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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Dental Transmittal No. 44
June 4 , 2009

TO: Local Health Departments
Doral Dental Services of Maryland, LLC

FROM: Susan J. Tucker, Executive Director
Office of Health Services

RE: Change in reimbursement for dental services

NOTE: **Please ensure that the appropriate staff members in your Organizations are informed of the content of this transmittal.**

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Effective July 1, 2009, Doral Dental will administer the new Maryland Healthy Smiles Dental Program for the Maryland Medical Assistance Program. Doral will be the sole administrator of the dental program. This means your organization will have one point of contact, thereby making it easier to participate in the Medical Assistance Program.

With the implementation of a single Dental Benefits Administrator, all dental providers will have one fee schedule. Attached is the fee schedule for all dental providers. Initially, it appears that your organization will be receiving a smaller reimbursement for most dental services. Under the current payment methodology, each Local Health Department (LHD) receives 50% of the current rate of reimbursement associated with a particular CDT code; under the new payment methodology and fee schedule, each LHD will now receive 100% of the reimbursement rate that is listed on the attached fee schedule. For example, for CDT code D0120, the current rate is $42.00. Under the current payment methodology, of that $42.00, your LHD receives $21.00. Under the new payment methodology and fee schedule, CDT code D0120 has a rate of $29.08 and your LHD will receive the entire $29.08.

If you have any questions, regarding this transmittal, please call 410-767-1489.

Attachment
cc: Diane Herr
       Shelly Lehner
       William McKee
       Earl Tucker

MARYLAND MEDICAID

DENTAL FEE SCHEDULE

AND

PROCEDURE CODES

CDT 2009 - 2010*

REVISION July 2009

Code	Description of CDT code	Fee

D0100-D0999 Diagnostic

Clinical Oral Evaluations

Code	Description	Fee
D0120	Periodic Oral Examination	29.08
D0140	Limited oral exam; problem focused	43.20
D0145	Oral evaluation for a patient under three years of age	40.00
D0150	Comprehensive oral exam; new or established patient	51.50
D0160	Detailed and extensive oral evaluation; problem focused	43.20

Radiographs/Diagnostic Imaging (X-Rays)

Code	Description	Fee	
D0210	X-ray intraoral complete series including bitewings	57	
D0220	X-ray intraoral periapical, single first film	9	
D0230	X-ray intraoral periapical each additional film	6	
D0240	X-ray intraoral occlusal film	9	
D0250	X-ray extraoral first film	24	
D0260	X-ray extraoral each additional film	18	
D0270	X-ray bitewing single film	9	
D0272	X-ray bitewing two films	15	
D0273	Bitewings, three films	18	
D0274	X-ray bitewing four films	22	
D0290	X-ray posterior, anterior or lateral skull facial bone survey film	32	
D0310	X-ray sialography	57	
D0320	TM joint arthrogram, including injection	96	
D0321	X-ray other temporamandibular joint	30	
D0330	X-ray panoramic maxilla/mandible film	42	
D0340	X-ray cephalometric film	42	PA

Tests and Examinations

Code	Description	Fee
D0460	Pulp vitality test	10

D1000-D1999 Preventive Care

Dental Prophylaxis

Code	Description	Fee
D1110	Prophylaxis, adult	58.15
D1120	Prophylaxis, child	42.37

Topical Fluoride Treatment (Office procedure)

Code	Description	Fee
D1203	Topical application of fluoride - child through 13	21.60
D1204	Topical application of fluoride - adult ages 14 thru 20	23.26
D1206	Topical fliuoride varnish; therapuetic application for moderate to high risk caries	24.92

Other Preventive Services

Code	Description	Fee
D1351	Sealants, per tooth (covered for occlusal surfaces of posterior permanent teeth without restorations of decay)	33.23

Code	Description of CDT code	Fee	

Space Maintenance (Passive Appliances)

Code	Description	Fee
D1510	Space maintainer fixed unilateral	84
D1515	Space maintainer fixed bilateral	144
D1520	Space maintainer removable unilateral	64
D1525	Space maintainer removalble bilateral	96
D1550	Recementation of space maintainer	24
D1555	Removal of fixed space maintainer	25

D2000-D2999 Restorative

Amalgam Restorations (including polishing)

