



STATE OF MARYLAND
DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL TRANSMITTAL #34**

November 22, 2000

TO: All Dental Providers
FROM: Joseph M. Millstone, Executive Director
Office of Health Service
RE: Increased Reimbursements/ Medicaid Fee-For-Service Program

On July 17, 2000, in an effort to retain current and attract new providers, and to insure that Maryland's Medical Assistance Oral Health Program continues to secure and receive quality care for its fee-for-service population, most dental and orthodontic procedures were increased 300%. A copy of the new fee schedule is enclosed. Oral health care providers may begin billing the new fees immediately.

Questions concerning this transmittal, should be directed to the Medical Assistance Oral Health Care Unit at the Division of Children's Services at (410) 767-1485.

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DENTAL PROCEDURE CODES AND FEE SCHEDULE**

CODE	BRIEF DESCRIPTION	MAX FEE
0010-00999 DIAGNOSTIC		
CLINICAL ORAL EXAMINATIONS		
00120	PERIODIC ORAL EXAMINATION	15
00140	LIMITED ORAL EXAMINATION-PROBLEM FOCUSED	BR
00150	COMPREHENSIVE ORAL EXAMINATION	BR
00160	DETAILED AND EXTENSIVE ORAL EVAL-PROB-FOCUSED (Entails extensive diagnostic and cognitive modalities)	BR
RADIODIAGNOSTIC IMAGING (X-RAYS)		
NOTE: A complete series of radiographs shall not be taken more frequently than once every three (3) years. Complete series could include 14 to 18 intraoral film or a panorex plus bitewings.		
00210	X-RAY INTRAORAL COMPLETE SERIES INCLUDING BITEWINGS	57
00220	X-RAY INTRAORAL PERIAPICAL, SINGLE FIRST FILM	9
00230	X-RAY INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	6
00240	X-RAY INTRAORAL OCCLUSAL FILM	9
00250	X-RAY EXTRAORAL FIRST FILM	24
00260	X-RAY EXTRAORAL EACH ADDITIONAL FILM	18
00270	X-RAY BITEWING SINGLE FILM	9
00272	X-RAY BITEWINGS TWO FILMS	15
00274	X-RAY BITEWINGS FOUR FILMS	22
00290	X-RAY POSTERIOR-ANTERIOR OR LATERAL SKULL FACIAL BONE SURVEY FILM	32
00310	X-RAY SIALOGRAPHY	57
00320	TM JOINT ARTHROGRAM, INCLUDING INJECTION	96
00321	X-RAY OTHER TEMPORAMANDIBULAR JOINT FILM	30
00322	TOMOGRAPHIC SURVEY	BR
00330	X-RAY PANORAMIC MAXILLA/MANDIBLE FILM	42
00340	X-RAY CEPHALOMETRIC FILM	42
TESTS AND LABORATORY EXAMINATIONS		
00415	BACTERIOLOGIC STUDIES FOR DETERMINATION OF PATHOLOGIC AGENTS	BR
00425	CARIES SUSCEPTIBILITY TESTS	0
00460	PULP VITALITY TEST	10
00470	DIAGNOSTIC CASTS	0
00471	DIAGNOSTIC PHOTOGRAPHS	0
00501	HISTOPATHOLOGIC EXAMINATION	BR
CODE	BRIEF DESCRIPTION	MAX FEE
00502	OTHER ORAL PATHOLOGY PROCEDURES	BR
00999	UNSPECIFIED DIAGNOSTIC PROCEDURE	BR

BR = BY REPORT

NCSP = NOT COVERED AS A SEPARATE PROCEDURE

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01000-01999 PREVENTIVE CARE**DENTAL PROPHYLAXIS**

01110	PROPHYLAXIS ADULT - AGES 14 - 20	36
01120	PROPHYLAXIS CHILD - THROUGH AGE 13	24

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

01201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - CHILD - THROUGH AGE 13	35
01203	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHYLAXIS) - CHILD - THROUGH AGE 13	14
01204	TOPICAL APPLICATION OF FLUORIDE (EXCLUDING PROPHY) - ADULT - AGES 14 - 20	14
01205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - ADULT - AGES 14 - 20	50

OTHER PREVENTIVE SERVICES

01310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	0
01320	TOBACCO COUNSELING	0
01330	ORAL HYGIENE INSTRUCTION	0
01351	SEALANTS, PER TOOTH (Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay)	9

SPACE MANAGEMENT THERAPY

01510	SPACE MAINTAINER-FIXED-UNILATERAL	84
01515	SPACE MAINTAINER-FIXED-BILATERAL	144
01520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	64
01525	SPACE MAINTAINER-REMOVABLE-BILATERAL	96
01550	RECEMENTATION OF SPACE MAINTAINER	24

02000-02999 RESTORATIVE**AMALGAM RESTORATIONS (INCLUDING POLISHING)
AGES 13 AND UNDER**

02110	AMALGAM 1 SURFACE, PRIMARY	33
02120	AMALGAM 2 SURFACES, PRIMARY	42
02130	AMALGAM 3 SURFACES, PRIMARY	50
02131	AMALGAM 4 OR MORE SURFACES, PRIMARY	55

