63.00
D5612	Repair Resin Partial Denture Base- Maxillary		63.00
D5621	Repair Cast Partial Framework- Mandibular		70.00
D5622	Repair Cast Partial Framework- Maxillary		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	Y	57.00
D5660	Add Clasp To Existing Partial Denture – per Tooth	Y	65.00
Note: aftercare is within the first six months following denture placement and is not reimbursable. Following the aftercare period these services may be provided once every two years.			
Denture Rebase Procedures			
D5710	Rebase Complete Maxillary Denture	Y	160.00
D5711	Rebase Complete Mandibular Denture	Y	160.00
D5720	Rebase Maxillary Partial Denture	Y	160.00
D5721	Rebase Mandibular Partial Denture	Y	160.00
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

Other Removable Prosthetic Services			
D5850	Tissue Conditioning, Maxillary		24.00
D5851	Tissue Conditioning, Mandibular		24.00
D5863	Overdenture – Complete Maxillary	Y	325.00
D5864	Overdenture – Partial Maxillary	Y	325.00
D5865	Overdenture – Complete Mandibular	Y	325.00
D5866	Overdenture – Partial Mandibular	Y	325.00
Maxillofacial Prosthetics			
D5992	Adjust Maxillofacial Prosthetic Appliance, by Report	Y	20.00
D5993	Maintenance & Cleaning of Maxillofacial Prosthesis (Extra-oral or Intra-oral) Other than Required Adjustments, by Report	Y	20.00
Prosthodontics, Fixed			
D6930	Re-cement or Re-bond Fixed Partial Denture		32.00
Oral And Maxillofacial Surgery			
Extractions			
D7111	Extraction, Coronal Remnants – Deciduous Tooth		27.00
D7140	Extraction, Erupted Tooth Or Exposed Root		135.23
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated		112.69
D7220	Removal of Impacted Tooth – Soft Tissue		157.54
D7230	Removal of Impacted Tooth – Partially Bony		230.83
D7240	Removal of Impacted Tooth – Completely Bony		303.04
D7241	Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications	Y	415.00
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	Y	103.01
D7251	Coronectomy – Intentional Partial Tooth Removal	Y	415.00
Note: Preauthorization is required for multiple extractions in hospitals (other than emergency conditions) and for extractions requiring replacements.			
Other Surgical Procedures			
D7260	Oral-antral Fistula Closure	Y	125.00
D7270	Tooth Re-implantation and/or Stabilization of Accidentally Erupted or Displaced Tooth	Y	64.00
D7272	Tooth Transplantation	Y	27.00
D7280	Exposure of an Unerupted Tooth	Y	369.00
D7284	Excisional biopsy of minor salivary glands		231.00
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	Y	165.00
Alveoloplasty			
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	Y	50.00

D7320	Alveoloplasty Not in Conjunction with Extractions - Four or more teeth or Tooth Spaces, per Quadrant	Y	48.00
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant	Y	95.00
Vestibuloplasty			
D7340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	Y	270.00
D7350	Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts)	Y	405.00
Excision Of Soft Tissue Lesions			
D7410	Excision of Benign Lesion Up To 1.25 cm		84.00
Excision Of Intra-Osseous Lesions			
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
*Use CPT codes for these procedures			
Excision Of Bone Tissue			
D7471	Removal of Lateral Exostosis – (Maxilla or Mandible)	Y	105.00
D7472	Removal of Torus Palatinus	Y	105.00
D7473	Removal of Torus Mandibularis	Y	105.00
Surgical Incision			
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
Other Repair Procedures			
D7961	Buccal/labial frenectomy (frenulectomy)	Y	63.00
D7962	Lingual frenectomy (frenulectomy)	Y	63.00
D7970	Excision of Hyperplastic Tissue – Per Arch		27.00
D7971	Excision of Pericoronal Gingiva		25.00
Orthodontics			
Comprehensive Orthodontic Treatment			
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	Y	1035.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (self-ligating)	Y	900.00
Other Orthodontic Services			
D8660	Pre-Orthodontic Treatment Examination to Monitor Growth and Development		150.00
D8670	Periodic Orthodontic Treatment Visit	Y	75.00
D8680	Orthodontic Retention (Removal of Appliances,	Y	200.00

D8698	Re-cement or re-bonding fixed retainers- Maxillary	Y	40.00
D8699	Re-cement or re-bonding fixed retainers- Mandibular	Y	40.00
D8703	Replacement of lost or broken retainer- Maxillary	Y	140.00
D8704	Replacement of lost or broken retainer- Mandibular	Y	140.00
D8999	Orthodontic Continuation of Care	Y	550.00
*Please refer to the current provider manual for clinical criteria for all orthodontic services.			
**Note: CDT D8080, D8090, 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			
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure		20.00
Anesthesia			
D9222	Deep Sedation/General Anesthesia- First 15 Minutes		77.67
D9223	Deep Sedation / General Anesthesia – Each 15 Minute Increment		77.67
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis		19.69
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minute		59.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment		59.00
D9248	Non-Intravenous Conscious Sedation		186.91
Professional Consultation			
D9310	Consultation – Diagnostic Service Provided by Dentist of Physician Other than Requesting Dentist of Physician		48.00
Professional Visits			
D9410	House/Extended Care Facility Call	Y	15.00
D9420	Hospital or Ambulatory Surgical Center Call		15.00
Miscellaneous Services			
D9910	Apply of Desensitizing Medication		10.00
D9941	Fabrication of Athletic Mouthguard		103.00
D9944	Occlusal Guard - Hard Appliance, Full Arch		150.00
D9945	Occlusal Guard - Soft Appliance, Full Arch		150.00
D9946	Occlusal Guard - Hard Appliance, Partial Arch		150.00
D9951	Occlusal Adjustment - Limited		33.00
D9952	Occlusal Adjustment - Complete		66.00