Code	Description	Fee
D2140	Amalgam 1 surface (primary or permanent)	70
D2150	Amalgam 2 surfaces (primary or permanent)	88
D2160	Amalgam 3 surfaces (primary or permanent)	104
D2161	Amalgam 4 surfaces (primary or permanent)	104

Resin-based composite restorations-direct

Code	Description	Fee
D2330	Resin 1 surface (anterior)	84
D2331	Resin 2 surfaces (anterior)	102
D2332	Resin 3 surfaces (anterior)	125
D2335	Resin 4 surfaces or incisal angle	151
D2390	Resin based composite crown (anterior)	75
D2391	Resin based composite one surface (posterior)	93
D2392	Resin based composite two surfaces (posterior)	120
D2393	Resin based composite three surfaces (posterior)	150
D2394	Resin based composite four or more surfaces (posterior)	150

Inlay/Onlay Restorations

Code	Description	Fee	
D2721	Resin with predominantly base metal	250	PA
D2750	Porcelain fused to high noble metal	375	PA
D2751	Porcelain fused to predominantly base metal	375	PA
D2752	Porcelain fused to noble metal	375	PA
D2790	Full cast high noble metal	292	PA
D2791	Full cast predominantly base metal	292	PA
D2792	Full cast noble metal	292	PA

Other Restorative Services

Code	Description	Fee
D2910	Recement inlay, onlay or partial coverage restoration	25
D2920	Recement crowns	25
D2930	Prefab stainless steel crown, primary tooth	154
D2931	Prefab stainless steel crown, permanent tooth	180
D2932	Prefab resin crown	75
D2933	Prefab stainless steel crown with resin window	81
D2934	Prefab esthetic coated stainless steel crown, primary tooth	154
D2940	Fillings (sedative)	18
D2950	Core build up (includes pins)	81
D2951	Pin retention, per tooth in addition to restoration	12
D2952	Cast post and core in addition to crown	96

Code	Description of CDT code	Fee	
D2954	Prefab post and core in addition to crown	70	
D2955	Post removal, not in conjunction with endo therapy	25	PA
D2960	Labial veneer (laminate) bonding	81	
D2961	Labial veneer (resin laminate) lab	81	
D2962	Labial veneer (porcelain laminate) lab	108	
D2970	Temporary crown	75	
D2980	Crown repair	93	BR

D3000-D3999 Endodontics

Pulp capping
D3110	Pulp cap direct (excluding final restoration)	15	
D3120	Pulp cap indirect (excluding final restoration)	15	

Pulpotomy
D3220	Therapeutic pulpotomy (excluding final restoration)	60	
D3221	Pupal debridement, primary and permanent teeth (not to be used by provider completing endodontic treatment)	70	

Endodontic Therapy on Primary Teeth
D3230	Pulpal therapy anterior primary tooth	96	
D3240	Pulpal therapy posterior primary tooth	115	

Endodontic Therapy (includes treatment plan, procedure and follow-up)
D3310	endodontic therapy, anterior tooth (excluding final restoration)	230	
D3320	endodontic therapy, bicuspid (excluding final restoration)	280	
D3330	endodontic therapy, molar (excluding final restoration)	325	

Endodontic Retreatment
D3346*	Retreatment of prior root canal, anterior	230	PA
D3347*	Retreatment of prior root canal, bicuspid	280	PA
D3348*	Retreatment of prior root canal, molar	325	PA

* Not covered when service is provided by the same provider or an associate within two years of original service.

Apexification/Recalcification Procedures
D3351	Apexification /recalcification initial visit	108	
D3352	Apexification /recalcification interim visit	67	
D3353	Apexification /recalcification final visit	67	

Apicometomy/Periradicular Services
D3410	Surgery, anterior	108	PA
D3421	Surgery, bicuspid	118	PA
D3425	Surgery, molar	128	PA
D3426	Surgery, each additional root	81	PA
D3430	Retrograde filling per root	24	PA
D3450	Root amputation per root	81	
D3470	Intentional reimplantation (includes splinting)	275	