CODE BRIEF DESCRIPTION**MAX FEE****AGES 14-20**

02140	AMALGAM 1 SURFACE, PERMANENT	37
02150	AMALGAM 2 SURFACES, PERMANENT	45
02160	AMALGAM 3 SURFACES, PERMANENT	52
02161	AMALGAM 4 OR MORE SURFACES, PERMANENT	58

02210	RESTORATION SILICATE CEMENT	0
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RESIN RESTORATIONS

02330	RESIN 1 SURFACE	39
02331	RESIN 2 SURFACES	48
02332	RESIN 3 SURFACES	56
02335	RESIN 4 OR MORE SURFACES OR INCISAL ANGLE	66
02336	COMPOSITE RESIN CROWN, ANTERIOR-PRIMARY	75
02380	RESIN - ONE SURFACE, POSTERIOR-PRIMARY	39
02381	RESIN - TWO SURFACES,POSTERIOR-PRIMARY	48
02382	RESIN - THREE/MORE SURFACES, POSTERIOR-PRIMARY	56
02385	RESIN - ONE SURFACE, POSTERIOR-PERMANENT	39
02386	RESIN - TWO SURFACES, POSTERIOR-PERMANENT	48
02387	RESIN - THREE/MORE SURFACES,POSTERIOR-PERMANENT	56

GOLD FOIL

02410	GOLD FOIL - ONE SURFACE	0
02420	GOLD FOIL -TWO SURFACES	0
02430	GOLD FOIL-THREE SURFACES	0

INLAY/ONLY

02510	INLAY METALLIC - ONE SURFACE	0
02520	INLAY METALLIC - TWO SURFACES	0
02530	INLAY METALLIC - THREE SURFACES	0
02543	ONLAY - METALLIC - THREE SURFACES	0
02544	ONLAY - METALLIC - 4 OR MORE SURFACES	0
02610	INLAY PORCELAIN/CERAMIC - 1 SURFACE	0
02620	INLAY PORCELAIN/CERAMIC - 2 SURFACES	0
02630	INLAY PORCELAIN/CERAMIC - 3 OR MORE SURFACES	0
02642	ONLAY PORCELAIN/CERAMIC - 2 SURFACES	0
02643	ONLAY PORCELAIN/CERAMIC - 3 SURFACES	0
02644	ONLAY PORCELAIN/CERAMIC - 4 OR MORE SURFACES	0
02650	INLAY COMPOSITE/RESIN - 1 SURFACE (LAB)	0
02651	INLAY COMPOSITE/RESIN 2 SURFACES (LAB)	0
02652	INLAY COMPOSITE/RESIN - 3/MORE SURFACES (LAB)	0
02662	ONLAY COMPOSITE/RESIN - 2 SURFACES (LAB)	0
02663	ONLAY COMPOSITE/RESIN 3 SURFACES (LAB)	0
02664	ONLAY COMPOSITE/RESIN - 4/MORE SURFACES (LAB)	0

CODE BRIEF DESCRIPTION**MAX FEE****CROWNS-SINGLE RESTORATIONS**

02710	RESIN (LABORATORY)	0	
02720	RESIN W/HIGH NOBLE METAL	0	
02721	RESIN WITH PREDOMINATELY BASE METAL	300	PA
02722	RESIN WITH NOBLE METAL	0	
02740	PORCELAIN/CERAMIC SUBSTRATE	0	
02750	PORCELAIN FUSED TO HIGH NOBLE METAL	0	
02751	PORCELAIN FUSED TO PREDOMINATELY BASE METAL	375	PA
02752	PORCELAIN FUSED TO NOBLE METAL	0	

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02790	FULL CAST HIGH NOBLE METAL	0	
02791	FULL CAST PREDOMINANTLY BASE METAL	292	PA
02792	FULL CAST NOBLE METAL	0	
02810	3/4 CAST METALLIC	0	
OTHER RESTORATIVE SERVICES			
02910	RECEMENT INLAYS	25	
02920	RECEMENT CROWNS	25	
02930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	75	
02931	PREFAB STAINLESS STEEL CROWN - PERMANENT TOOTH	75	
02932	PREFABRICATED RESIN CROWN	75	
02933	PREFAB STAINLESS STEEL CROWN WITH RESIN WINDOW	81	
02940	FILLINGS (SEDATIVE)	18	
02950	CORE BUILDUP (INCLUDES PINS)	81	
02951	PIN RETENTION-PER TOOTH, IN ADD. TO RESTORATION	12	
02952	CAST POST AND CORE IN ADDITION TO CROWN	96	
02954	PREFAB POST AND CORE IN ADDITION TO CROWN	70	
02955	POST REMOVAL (NOT IN CONJUNCTION W/ENDO.THERAPY)	BR	
02960	LABIAL VENEER (LAMINATE) - BONDING	81	
02961	LABIAL VENEER (RESIN LAMINATE) - LAB	81	
02962	LABIAL VENEER (PORCELAIN LAMINATE) - LAB	108	
02970	TEMPORARY CROWN (FRACTURED TOOTH)	48	
02980	CROWN REPAIR	BR	
02999	UNSPECIFIED RESTORATIVE PROCEDURE	BR	

03000-03999 ENDODONTICS**PULP CAPPING**

03110	PULP CAP DIRECT	15	
03120	PULP CAP INDIRECT	15	
03220	PULPOTOMY	60	

CODE BRIEF DESCRIPTION**MAX FEE****PULPAL THERAPY**

03230	PULPAL THERAPY - ANTERIOR-PRIMARY TOOTH	96	PA
03240	PULPAL THERAPY - POSTERIOR-PRIMARY TOOTH	115	PA

ROOT THERAPY

NOTE: REIMBURSEMENT FOR ROOT CANAL THERAPY INCLUDES ALL DIAGNOSTIC TESTS, PREOPERATIVE AND POSTOPERATIVE RADIOGRAPHS, PREOPERATIVE AND POSTOPERATIVE TREATMENTS, PULPOTOMY AND PULPECTOMY.

