

**Ryan White Program Oral Health Care Formulary (Sort by CDT Code)  
FY 2016**

NOTES: The Part A Oral Health Care reimbursement structure is currently under review for a possible change based on market research and a cost analysis. Until this review is complete, reimbursement will follow rates included in the FY 2015 Ryan White Program Oral Health Care Formulary. If a procedure has a 2016 Florida Medicaid rate, it will be updated accordingly. Procedures listed in the Formulary with an asterisk (\*) in Column E below are supplemental procedures that require an approved flat rate from the Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RW). **Changes noted in the Formulary below are effective April 11, 2016.** [<sup>1</sup> American Dental Association/Current Dental Terminology (CDT).]

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Diagnostic	Clinical Oral Evaluations	D0120	Periodic Oral Evaluation - Established Patient	\$15.00	Subject to multiplier.
Diagnostic	Clinical Oral Evaluations	D0140	Limited Oral Evaluation - Problem Focused	\$8.00	Subject to multiplier.
Diagnostic	Clinical Oral Evaluations	D0150	Comprehensive Oral Evaluation - New or Established Patient	\$16.00	Subject to multiplier.
Diagnostic	Clinical Oral Evaluations	D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	*	
Diagnostic	Clinical Oral Evaluations	D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$70.00	Flat rate with no multiplier.
Diagnostic	Clinical Oral Evaluations	D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$50.00	Flat rate with no multiplier.
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0210	Intraoral - Complete Series of Radiographic Images	\$32.00	Subject to multiplier.
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0220	Intraoral – Periapical, First Radiographic Image	\$4.00	Subject to multiplier.
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0230	Intraoral – Periapical, Each Additional Radiographic Image	\$3.00	Subject to multiplier.

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Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0240	Intraoral - Occlusal Radiographic Image	\$8.00	Subject to multiplier.
<b>Diagnostic</b>	<b>Diagnostic Imaging (Image Capture With Interpretation)</b>	<b>D0250</b>	<b>Extra-oral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector</b>	<b>\$24.00</b>	<b>Subject to multiplier.</b>
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0270	Bitewing - Single Radiographic Image	\$6.00	Subject to multiplier.
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0272	Bitewings - Two Radiographic Images	\$9.00	Subject to multiplier.
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0273	Bitewing - Three Radiographic Images	*	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0274	Bitewings - Four Radiographic Images	\$11.00	Subject to multiplier.
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0330	Panoramic Radiographic Image	\$30.00	Subject to multiplier.
Preventive	Dental Prophylaxis	D1110	Prophylaxis - Adult	\$18.00	Subject to multiplier.
Preventive	Dental Prophylaxis	D1120	Prophylaxis - Child	\$26.75	Subject to multiplier.
Preventive	Topical Fluoride Treatment (Office Procedure)	D1206	Topical Application of Fluoride Varnish	*	

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Preventive	Topical Fluoride Treatment (Office Procedure)	D1208	Topical Application of Fluoride - Excluding Varnish	*	
Preventive	Other Preventive Services	D1310	Nutritional Counseling for Control of Dental [Oral] Disease	*	This procedure is limited to twice per year.
Preventive	Other Preventive Services	D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	\$18.00	NOTE This procedure is limited to twice per year. Providers must adhere to the established, local Ryan White Program Tobacco Cessation Counseling Protocol when providing this procedure. Contact Miami-Dade County Ryan White Program for a copy of the protocol or visit <a href="http://www.miamidade.gov/grants/ryan-white-program.asp#Oral">http://www.miamidade.gov/grants/ryan-white-program.asp#Oral</a> to obtain a copy. The Protocol and the <u>flat rate reimbursement</u> for this procedure are effective 9/13/10. No multiplier.
Preventive	Other Preventive Services	D1330	Oral Hygiene Instructions	\$6.00	Procedure D1330 may be provided a <u>maximum of twice per year</u> (once every six months).
Preventive	Other Preventive Services	D1351	Sealant - Per Tooth	\$13.00	Subject to multiplier.
Restorative	Amalgam Restorations (Including Polishing)	D2140	Amalgam - One Surface, Primary or Permanent	\$31.00	Subject to multiplier.
Restorative	Amalgam Restorations (Including Polishing)	D2150	Amalgam - Two Surfaces, Primary or Permanent	\$41.00	Subject to multiplier.
Restorative	Amalgam Restorations (Including Polishing)	D2160	Amalgam - Three Surfaces, Primary or Permanent	\$51.00	Subject to multiplier.
Restorative	Amalgam Restorations (Including Polishing)	D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$61.00	Subject to multiplier.