Code	Description of CDT code	Fee	

Other Endodontic Procedures

D3920	Hemisection (includes root removal)	27	

D4210-D4999 Periodontics

Surgical Services, includes usual postoperative care

Code	Description	Fee	
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	108	PA
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or tooth bounded spaces per quadrant	25	PA
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	108	PA
D4231	Anatomical crown exposure, one to three teeth per quadrant	25	PA
D4240	Gingival flap procedure, includes root planning four or more contiguous teeth or tooth bounded spaces per quadrant	63	PA
D4241	Gingival flap procedure, includes root planning one to three contiguous teeth or tooth bounded spaces per quadrant	75	PA
D4249	Clinical crown lengthening, hard tissue	150	PA
D4260	Osseous surgery, includes flap entry and closure, four or more contiguous teeth or tooth bounded spaces per quadrant	108	PA
D4261	Osseous surgery, includes flap entry and closure, one to three contiguous teeth or tooth bounded spaces per quadrant	150	PA

Non-Surgical Periodontal Service

Code	Description	Fee	
D4320	Provisional splint, intracoronal	90	PA
D4321	Provisional splint, extracoronal	100	PA
D4341	Peridontal scaling and root planing, four or more teeth, per quadrant	75	PA
D4342	Peridontal scaling and root planing, one to three teeth, per quadrant	54	PA
D4355	Full mouth debridement to enable comprhensive evaluation and diagnosis	100	

Other Periodontal Services

Code	Description	Fee	
D4910	Periodontal maintenance	54·	
D4920	Unscheduled dressing change by another dentist	24	PA

D5000-D5999 Prosthodontics (removable)

Complete dentures (includes routine post delivery care)

Code	Description	Fee	
D5110	Complete maxillary	375	PA
D5120	Complete mandibular	375	PA

Code	Description of CDT code	Fee	

Partial dentures (includes post delivery care)

Code	Description	Fee	
D5211	Maxillary, resin based	225	PA
D5212	Mandibular, resin based	225	PA
D5225	Maxillary partial denture, flexible base, includes any clasps, rests and teeth	275	PA
D5226	Mandibular partial denture, flexible base, includes any clasps, rests and teeth	275	PA

Adjustments to Dentures

Code	Description	Fee
D5410	Adjust complete denture, maxillary	20
D5411	Adjust complete denture, mandibular	20
D5421	Adjust partial denture, maxillary	20
D5422	Adjust partial denture, mandibular	20

Repairs Complete Dentures

Code	Description	Fee
D5510	Repair broken complete denture base	40
D5520	Replace missing of broken teeth (each tooth)	20

Repairs Partial Dentures

Code	Description	Fee
D5610	Repair resin denture base	63
D5620	Repair cast framework	70
D5630	Repair or replace broken clasp	63
D5640	Replace broken tooth, no other repair	20
D5650	Add tooth to existing partial denture	57
D5660	Add clasp to existing partial denture	65

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.

Code	Description	Fee
D5710	Complete maxillary denture (lab)	160
D5711	Complete mandibular denture (lab)	160
D5720	Maxillary partial denture (lab)	160
D5721	Mandibular partial denture (lab)	160

Relining

Code	Description	Fee
D5750	Complete maxillary denture (lab)	150
D5751	Complete mandibular denture (lab)	150
D5760	Maxillary partial denture (lab)	150
D5761	Mandibular partial denture (lab)	150

Other removable Prosthetic Services

Code	Description	Fee	
D5850	Tissue conditioning maxillary (denture)	24	
D5851	Tissue conditioning mandibular (denture)	24	
D5860	Overdenture, complete	325	PA
D5861	Overdenture, partial	325	PA

Other Fixed Partial Denture Services

Code	Description	Fee
D6930	Recement fixed partial denture per unit cemented	32

Code	Description of CDT code	Fee	

D7000-D7999 Oral and Maxillofacial Surgery

Extractions

D7111	Extraction, coronal remnants, deciduous teeth	27	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removed)	103.01	

Note: Preauthorization is required for multiple extractions in hospitals (other than emergency conditions) and for extractions requiring replacements.