03310	ENDODONTICS 1 CANAL	230	PA
03320	ENDODONTICS 2 CANALS	280	PA
03330	ENDODONTICS 3 CANALS	325	PA
*03346	RETREATMENT OF PRIOR ROOT CANAL- ANTERIOR	230	PA
*03347	RETREATMENT OF PRIOR ROOT CANAL - BICUSPID	280	PA
*03348	RETREATMENT OF PRIOR ROOT CANAL- MOLAR	325	PA

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*Not covered when service is provided by same
provider or associate within 2 years

03351	APEXIFICATION/RECALCIFICATION INITIAL VISIT	108	
03352	APEXIFICATION/RECALCIFICATION INTERIM MEDS	67	
03353	APEXIFICATION/RECALCIFICATION FINAL VISIT	67	

APICOECTOMY/PERIRADICULAR SERVICES

03410	SURGERY - ANTERIOR	108	PA
03421	SURGERY - BICUSPID	118	PA
03425	SURGERY - MOLAR	128	PA
03426	SURGERY EACH ADDITIONAL ROOT	81	PA
03430	RETROGRADE FILLING PER ROOT	24	PA
03450	ROOT AMPUTATION PER ROOT	81	
03460	ENDODONTIC ENDOSSEOUS IMPLANTS	0	
03470	INTENTIONAL REIMPLANTATION (INCLUDES SPLINTING)	BR	

OTHER

03910	SURG PROCEDURE FOR ISOLATING TOOTH RUB DAM	BR	
03920	HEMISECTION (INCLUDES ROOT REMOVAL)	BR	
03950	CANAL PREP & FITTING OF PREFORMED DOWEL OR POST		
03960	BLEACHING OF DISCOLORED TOOTH	0	
03999	UNSPECIFIED ENDODONTIC PROCEDURE	BR	

04000-04999 PERIODONTICS**SURGICAL**

04210	GINGIVECTOMY OR GINGIVOPLASTY (PER QUADRANT)	108	PA
04211	GINGIVECTOMY OR GINGIVOPLASTY - PER TOOTH	25	
04220	GINGIVAL CURETTAGE-PER QUADRANT	BR	PA

CODE BRIEF DESCRIPTION**MAX FEE**

04240	GINGIVAL FLAP PROCEDURE	63	PA
04249	CLINICAL CROWN LENGTHENING - HARD TISSUE	BR	
04260	OSSEOUS SURGERY PER QUADRANT	108	PA
04263	BONE REPLACEMENT GRAFT 1ST SITE IN QUAD	BR	PA
04264	BONE REPLACEMENT GRAFT EACH ADD'L SITE IN QUAD	BR	PA
04266	GUIDED TISSUE REGENERATION-RESORBABLE, PER TOOTH	BR	PA
04267	GUIDED TISSUE REGENERATION - NON-RESORBABLE	BR	PA
04270	PEDICLE SOFT TISSUE GRAFT:	BR	PA
04271	FREE SOFT TISSUE GRAFTS (INCLUDING DONOR SITE)	BR	PA
04273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT (INCLUDES DONOR SITE)	BR	PA
04274	DISTAL OR PROXIMAL WEDGE PROCEDURE	BR	PA

NON-SURGICAL PERIODONTAL SERVICE

04320	PROVISIONAL SPLINT - INTRACORONAL	BR	PA
04321	PROVISIONAL SPLINT - EXTRACORONAL	BR	PA

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04341	PERIODONTAL SCALING & ROOT PLANING PER QUAD	54	PA
04355	FULL MOUTH DEBRIDEMENT	BR	PA
04381	LOCALIZED CHEMOTHERAPEUTIC AGENT CONTROLLED RELEASE	BR	

OTHER PERIODONTAL SERVICE

04910	PERIODONTAL MAINTENANCE PROCEDURES	0	
04920	UNSCHEDULED DRESSING CHANGE BY ANOTHER DENTIST	24	
04999	UNSPECIFIED PERIODONTAL PROCEDURE	BR	

05000-05899 PROSTHODONTICS (REMOVABLE)**COMPLETE DENTURES (includes routine post-delivery care)**

05110	COMPLETE MAXILLARY	375	PA
05120	COMPLETE MANDIBULAR	375	PA
05130	IMMEDIATE MAXILLARY	0	
05140	IMMEDIATE MANDIBULAR	0	

PARTIAL DENTURES (incl.routine post-delivery care) (3 or more teeth excluding third molars) (includes conventional clasps, rests, and teeth)