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Restorative	Resin-based Composite Restorations - Direct	D2330	Resin-based Composite - One Surface, Anterior	\$34.00	Subject to multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2331	Resin-based Composite - Two Surfaces, Anterior	\$39.00	Subject to multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2332	Resin-based Composite - Three Surfaces, Anterior	\$44.00	Subject to multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2335	Resin-based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$72.00	Subject to multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2391	Resin-based Composite - One Surface, Posterior	\$31.00	Procedure D2391 may not be used solely for cosmetic purposes. Subject to Multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2392	Resin-based Composite - Two Surfaces, Posterior	\$41.00	Procedure D2392 may not be used solely for cosmetic purposes. Subject to Multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2393	Resin-based Composite - Three Surfaces, Posterior	\$51.00	Procedure D2393 may not be used solely for cosmetic purposes. Subject to Multiplier.
Restorative	Resin-based Composite Restorations - Direct	D2394	Resin-based Composite - Four or More Surfaces, Posterior	*	Procedure D2394 may not be used solely for cosmetic purposes.
Restorative	Crowns - Single Restorations Only	D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$228.00	Subject to multiplier.

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Restorative	Crowns - Single Restorations Only	D2799	Provisional Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	*	Not to be used as a Temporary Crown For a Routine Prosthetic Restoration
Restorative	Other Restorative Services	D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	*	
Restorative	Other Restorative Services	D2920	Re-cement or Re-bond Crown	\$17.00	Subject to multiplier.
Restorative	Other Restorative Services	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$68.00	Subject to multiplier.
Restorative	Other Restorative Services	D2932	Prefabricated Resin Crown	\$68.00	Subject to multiplier.
Restorative	Other Restorative Services	D2940	Protective Restoration	\$18.00	Subject to multiplier.
Restorative	Other Restorative Services	D2950	Core Buildup, Including Any Pins When Required	\$65.00	Subject to multiplier.
Restorative	Other Restorative Services	D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$2.00	Subject to multiplier.
Restorative	Other Restorative Services	D2952	Post and Core In Addition to Crown, Indirectly Fabricated	*	
Restorative	Other Restorative Services	D2954	Prefabricated Post and Core In Addition to Crown	\$53.00	Subject to multiplier.
Restorative	Other Restorative Services	D2955	Post Removal	*	

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Endodontics	Pulpotomy	D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$50.00	Subject to multiplier.
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$148.00	Subject to multiplier.
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$190.00	Subject to multiplier.
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$235.00	Subject to multiplier.
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	*	
Endodontics	Endodontic Retreatment	D3346	Retreatment of Previous Root Canal Therapy - Anterior	*	
Endodontics	Endodontic Retreatment	D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	*	
Endodontics	Endodontic Retreatment	D3348	Retreatment of Previous Root Canal Therapy - Molar	*	

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Endodontics	Apicoectomy / Periradicular Services	D3421	Apicoectomy - Bicuspid (First Root)	*	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$105.00	Subject to multiplier.
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$45.00	Subject to multiplier.
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	*	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	*	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4249	Clinical Crown Lengthening - Hard Tissue	\$575.00	Flat rate with no multiplier.
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$114.00	Subject to multiplier.
<b>Periodontics</b>	<b>Surgical Services (Including Usual Postoperative Care)</b>	<b>D4273</b>	<b>Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position</b>	<b>\$755.00</b>	<b>Flat rate with no multiplier.</b>

