



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of
Health and Social Services

DIVISION OF HEALTH CARE SERVICES
Medicaid Operations Unit

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To: William Sorrells and Cheryl Smith, Conduent;
Virginia Howard, YKHC; Victoria Wigley and Trisha Madros, TCC;
Carol Dunn, Jessica Kopschke and Vanessa Santos, ANMC
From: Carrie Silvers
Through: Brenda Vincent
Date: July 1, 2019
RE: Transportation authorization requests for Enhanced Adult Dental Services

Funding for the enhanced adult dental (aka adult preventive dental) program was vetoed on June 28, 2019, effective July 1, 2019.

Travel for services indicated as Enhanced Adult Dental (EAD) on the [Dental Fee Schedule for 2019FY](#) should be denied for dates of service July 1, 2019 and forward. The only exceptions are for EAD procedures that were approved and started prior to July 1, 2019 and still require completion (e.g., seatment of a crown). In these instances, email the pended travel service authorization number to Maria Pokorny, transportation manager, and copy Ryan Bender for review and determination.

Additional information regarding coverage for dentures will be released in the next few weeks. Until then, service authorization requests for dentures or denture-related services should be denied unless treatment was started prior to July 1, 2019, in which case the pended travel service authorization number should be emailed to Maria Pokorny and copied to Ryan Bender for review.

If you have any questions please contact Maria Pokorny at 907.334.2183.

cc: Renee Gayhart, Director
Brenda Vincent, Operations Unit Manager
Maria Pokorny, Transportation Manager
Ryan Bender, Medicaid Program Specialist I
Sarah Harlamert, Medicaid Program Specialist III

Services For Adults

Service Category: Enhanced Adult Dental Services

Code	Description	Service Authorization Required	Written Medical Justification Required	Tooth Code Required	Surface Code Required	Maximum Allowable	Billing Notes
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	X				\$48.86	
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	X				\$66.98	
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	X				\$89.08	
D0230	INTRAORAL-PERiapICAL-EACH ADDITIONAL FILM	X				\$21.17	
D0240	INTRAORAL-OCCLUSAL FILM	X				\$30.95	
D0270	BITEWING-SINGLE FILM	X				\$24.43	
D0272	BITEWINGS-TWO FILMS	X				\$40.72	
D0273	BITEWINGS - THREE FILMS	X				\$44.89	
D0274	BITEWINGS-FOUR FILMS	X				\$60.27	
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	X				\$64.13	
D0330	PANORAMIC FILM	X				\$99.36	
D0460	PULP VITALITY TESTS	X				\$45.25	
D1110	PROPHYLAXIS-ADULT	X				\$89.18	
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	X				\$28.50	
D1208	TOPICAL APPLICATION OF FLUORIDE	X				\$29.32	
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	X		X	X	\$106.89	
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	X		X	X	\$135.39	
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	X		X	X	\$166.75	
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	X		X	X	\$190.98	
D2330	RESIN-ONE SURFACE, ANTERIOR	X		X	X	\$127.56	
D2331	RESIN-TWO SURFACES, ANTERIOR	X		X	X	\$155.35	
D2332	RESIN-THREE SURFACES, ANTERIOR	X		X	X	\$188.84	
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	X		X	X	\$231.60	
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	X		X	X	\$141.81	
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	X		X	X	\$181.71	
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	X		X	X	\$230.88	
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	X		X	X	\$260.81	
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	X		X		\$826.62	
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	X		X		\$826.62	
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	X		X		\$692.24	
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	X		X		\$826.62	
D2790	CROWN-FULL CAST HIGH NOBLE METAL	X		X		\$826.62	
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	X		X		\$692.24	
D2792	CROWN-FULL CAST NOBLE METAL	X		X		\$692.24	
D2794	CROWN-TITANIUM	X		X		\$692.24	
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	X				\$47.59	
D2920	RECEMENT CROWN	X		X		\$70.55	
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT	X		X		\$260.81	
D2932	PREFABRICATED RESIN CROWN	X		X		\$200.55	
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	X		X		\$224.47	
D2940	PROTECTIVE RESTORATION	X		X	X	\$82.66	
D2950	CORE BUILD-UP, INCLUDING ANY PINS	X		X		\$209.50	
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	X		X		\$43.26	
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	X		X		\$315.81	
D2975	COPING	X				\$305.40	

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Effective 7/1/2018 through 6/30/2019.