05211	MAXILLARY - RESIN BASE	225	PA
05212	MANDIBULAR - RESIN BASE	225	PA
05213	MAXILLARY - CAST METAL W/RESIN BASE	0	
05214	MANDIBULAR - CAST METAL W/RESIN BASE	0	
05281	REMOVABLE UNILATERAL PARTIAL DENTURE 1 PIECE CHROME CASTING, CLASP ATTACHMENTS, PER UNIT INCL.PONTICS	0	

CODE	BRIEF DESCRIPTION	MAX FEE	
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ADJUSTMENTS

05410	ADJUST COMPLETE DENTURE - MAXILLARY	20	
05411	ADJUST COMPLETE DENTURE - MANDIBULAR	20	
05421	ADJUST PARTIAL DENTURE - MAXILLARY	20	
05422	ADJUST PARTIAL DENTURE - MANDIBULAR	20	

REPAIRS-Complete Dentures

05510	REPAIR BROKEN COMPLETE DENTURE BASE	40	
05520	REPLACE MISSING OR BROKEN TEETH	20	

REPAIRS-Partials

05610	REPAIR RESIN DENTURE BASE	63(per denture)	
05620	REPAIR CAST FRAMEWORK	BR	
05630	REPAIR OR REPLACE BROKEN CLASP	63	
05640	REPLACE BROKEN TOOTH ON DENT NO OTHER REPAIR	20	
05650	ADD TOOTH TO EXISTING PARTIAL DENTURE	57	PA
05660	ADD CLASP TO EXISTING PARTIAL DENTURE	65	PA

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DENTAL PROCEDURE CODES AND FEE SCHEDULE

REBASING

NOTE: CONSIDERED AFTERCARE WITHIN THE FIRST SIX (6) MONTHS FOLLOWING DENTURE PLACEMENT AND IS NOT REIMBURSABLE. CANNOT BE PROVIDED MORE FREQUENTLY THAN ONCE EVERY TWO (2) YEARS ONCE THIS PROCEDURE IS RENDERED.

Table with 4 columns: Code, Description, BR, PA. Rows include 05710 COMPLETE MAXILLARY DENTURE (LAB), 05711 COMPLETE MANDIBULAR DENTURE (LAB), 05720 MAXILLARY PARTIAL DENTURE (LAB), 05721 MANDIBULAR PARTIAL DENTURE (LAB).

RELINING

Table with 4 columns: Code, Description, BR, PA. Rows include 05730 COMPLETE MAXILLARY DENTURE (CHAIR), 05731 COMPLETE MANDIBULAR DENTURE (CHAIR), 05740 MAXILLARY PARTIAL DENTURE (CHAIR), 05741 MANDIBULAR PARTIAL DENTURE (CHAIR), 05750 COMPLETE MAXILLARY DENTURE (LAB), 05751 COMPLETE MANDIBULAR DENTURE (LAB), 05760 MAXILLARY PARTIAL DENTURE (LAB), 05761 MANDIBULAR PARTIAL DENTURE (LAB).

OTHER

Table with 4 columns: Code, Description, BR, PA. Rows include 05810 INTERIM COMPLETE DENTURE-MAXILLARY, 05811 INTERIM COMPLETE DENTURE-MANDIBULAR, 05820 INTERIM PARTIAL DENTURE-MAXILLARY, 05821 INTERIM PARTIAL DENTURE-MANDIBULAR.

Table with 4 columns: CODE, BRIEF DESCRIPTION, MAX FEE, BR, PA. Rows include 05850 TISSUE CONDITIONING MAXILLARY (denture), 05851 TISSUE CONDITIONING MANDIBULAR (denture), 05860 OVERDENTURE - COMPLETE, BY REPORT, 05861 OVERDENTURE - PARTIAL, BY REPORT, 05862 PRECISION ATTACHMENT, BY REPORT, 05899 UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE.

05900-05999 MAXILLOFACIAL PROSTHETICS

Table with 4 columns: Code, Description, BR, PA. Rows include 05911 MOULAGE (SECTIONAL), 05912 MOULAGE (COMPLETE), 05913 PROSTHESIS (NASAL), 05914 PROSTHESIS (AURICLAR), 05915 PROSTHESIS (ORBITAL), 05916 PROSTHESIS (OCULAR), 05919 PROSTHESIS (FACIAL), 05922 PROSTHESIS (NASAL, SEPTAL), 05923 PROSTHESIS (OCULAR-INTERIM), 05924 PROSTHESIS (CRANIAL), 05925 PROSTHESIS (FACIAL AUG. IMPLANT), 05926 PROSTHESIS (NASAL, REPLACEMENT).