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Periodontics	Surgical Services (Including Usual Postoperative Care)	D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	*	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	*	Used in conjunction with D4277
Periodontics	Non-Surgical Periodontal Service	D4320	Provisional Splinting - Intracoronal	*	
Periodontics	Non-Surgical Periodontal Service	D4321	Provisional Splinting - Extracoronal	*	
Periodontics	Non-Surgical Periodontal Service	D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$20.00	Subject to multiplier.
Periodontics	Non-Surgical Periodontal Service	D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	*	
Periodontics	Non-Surgical Periodontal Service	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$52.00	Subject to multiplier.



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Periodontics	Other Periodontal Services	D4910	Periodontal Maintenance	\$75.00	Flat rate with no multiplier.
Prosthodontics (removable)	Complete Dentures (Including Routine Post-Delivery Care)	D5110	Complete Denture - Maxillary	\$310.00	Procedure D5110 may be provided a <u>maximum of two times during the lifetime</u> of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.
Prosthodontics (removable)	Complete Dentures (Including Routine Post-Delivery Care)	D5120	Complete Denture - Mandibular	\$310.00	Procedure D5120 may be provided a <u>maximum of two times during the lifetime</u> of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. Subject to multiplier.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$165.00	Procedure D5211 may be provided a <u>maximum of two times during the lifetime</u> of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. Subject to multiplier.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$165.00	Procedure D5212 may be provided a <u>maximum of two times during the lifetime</u> of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. Subject to multiplier.

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Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$315.00	Procedure D5213 may be provided a <u>maximum of two times during the lifetime</u> of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. Subject to multiplier.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$315.00	Procedure D5214 may be provided a <u>maximum of two times during the lifetime of a patient</u> . A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. Subject to multiplier.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)	*	
Prosthodontics (removable)	Adjustments to Dentures	D5410	Adjust Complete Denture - Maxillary	\$14.00	Subject to multiplier.
Prosthodontics (removable)	Adjustments to Dentures	D5411	Adjust Complete Denture - Mandibular	\$14.00	Subject to multiplier.
Prosthodontics (removable)	Adjustments to Dentures	D5421	Adjust Partial Denture - Maxillary	\$14.00	Subject to multiplier.
Prosthodontics (removable)	Adjustments to Dentures	D5422	Adjust Partial Denture - Mandibular	\$14.00	Subject to multiplier.
Prosthodontics (removable)	Repairs to Complete Dentures	D5510	Repair Broken Complete Denture Base	\$44.00	Subject to multiplier.

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Prosthodontics (removable)	Repairs to Complete Dentures	D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$39.00	Subject to multiplier.
Prosthodontics (removable)	Repairs to Partial Dentures	D5610	Repair Resin Denture Base	\$44.00	Subject to multiplier.
Prosthodontics (removable)	Repairs to Partial Dentures	D5620	Repair Cast Framework	\$47.00	Subject to multiplier.
<b>Prosthodontics (removable)</b>	<b>Repairs to Partial Dentures</b>	<b>D5630</b>	<b>Repair or Replace Broken Clasp - Per Tooth</b>	<b>\$56.00</b>	<b>Subject to multiplier.</b>
Prosthodontics (removable)	Repairs to Partial Dentures	D5640	Replace Broken Teeth - Per Tooth	\$39.00	Subject to multiplier.
Prosthodontics (removable)	Repairs to Partial Dentures	D5650	Add Tooth to Existing Partial Denture	\$42.00	Subject to multiplier.
<b>Prosthodontics (removable)</b>	<b>Repairs to Partial Dentures</b>	<b>D5660</b>	<b>Add Clasp to Existing Partial Denture - Per Tooth</b>	<b>\$52.00</b>	<b>Subject to multiplier.</b>
Prosthodontics (removable)	Denture Rebase Procedures	D5710	Rebase Complete Maxillary Denture	*	
Prosthodontics (removable)	Denture Rebase Procedures	D5711	Rebase Complete Mandibular Denture	*	
Prosthodontics (removable)	Denture Rebase Procedures	D5720	Rebase Maxillary Partial Denture	*	
Prosthodontics (removable)	Denture Rebase Procedures	D5721	Rebase Mandibular Partial Denture	*	