Surgical Extractions

D7210	Surgical removal erupted tooth, requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	103.01	
D7220	Removal of impacted tooth, soft tissue	103.01	
D7230	Removal of impacted tooth, partially bony	90	
D7240	Removal of impacted tooth, completely bony	103.01	
D7241	Removal of impacted tooth, bony unusual	150	PA
D7250	Surgical removal of residual tooth roots (cutting)	103.01	PA

Other Surgical Procedures

D7260	Oroantral fistula closure	125	PA
D7270	Tooth reimplantation and/or stabilization	64	PA
D7272	tooth transplantation	27	PA
D7280	Surgical access of an unerupted tooth	125	PA
D7285	Biopsy of oral tissue (bone, tooth)	85	PA
D7286	Biopsy of soft tissue	75	PA
D7290	Surgical repositioning of teeth	165	PA

Alveoloplasty - Surgical Preparation of Ridge

D7310	Alveoloplasty in conjunction with extractions, four or more teeth or tooth spaces, per quadrant	90	PA
D7311	Alveoloplasty in conjunction with extractions, one to three teeth or tooth spaces, per quadrant	50	PA
D7320	Alveoloplasty no extractions, four or more teeth or tooth spaces, per quadrant	48	PA
D7321	Alveoloplasty no extractions, one to three teeth or tooth spaces, per quadrant	95	PA

Vestibuloplasty

D7340	Ridge extension, secondary epithelialization	270	PA
D7350	Ridge extension, includes soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue	405	PA

Surgical Excision of Soft Tissue Lesions

D7410	Radical excision of lesion up to 1.25cm	**84**	PA

Code	Description of CDT code	Fee	

Surgical Excision of Intra-Osseous Lesions

D7440	Excision of malignant tumor, diameter up to 1.25cm	**108**	PA
D7450	Removal of benign odontogenic cyst or tumor, diameter up to 1.25cm	**97**	PA
D7451	Removal of benign odontogenic cyst or tumor, diameter greater than 1.25cm	125	PA
D7460	Removal of benign nonodontogenic cyst or tumor, diameter up to 1.25cm	**95**	PA
D7461	Removal of benign nonodontogenic cyst or tumor, diameter greater than 1.25cm	125	PA

*Use CPT codes for these procedures.

Excision of Bone Tissue

D7471	Removal of lateral exostosis	105	PA
D7472	Removal of torus palatinus	105	PA
D7473	Removal of torus mandibular	105	PA

Surgical Incision

D7510	Incision and drainage of abscess, intraoral soft tissue	48	
D7520	Incision and drainage of abscess, extraoral soft tissue	68	
D7550	Partial ostecomy/sequestrectomy for removal of non-vital bone	68	

Other Repair Procedures

D7960	Frenulectomy, separate procedure	63	PA
D7970	Excision of hyperplastice tissue, per arch	27	
D7971	Excision of pericoronal gingiva	25	

D8000-8999 Orthodontics

Comprehensive Orthodontic Treatment

D8080	Comprehensive orthodontic treatment , adolescent dentition	1035*	PA

Other Orthodontic Services

D8660	Pre-orthodontic treatment visit	150*	PA
D8670	Periodic orthodontic treatment visit (as part of contract)	75*	PA
D8692	Replacement of lost or broken retainer	140	PA
D8693	Rebonding or recementing and/or repairs of fixed retainers	0	
D8999	Unspecified orthodontic procedure	0	PA

*In order for orthodontic services to be covered by Maryland Medical Assistance, the following criteria must be met: Case must be considered severe with a score of at least 15 on an HLD scoresheet and in full permanent dentition. Criteria may be waived if a cleft palate or other oral anomaly is present.

Code	Description of CDT code	Fee

D9000-D9999 Adjunctive General Services

Unclassified Treatment

D9110	Palliative (emergency) treatment of dental pain (Bill this procedure or the actual procedure rendered but do not bill both procedures.)	20

Anesthesia

D9220	Deep sedation/general anesthesia, first 30 minutes	76
D9221	Deep sedation/general anesthesia, add. 15 minutes	36
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	18
D9241	Intraveneous conscious sedation/analgesia, first 30 minutes	44
D9242	Intraveneous conscious sedation/analgesia, add. 15 minutes	33
D9248	Non-intravenous conscious sedation	186.91

Professional Consultation

D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	48

Professional Visits

D9410	House/extended care facility call	15

Miscellaneous Services

D9910	Application of desensitizing medicament	10
D9940	Occlusal guard	150
D9941	Fabrication of athletic mouthguard	40
D9951	Occlusal adjustment, limited	33
D9952	Occlusal adjustment, complete	66

LEGEND

BR	By Report
NCSP	Not covered as a separate procedure
PA	Preauthorization required
0	Not reimbursable