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05927	PROSTHESIS (AURICULAR, REPLACEMENT)	BR	PA
05928	PROSTHESIS (ORBITAL, REPLACEMENT)	BR	PA
05929	PROSTHESIS (FACIAL, REPLACEMENT)	BR	PA
05931	PROSTHESIS (OBTURATOR, SURGICAL)	BR	PA
05932	PROSTHESIS (OBTURATOR, DEFINITIVE)	BR	PA
05933	PROSTHESIS (OBTURATOR, MODIFICATION)	BR	PA
05934	PROSTHESIS (MANDIBULAR RESECTION W/GUIDE FLANGE)	BR	PA
05935	PROSTHESIS (MANDIBULAR RESECTION NO GUIDE FLANGE)	BR	PA
05936	PROSTHESIS (OBTURATOR, INTERIM)	BR	PA
05937	APPLIANCE (TRISMUS-NO TMD TRTMT)	BR	PA
05951	PROSTHESIS (FEEDING AID)	BR	PA
05952	PROSTHESIS (PEDIATRIC SPEECH APPLIANCE)	BR	PA
05953	PROSTHESIS (ADULT SPEECH APPLIANCE)	BR	PA
05954	PROSTHESIS (PALATAL AUGMENTATION)	BR	PA
05955	PROSTHESIS (PALATAL LIFT, DEFINITIVE)	BR	PA
05958	PROSTHESIS (PALATAL LIFT, INTERIM)	BR	PA
05959	PROSTHESIS (PALATAL LIFT, MODIFICATION)	BR	PA
05960	PROSTHESIS (SPEECH APPLIANCE-MODIFICATION)	BR	PA
05982	STENT (SURGICAL)	BR	
05983	RADIATION CARRIER	BR	
05984	RADIATION SHIELD	BR	

CODE	BRIEF DESCRIPTION	MAX FEE	
05985	RADIATION CONE LOCATOR	BR	
05986	FLUORIDE GEL CARRIER	0	
05987	COMMISSURE SPLINT	BR	
05988	SPLINT (SURGICAL)	BR	
05999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS	BR	

06000-06199 IMPLANT SERVICES**ENDOSTEAL**

06010	ENDOSTEAL IMPLANT, SURGICAL PLACEMENT	0	
06020	ENDOSTEAL IMPLANT, ABUTMENT PLACEMENT	0	

EPOSTEAL

06040	EPOSTEAL IMPLANT, SURGICAL PLACEMENT	0	
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TRANSOSTEAL

06050	TRANSOSTEAL IMPLANT, SURGICAL PLACEMENT	0	
06055	IMPLANT CONNECTING BAR	0	
06080	IMPLANT MAINTENANCE	0	
06090	IMPLANT REPAIR (PROSTHESIS)	0	
06095	IMPLANT REPAIR (ABUTMENT)	0	
06100	IMPLANT REMOVAL	0	
061999	UNSPECIFIED IMPLANT PROCEDURE	0	

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06200-06999 PROSTHODONTICS, FIXED

CODE	BRIEF DESCRIPTION	MAX FEE
06210	HIGH NOBLE METAL CAST	0
06211	PREDOMINANTLY BASE METAL CAST	0
06212	NOBLE METAL CAST	0
06240	PORCELAIN FUSED TO HIGH NOBLE METAL	0
06241	PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0
06242	PORCELAIN FUSED TO NOBLE METAL	0
06250	RESIN WITH HIGH NOBLE METAL	0
06251	RESIN WITH PREDOMINANTLY BASE METAL	0
06252	RESIN WITH NOBLE METAL	0
06520	INLAY-METALLIC-TWO SURFACES	0
06530	INLAY-METALLIC-THREE OR MORE SURFACES	0
06543	ONLAY-METALLIC-THREE SURFACES	0
06544	ONLAY-METALLIC-4 OR MORE SURFACES	0
06545	RETAINER CAST METAL FOR RESIN BONDED	0
06720	RESIN - HIGH NOBLE METAL	0
06721	RESIN - PREDOMINANTLY BASE METAL	0
06722	RESIN - NOBLE METAL	0
06750	PORCELAIN FUSED TO HIGH NOBLE METAL	0
06751	PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	0
06752	PORCELAIN FUSED TO NOBLE METAL	0
06780	HIGH NOBLE METAL (3/4 CAST)	0
06790	HIGH NOBLE METAL (FULL CAST)	0
06791	PREDOMINANTLY BASE METAL (FULL CAST)	0
06792	NOBLE METAL (FULL CAST)	0
06920	CONNECTOR BAR	0
06930	RECEMENT FIXED PARTIAL DENTURE (BRIDGE)	32
06940	STRESS BREAKER	0
06950	PRECISION ATTACHMENT	0
06970	CAST POST AND CORE-IN ADDITION	0
06971	CAST POST AS PART OF BRIDGE RETAINER	0
06972	PREFABRICATED POST AND CORE-IN ADDITION	0
06973	CORE BUILD UP FOR RETAINER, INCLUDES PINS	0
06975	COPING METAL	0
06980	FIXED PARTIAL DENTURE (FIXED BRIDGE) REPAIR BR	0
06999	UNSPECIFIED FIXED PROSTHETIC PROCEDURE	0
	OTHER FIXED PARTIAL DENTURE (FIXED BRIDGE) SERVICES	

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07000-07999 ORAL SURGERY**EXTRACTIONS**

NOTE: PREAUTHORIZATION IS REQUIRED FOR MULTIPLE EXTRACTIONS (OTHER THAN EMERGENCY CONDITIONS) AND FOR EXTRACTIONS REQUIRING REPLACEMENTS.