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Prosthodontics (removable)	Denture Reline Procedures	D5730	Reline Complete Maxillary Denture (Chairside)	\$63.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5731	Reline Complete Mandibular Denture (Chairside)	\$63.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5740	Reline Maxillary Partial Denture (Chairside)	\$63.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5741	Reline Mandibular Partial Denture (Chairside)	\$63.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5750	Reline Complete Maxillary Denture (Laboratory)	\$113.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5751	Reline Complete Mandibular Denture (Laboratory)	\$113.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5760	Reline Maxillary Partial Denture (Laboratory)	\$113.00	Subject to multiplier.
Prosthodontics (removable)	Denture Reline Procedures	D5761	Reline Mandibular Partial Denture (Laboratory)	\$113.00	Subject to multiplier.
<b>Prosthodontics (removable)</b>	<b>Interim Prosthesis</b>	<b>D5820</b>	<b>Interim Partial Denture (Maxillary)</b>	<b>*</b>	
<b>Prosthodontics (removable)</b>	<b>Interim Prosthesis</b>	<b>D5821</b>	<b>Interim Partial Denture (Mandibular)</b>	<b>*</b>	
Prosthodontics (removable)	Other Removable Prosthetic Services	D5850	Tissue Conditioning, Maxillary	*	

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Prosthodontics (removable)	Other Removable Prosthetic Services	D5851	Tissue Conditioning, Mandibular	*	
Prosthodontics (removable)	Other Removable Prosthetic Services	D5862	Precision Attachment, by Report	*	
Prosthodontics (removable)	Other Removable Prosthetic Services	D5899	Unspecified Removable Prosthodontic Procedure, by Report	*	
Maxillofacial Prosthetics	Carriers	D5986	Flouride Gel Carrier (Fluoride Applicator)	*	
Implant Services	Other Implant Services	D6095	Repair Implant Abutment, By Report	\$275.00	Flat rate with no multiplier. <u>Maximum limit of two times per year</u> for those clients with an existing implant-retained denture only.
<b>Implant Services</b>	<b>Surgical Services</b>	<b>D6100</b>	<b>Implant Removal, By Report</b>	<b>*</b>	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6240	Pontic - Porcelain Fused to High Noble Metal	*	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6241	Pontic - Porcelain Fused to Predominantly Base Metal	*	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6251	Pontic - Resin with Predominantly Base Metal	*	
Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	*	

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Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6750	Retainer Crown - Porcelain Fused to High Noble Metal	*	
Prosthodontics, fixed	Other Fixed Partial Denture Services	D6930	Re-cement or Re-bond Fixed Partial Denture	*	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$27.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$27.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$40.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7220	Removal of Impacted Tooth - Soft Tissue	\$62.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7230	Removal of Impacted Tooth - Partially Bony	\$77.00	Subject to multiplier.

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Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7240	Removal of Impacted Tooth - Completely Bony	\$79.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$82.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$54.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Other Surgical Procedures	D7270	Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$27.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Alveoloplasty - Surgical Preparation of Ridge	D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$45.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Alveoloplasty - Surgical Preparation of Ridge	D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	*	
Oral and Maxillofacial Surgery	Alveoloplasty - Surgical Preparation of Ridge	D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$56.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Alveoloplasty - Surgical Preparation of Ridge	D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$168.00	Flat rate with no multiplier.