Service Category: Enhanced Adult Dental Services

Code	Description	Service Authorization Required	Written Medical Justification Required	Tooth Code Required	Surface Code Required	Maximum Allowable	Billing Notes
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	X		X		\$195.25	
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	X		X		\$521.62	
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	X		X		\$627.09	
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	X		X		\$711.89	
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION- NON-SURGICAL ACCESS	X		X		\$448.94	
D3332	INCOMPLETE ENDODONTIC THERAPY: INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	X		X		\$238.72	
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	X		X		\$125.21	
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY	X		X		\$570.44	
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	X		X		\$570.44	
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	X		X		\$766.04	
D3351	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION- INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	X		X		\$193.83	
D3352	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION- INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	X		X		\$209.50	
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	X		X		\$314.97	
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	X				\$305.40	
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	X				\$119.97	
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	X				\$43.20	
D4320	PROVISIONAL SPLINTING-INTRACORONAL	X		X		\$446.09	
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	X				\$351.67	
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	X				\$161.05	
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	X				\$142.52	
D4346	SCALING GINGIVAL INFLAMMATION - FULL MOUTH AFTER ORAL EVAL	X				\$125.09	
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	X				\$168.99	
D4910	PERIODONTAL MAINTENANCE	X				\$106.89	
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	X				\$76.35	
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	X				\$76.35	
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	X				\$68.05	
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	X				\$68.05	
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	X				\$71.26	
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	X				\$71.26	
D5611	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	X				\$62.78	
D5612	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	X				\$62.78	
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	X				\$79.92	
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	X				\$79.92	
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	X				\$178.15	Procedure description changed effective 1/1/2019
D5640	REPLACE BROKEN TEETH-PER TOOTH	X		X		\$106.89	
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	X		X		\$122.16	
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	X				\$164.61	
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	X				\$374.62	
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	X				\$374.62	
D5710	REBASE COMPLETE MAXILLARY DENTURE	X				\$428.27	

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D5711	REBASE COMPLETE MANDIBULAR DENTURE	X				\$428.27	
D5720	REBASE MAXILLARY PARTIAL DENTURE	X				\$356.30	
D5721	REBASE MANDIBULAR PARTIAL DENTURE	X				\$353.25	
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	X				\$229.05	
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	X				\$229.05	
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	X				\$229.05	
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	X				\$229.05	
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	X				\$330.85	
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	X				\$330.85	
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	X				\$325.76	
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	X				\$325.76	
D5850	TISSUE CONDITIONING, MAXILLARY	X				\$141.81	
D5851	TISSUE CONDITIONING, MANDIBULAR	X				\$142.52	
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	X				\$692.24	
D6212	PONTIC-CAST NOBLE METAL	X				\$692.24	
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	X		X		\$692.24	
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	X		X		\$692.24	
D6245	PONTIC - PORCELAIN/CERAMIC	X		X		\$692.24	
D6740	CROWN - PORCELAIN/CERAMIC	X		X		\$692.24	
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	X		X		\$692.24	
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	X		X		\$692.24	
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	X		X		\$692.24	
D6792	CROWN-FULL CAST NOBLE METAL	X		X		\$692.24	
D6930	RECEMENT BRIDGE	X		X		\$144.56	
D6980	BRIDGE REPAIR, BY REPORT	X				\$229.05	
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	X		X		\$427.56	
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	X		X		\$550.53	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	X		X		\$301.33	
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	X				\$407.20	
D7472	REMOVAL OF TORUS PALATINUS	X				\$521.11	
D7473	REMOVAL OF TORUS MANDIBULARIS	X				\$510.96	
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	X				\$463.19	
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	X	X			\$972.00	
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	X				\$500.09	
D7971	EXCISION OF PERICORONAL GINGIVA	X				\$162.88	
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	X				\$351.55	