07110	SINGLE TOOTH	42
07120	ADDITIONAL TOOTH (additional extraction-same visit)	24
07130	ROOT REMOVAL-EXPOSED ROOTS - PER TOOTH 1 UNIT PER SERVICE	42 complete

SURGICAL EXTRACTIONS

07210	SURGICAL REMOVAL ERUPTED TOOTH	0
07220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	64
07230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	90
07240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	100
07241	REMOVAL OF IMPACTED TOOTH, BONY, UNUSUAL	0
07250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING)	52 (complete)

CODE BRIEF DESCRIPTION**MAX FEE****OTHER**

07260	OROANTRAL FISTULA CLOSURE	BR
07270	TOOTH REIMPLANTATION/STABILIZATION	BR
07272	TOOTH TRANSPLANTATION	BR
07280	SURGICAL EXPOSURE IMPACTED/UNERUPTED TOOTH (ORTHO REASONS-INCLUDES ATTACHMENTS)	BR
07281	SURGICAL EXPOSURE IMPACTED/UNERUPTED TOOTH	85
07285	BIOPSY ORAL TISSUE HARD INCL LAB REPORT	BR
07286	BIOPSY ORAL TISSUE SOFT INCL LAB REPORT	BR
07290	SURGICAL REPOSITIONING OF TEETH	BR
07291	TRANSSEPTAL FIBEROTOMY	BR

ALVEOLOPLASTY

07310	ALVEOLOPLASTY WITH EXTRACTIONS-PER QUAD	0
07320	ALVEOLOPLASTY NO EXTRACTIONS - PER QUAD	48

VESTIBULOPLASTY

07340	RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	BR	PA
07350	RIDGE EXTENSION (INCLUDES GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MNGMT OF HYPER-TROPHIED/PLASTIC TISSUE	BR	PA

SURGICAL EXCISION (SCAR TISSUE/LOCALIZED CONGENITAL LESIONS)

07410	RADICAL EXCISION LESION UP TO 1.25 CM	CPT
07420	RADICAL EXCISION LESION OVER 1.25 CM	BR

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TUMORS/CYSTS/NEOPLASMS		
07430	EXCISION BENIGN TUMOR UP TO 1.25 CM	CPT
07431	EXCISION BENIGN TUMOR OVER 1.25 CM	BR
07440	EXCISE MALIGNANT TUMOR UP TO 1.25 CM	CPT
07441	EXCISION MALIGNANT TUMOR LES OVE 1.25 CM	BR
REMOVAL-CYSTS/NEOPLASMS		
07450	REMOVE ODONTOGENIC CYST OR TUMOR-UP TO 1.25 CM.	CPT
07451	REMOVE ODONTOGENIC CYST OR TUMOR-OVER 1.25 CM	BR
07460	REMOVE NONODONTOGENIC CYST - UP TO 1.25 CM	CPT
07461	REMOVE NONODONTOGENIC CYST OR TUMOR-OVER 1.25 CM	BR
07465	DESTRUCTION LESION (s) PHYSICAL/CHEMICAL METHODS	BR
CODE	BRIEF DESCRIPTION	MAX FEE
EXCISION-BONE TISSUE		
07470	REMOVAL OF EXOSTOSIS MAXILLA OR MANDIBLE	105
07480	PARTIAL OSTECTOMY (GUTTERING OR SAUCERIZATION)	BR
07490	RADICAL RESECTION OF MANDIBLE W/BONE GRAFT	BR
INCISION-SURGICAL		
07510	INCISION AND DRAINAGE OF ABCESS - INTRAORAL	48
07520	INCISION AND DRAINAGE OF ABCESS - EXTRAORAL	68
07530	REMOVAL OF FOREIGN BODY	BR
07540	REMOVE REACTION-PRODUCING FOREIGN BODIES	BR
07550	SEQUESTRECTOMY FOR OSTEOMYELITIS	68
07560	MAXILLARY SINUSOTOMY-REMOVE FRAGMENT OR FOREIGN BODY	BR
FRACTURE-SIMPLE		
07610	MAXILLA - OPEN REDUCTION (IMMOBILIZED)	CPT
07620	MAXILLA - CLOSED REDUCTION	CPT
07630	MANDIBLE - OPEN REDUCTION (IMMOBILIZED)	CPT
07640	MANDIBLE - CLOSED REDUCTION (IMMOBILIZED)	CPT
07650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	CPT
07660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	CPT
07670	ALVEOLUS-STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING	CPT
07680	FACIAL BONES COMPLICATED REDUCTION	CPT
FRACTURE-COMPOUND		
07710	MAXILLA - OPEN REDUCTION WITH SURGICAL INCISION	CPT
07720	MAXILLA - CLOSED REDUCTION	CPT
07730	MANDIBLE - OPEN REDUCTION WITH SURGICAL INCISION	CPT
07740	MANDIBLE - CLOSED REDUCTION	CPT
07750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION - INCISION	CPT
07760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	CPT