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA <sup>1</sup> /CDT - 2016)	ORAL HEALTH CARE PROCEDURE	REIMBURSEMENT RATE	COMMENT / NOTATION
Oral and Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions (Includes Non-Odontogenic Cysts)	D7410	Excision of Benign Lesion Up to 1.25 cm	*	
<b>Oral and Maxillofacial Surgery</b>	<b>Surgical Excision of Soft Tissue Lesions (includes Non-Odontogenic Cysts)</b>	<b>D7411</b>	<b>Excision of Benign Lesion Greater to 1.25 cm</b>	<b>*</b>	
<b>Oral and Maxillofacial Surgery</b>	<b>Surgical Excision of Soft Tissue Lesions (includes Non-Odontogenic Cysts)</b>	<b>D7412</b>	<b>Excision of Benign Lesion, Complicated</b>	<b>*</b>	
Oral and Maxillofacial Surgery	Surgical Excision of Intra-Osseous Lesions	D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra-Osseous Lesions	D7441	Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra-Osseous Lesions	D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra-Osseous Lesions	D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	*	



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Oral and Maxillofacial Surgery	Surgical Excision of Intra-Osseous Lesions	D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra-Osseous Lesions	D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	*	
Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	*	
<b>Oral and Maxillofacial Surgery</b>	<b>Excision of Bone Tissue</b>	<b>D7472</b>	<b>Removal of Torus Palatinus</b>	<b>\$175.39</b>	<b>Subject to multiplier.</b>
<b>Oral and Maxillofacial Surgery</b>	<b>Excision of Bone Tissue</b>	<b>D7473</b>	<b>Removal of Torus Mandibularis</b>	<b>\$175.39</b>	<b>Subject to multiplier.</b>
Oral and Maxillofacial Surgery	Surgical Incision	D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$47.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Incision	D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$67.00	Subject to multiplier.
Oral and Maxillofacial Surgery	Surgical Incision	D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	*	
Oral and Maxillofacial Surgery	Surgical Incision	D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	*	

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Oral and Maxillofacial Surgery	Repair of Traumatic Wounds	D7910	Suture of Recent Small Wounds Up to 5 cm	*	
Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7911	Complicated Suture - Up to 5 cm	*	
Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7912	Complicated Suture - Greater than 5 cm	*	
Oral and Maxillofacial Surgery	Other Repair Procedures	D7970	Excision of Hyperplastic Tissue - Per Arch	\$84.00	Subject to multiplier.
Adjunctive General Services	Unclassified Treatment	D9120	Fixed Partial Denture Sectioning	\$180.00	Flat rate with no multiplier.
Adjunctive General Services	Anesthesia	D9210	Local Anesthesia not in Conjunction with Operative or Surgical Procedures	*	
Adjunctive General Services	Anesthesia	D9215	Local Anesthesia In Conjunction with Operative or Surgical Procedures	*	

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<b>Adjunctive General Services</b>	<b>Anesthesia</b>	<b>D9223</b>	<b>Deep Sedation/General Anesthesia - Each 15 Minute Increment</b>	<b>\$41.61</b>	<b>Subject to multiplier.</b>
Adjunctive General Services	Anesthesia	D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$28.00	Subject to multiplier.
<b>Adjunctive General Services</b>	<b>Anesthesia</b>	<b>D9243</b>	<b>Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment</b>	<b>\$41.61</b>	<b>Subject to multiplier.</b>
Adjunctive General Services	Professional Consultation	D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than The Requesting Dentist or Physician	\$18.00	Subject to multiplier.
Adjunctive General Services	Miscellaneous Services	D9910	Application of Desensitizing Medicament	*	
Adjunctive General Services	Miscellaneous Services	D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, By Report	*	
Adjunctive General Services	Miscellaneous Services	D9940	Occlusal Guard, By Report	*	
Adjunctive General Services	Miscellaneous Services	D9951	Occlusal Adjustment - Limited	*	