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D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED					\$65.15	
D0220	INTRAORAL-PERIAPICAL-FIRST FILM					\$24.43	
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		X			To Be Determined	
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION PREPARATION AND TRANSMISSION OF WRITTEN REPORT		X			To Be Determined	
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		X			To Be Determined	
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT		X			To Be Determined	
D5922	NASAL SEPTAL PROSTHESIS		X			To Be Determined	
D5923	OCULAR PROSTHESIS, INTERIM		X			To Be Determined	
D5924	CRANIAL PROSTHESIS		X			To Be Determined	
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS		X			To Be Determined	
D5926	NASAL PROSTHESIS, REPLACEMENT		X			To Be Determined	
D5929	FACIAL PROSTHESIS, REPLACEMENT		X			To Be Determined	
D5936	OBTURATOR/PROSTHESIS, INTERIM		X			To Be Determined	
D5953	SPEECH AID PROSTHESIS, ADULT		X			To Be Determined	
D5984	RADIATION SHIELD	X	X			To Be Determined	
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)			X		\$141.71	
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED			X		\$250.02	
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE			X		\$309.47	
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY			X		\$363.22	
D7260	ORAL ANTRAL FISTULA CLOSURE					\$931.31	
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION					\$684.52	
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)					\$233.41	
D7286	BIOPSY OF ORAL TISSUE - SOFT					\$152.70	
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION					\$76.35	
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION		X			\$108.93	
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	X	X			\$539.50	
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	X	X			\$232.10	
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	X	X			\$539.50	
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	X	X			\$232.10	
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	X				\$1,905.45	
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM					\$124.20	
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM					\$253.93	
D7412	EXCISION OF BENIGN LESION, COMPLICATED		X			\$312.95	
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM					\$306.30	
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM					\$353.87	
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED		X			\$409.26	
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM					\$1,308.45	
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM		X			To Be Determined	

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D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM					\$223.96	
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM					\$259.59	
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR- LESION DIAMETER UP TO 1.25 CM					\$223.96	
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR- LESION DIAMETER GREATER THAN 1.25 CM					\$259.59	
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT					\$364.62	
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE					\$377.26	
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)					\$229.73	
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE					\$377.26	
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)					\$229.73	
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON- VITAL BONE					\$152.70	
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)					\$994.22	
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)					\$1,174.03	
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)					\$1,801.19	
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)					\$1,270.79	
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION					\$795.92	
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION					\$1,056.20	
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH					\$794.99	
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH					\$917.12	
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES					\$2,603.17	
D7710	MAXILLA-OPEN REDUCTION					\$1,170.00	
D7720	MAXILLA-CLOSED REDUCTION					\$1,174.03	
D7730	MANDIBLE-OPEN REDUCTION					\$1,801.19	
D7740	MANDIBLE-CLOSED REDUCTION					\$1,270.79	
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION					\$1,667.50	
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION					\$640.07	
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH					\$1,078.06	
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH					\$591.56	
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES					\$2,603.17	
D7820	CLOSED REDUCTION OF DISLOCATION					\$134.91	
D7830	MANIPULATION UNDER ANESTHESIA					\$561.28	
D7852	DISC REPAIR		X			To Be Determined	
D7854	SYNOVECTOMY		X			To Be Determined	
D7856	MYOTOMY		X			To Be Determined	
D7865	ARTHROPLASTY					\$2,603.84	
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY		X			To Be Determined	
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS		X			To Be Determined	
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION		X			To Be Determined	
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY		X			To Be Determined	
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY		X			To Be Determined	

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D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT		X			To Be Determined	
D7899	UNSPECIFIED TMD THERAPY, BY REPORT		X			To Be Determined	
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM					\$154.26	
D7911	COMPLICATED SUTURE-UP TO 5 CM					\$543.62	
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM					\$543.62	
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	X	X			To Be Determined	
D7980	SIALOLITHOTOMY					\$530.99	
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	X	X			\$800.00	
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	X	X			To Be Determined	
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT		X			To Be Determined	
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES		X			\$110.45	
D9222	GENERAL ANESTHESIA - FIRST 15 MINUTES		X			\$132.75	
D9223	GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTES		X			\$132.75	
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA					\$57.01	
D9239	INTRAVENOUS SEDATION - FIRST 15 MINUTES		X			\$170.76	
D9243	INTRAVENOUS SEDATION - EACH SUBSEQUENT 15 MINUTES		X			\$170.76	
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION					\$188.33	
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN		X			\$85.51	
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL		X			\$98.85	
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION					\$81.95	
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT		X			\$123.28	
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT		X			50% Billed Charges	

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Effective 7/1/2018 through 6/30/2019.

Service Category: Prosthodontic Adult Dental Services

Code	Description	Service Authorization Required	Written Medical Justification Required	Tooth Code Required	Surface Code Required	Maximum Allowable	Billing Notes
D5110	COMPLETE DENTURE - MAXILLARY	X				\$1,119.80	Double denture maximum allowed: \$2,300.00.
D5120	COMPLETE DENTURE - MANDIBULAR	X				\$1,145.25	Double denture maximum allowed: \$2,300.00.
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	X				\$1,031.84	Double denture maximum allowed: \$2,300.00.
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	X				\$926.38	Double denture maximum allowed: \$2,300.00.

All Removable Prosthodontic Dental Services require service authorization.

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