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07770	ALVEOLUS - STABILIZATION OF TEETH, OPEN REDUCTION, SPLINTING - REQUIRING SURGICAL INCISION	CPT	
07780	FACIAL BONES COMPLICATED REDUCTION	BR	
TEMPOROMANDIBULAR JOINT DYSFUNCTIONS			
07810	OPEN REDUCTION OF DISLOCATION - SURGICAL EXPOSURE	CPT	
07820	CLOSED REDUCTION OF DISLOCATION	CPT	
07830	MANIPULATION UNDER ANESTHESIA	CPT	
07840	CONDYLECTOMY	CPT	PA
07850	SURGICAL DISCECTOMY, WITH/WITHOUT INPLANT	CPT	PA
07852	DISC REPAIR	BR	PA
CODE	BRIEF DESCRIPTION	MAX FEE	
07854	SYNOVECTOMY	BR	PA
07856	MYOTOMY	BR	PA
07858	JOINT RECONSTRUCTION	BR	PA
07860	ARTHROTOMY	CPT	PA
07865	ARTHROPLASTY	CPT	PA
07870	ARTHROCENTESIS	CPT	PA
07872	ARTHROSCOPY: DIAGNOSIS W/WITHOUT BIOPSY	CPT	PA
07873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	CPT	
07874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZE.	CPT	
07875	ARTHROSCOPY: SYNOVECTOMY	CPT	
07876	ARTHROSCOPY: DISCECTOMY	CPT	
07877	ARTHROSCOPY: DEBRIDEMENT	CPT	
07880	OCCLUSAL ORTHOTIC DEVICE	BR	
07899	UNSPECIFIED TMD THERAPY	BR	
TRAUMATIC WOUNDS/TMD REPAIR			
07910	SUTURE RECENT SMALL WOUNDS UP TO 5 CM	CPT	
07911	COMPLICATED SUTURE UP TO 5 CM	CPT	
07912	COMPLICATED SUTURE OVER 5 CM	BR	
OTHER REPAIRS			
07920	SKIN GRAFTS (INCLUDE DEFECT, LOCATION & GRAFT TYPE)	BR	
07940	OSTEOPLASTY (FOR ORTHOGNATHIC DEFORMITIES)	BR	PA
07941	OSTEOTOMY MANDIBULAR RAMI	BR	PA
07943	OSTEOTOMY RAMI WITH BONE GRAFT	BR	PA
07944	OSTEOTOMY SEGMENTED/SUBAPICAL-PER SEXTANT OR QUAD	BR	PA
07945	OSTEOTOMY BODY OF MANDIBLE	BR	PA
07946	LEFORT I-TOTAL MAXILLA ((OSTEOTOMY)	BR	PA
07947	LEFORT I-SEGMENTED MAXILLA (OSTEOTOMY)	BR	PA
07948	LEFORT II OR III, NO GRAFT (OSTEOPLASTY)	BR	PA
07949	LEFORT II OR III WITH GRAFT	BR	PA
07950	GRAFT OF MANDIBLE; FACIAL BONES	BR	

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07955	REPAIR MAXILLOFACIAL DEFECTS HARD AND SOFT TISSUE	
07960	FRENULECTOMY-SEPARATE PROCEDURE (FRENECTOMY; FRENOTOMY)	63
07970	EXCISION HYPERPLASTIC TISSUE PER ARCH	BR
07971	EXCISION OF PERICORONAL GINGIVA	25
07980	SIALOLITHOTOMY	CPT
07981	EXCISION SALIVARY GLAND	CPT
07982	SIALODOCHOPLASTY	CPT

CODE	BRIEF DESCRIPTION	MAX FEE
07983	CLOSURE OF SALIVARY FISTULA	CPT
07990	EMERGENCY TRACHEOTOMY	CPT
07991	CORONOIDECTOMY	CPT
07995	SYNTHETIC GRAFT MANDIBLE OR FACIAL BONES	BR
07996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES	BR
07999	UNSPECIFIED ORAL SURGERY	BR

**08000-08999 ORTHODONTICS
LIMITED**

08010	ORTHODONTIC TREATMENT-PRIMARY DENTITION	0
08020	ORTHODONTIC TREATMENT	0
08030	ORTHODONTIC TREATMENT	0
08040	ORTHODONTIC TREATMENT - ADULTS	0
08050	ORTHODONTIC TREATMENT INTERCEPTIVE - PRIMARY	0
08060	ORTHODONTIC TREATMENT INTERCEPTIVE	0
08070	ORTHODONTIC TREATMENT - COMPREHENSIVE TRANSITIONAL	0
08080	ORTHODONTIC TREATMENT	0
08090	ORTHODONTIC TREATMENT	0

APPLIANCE THERAPY, HABITS

08210	CONTR HARMFUL HABIT REMOVABLE APPLIANCE	0
08220	CONTR HARMFUL HABIT FIXED APPLIANCE	0

COMPREHENSIVE (CRITERIA: Case must be considered severe, dysfunctional, handicapping with a score of at least 15 on an HLD scoresheet and in full permanent dentition. Criteria may be waived if cleft palate or other severe oral anomaly is present.)

08401	ORTHODONTICS - 1ST TREATMENT MONTH	50	PA
08402	ORTHODONTICS - 2ND TREATMENT MONTH	50	PA
08403	ORTHODONTICS - 3RD TREATMENT MONTH	50	PA
08404	ORTHODONTICS - 4TH TREATMENT MONTH	50	PA
08405	ORTHODONTICS - 5TH TREATMENT MONTH	50	PA
08406	ORTHODONTICS - 6TH TREATMENT MONTH	50	PA
08407	ORTHODONTICS - 7TH TREATMENT MONTH	50	PA
08408	ORTHODONTICS - 8TH TREATMENT MONTH	50	PA
08409	ORTHODONTICS - 9TH TREATMENT MONTH	50	PA

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08410	ORTHODONTICS - 10TH-TREATMENT MONTH	50	PA
08411	ORTHODONTICS - 11TH TREATMENT MONTH	50	PA
08412	ORTHODONTICS - 12TH TREATMENT MONTH	50	PA
08413	ORTHODONTICS - 13TH TREATMENT MONTH	50	PA
08414	ORTHODONTICS - 14TH TREATMENT MONTH	50	PA
08415	ORTHODONTICS - 15TH TREATMENT MONTH	50	PA
08416	ORTHODONTICS - 16TH TREATMENT MONTH	50	PA

CODE	BRIEF DESCRIPTION	MAX FEE	
08417	ORTHODONTICS - 17TH TREATMENT MONTH	50	PA
08418	ORTHODONTICS - 18TH TREATMENT MONTH	50	PA
08419	ORTHODONTICS - 19TH TREATMENT MONTH	50	PA
08420	ORTHODONTICS - 20TH TREATMENT MONTH	50	PA
08421	ORTHODONTICS - 21ST TREATMENT MONTH	50	PA
08422	ORTHODONTICS - 22ND TREATMENT MONTH	50	PA
08423	ORTHODONTICS - 23RD TREATMENT MONTH	50	PA
08424	ORTHODONTICS - 24TH TREATMENT MONTH	50	PA
08425	ORTHODONTICS - 25TH TREATMENT MONTH	50	PA
08426	ORTHODONTICS - 26TH TREATMENT MONTH	50	PA
08427	ORTHODONTICS - 27TH TREATMENT MONTH	50	PA
08428	ORTHODONTICS - 28TH TREATMENT MONTH	50	PA
08429	ORTHODONTICS - 29TH TREATMENT MONTH	50	PA
08430	ORTHODONTICS - 30TH TREATMENT MONTH	50	PA
08431	ORTHODONTICS - 31ST TREATMENT MONTH	50	PA
08432	ORTHODONTICS - 32ND TREATMENT MONTH	50	PA
08433	ORTHODONTICS - 33RD TREATMENT MONTH	50	PA
08434	ORTHODONTICS - 34TH TREATMENT MONTH	50	PA
08435	ORTHODONTICS - 35TH TREATMENT MONTH	50	PA
08436	ORTHODONTICS - 36TH TREATMENT MONTH	50	PA
08440	ORTHODONTIC RECORDS	150	PA
08445	ORTHODONTICS - FIXED APPLIANCE PLACEMENT	1035	PA
08499	ORTHODONTICS - UNLISTED SERVICES	BR	PA

OTHER

08660	ORTHODONTIC PRE-TREATMENT	0	
08670	ORTHODONTIC TREATMENT-PERIODIC	0	
08680	ORTHODONTIC RETENTION	0	
08690	ORTHODONTIC TREATMENT - OTHER THAN ATTENDING CLINICIAN	BR	
08999	ORTHODONTIC UNSPECIFIED PROCEDURE	0	

09000-09999 ADJUNCTIVE GENERAL SI

09110	PALLIATIVE (EMERGENCY) TREATMENT (BILL THIS OR THE ACTUAL PROCEDURE-NOT BOTH)	20	
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ANESTHESIA		
09210	LOCAL ANESTHESIA (NO OPER/SURG PROCEDURES)	NCSP
09211	REGIONAL BLOCK ANESTHESIA	NCSP
09212	TRIGEMINAL DIVISION BLOCK	NCSP
09215	LOCAL ANESTHESIA	NCSP
09220	GENERAL ANESTHESIA (FIRST 30 MINUTES)	NCSP 76
CODE	BRIEF DESCRIPTION	MAX FEE
09221	GENERAL ANESTHESIA (additional 15 min.)	36
09230	ANALGESIA	18
09240	INTRAVENOUS SEDATION	44
CONSULTATION		
09310	CONSULTATION - PER SESSION (invoice requires a copy of the consultation report)	48
VISITS		
09410	HOUSE CALLS	15
09420	HOSPITAL CALLS	NCSP
09430	OFFICE VISIT (REGULAR HOURS)	NCSP
09440	OFFICE VISIT (AFTER REGULAR HOURS)	0
DRUGS		
09610	THERAPEUTIC DRUG INJECTION	BR
09630	OTHER DRUGS	BR
OTHER		
09910	APPLY DESENSITIZING MEDICATION	10
09920	BEHAVIOR MANAGEMENT	0
09930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) NON-ROUTINE	BR
09940	OCCLUSAL GUARD	BR
09941	FABRICATION OF ATHLETIC MOUTH GUARD	40
09950	OCCLUSION ANALYSIS - MOUNTED CASE	0
09951	OCCLUSAL ADJUSTMENT - LIMITED	33
09952	OCCLUSAL ADJUSTMENT - COMPLETE	66
09970	ENAMEL MICROABRASION	0
09999	UNSPECIFIED DENTAL TREATMENT	BR

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