

RSM 5, Section 600

Maryland Medicaid Healthy Smiles

Dental Fee Schedule

Updated 4/24

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D0100-D0999 Diagnostic

Clinical Oral Evaluations

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D0120	Periodic Oral Evaluation – Established Patient	31.81
D0140	Limited Oral Evaluation – Problem Focused	47.26
D0145	Oral Evaluation of a 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

Diagnostic Imaging (X-Rays)

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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 Created Using a Stationary Radiation Source, and Detector	24.00
D0270	Bitewing – Single Radiographic Image	9.00
D0272	Bitewings – Two Radiographic Images	16.14
D0273	Bitewings – Three Radiographic Images	18.00
D0274	Bitewings – Four Radiographic Images	24.07
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	30.00
D0310	Sialography	57.00
D0320	Temporomandibular Joint Arthrograph, 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 – Acquisition, Measurement and Analysis	42.00

Tests and Examinations

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D0460	Pulp Vitality Tests	10.00

D1000-D1999 Preventive

DORS does not provide funding for preventive dental services.

D2000-D2999 Restorative

Amalgam Restorations (Including Polishing)

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D2721	Crown – Resin with Predominantly Base Metal	263.74
D2740	Crown – Porcelain/Ceramic	393.84
D2750	Crown – Porcelain Fused to High Noble Metal	492.30
D2751	Crown – Porcelain Fused to Predominantly Base Metal	395.61
D2752	Crown – Porcelain Fused to Noble Metal	395.61
D2780	Crown – 3/4 Cast High Noble Metal	308.05
D2781	Crown – 3/4 Cast Predominantly Base Metal	308.05
D2782	Crown – 3/4 Cast Noble Metal	308.05
D2783	Crown – 3/4 Porcelain/Ceramic	308.05
D2790	Crown – Full Cast High Noble Metal	308.05
D2791	Crown – Full Cast Predominantly Base Metal	308.05
D2792	Crown – Full Cast Noble Metal	308.05
D2794	Crown – Titanium	308.05

Other Restorative Services

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	26.37
D2920	Re-Cement or Re-Bond Crown	26.37
D2929	Prefabricated Porcelain / Ceramic Crown – Primary Tooth	189.89
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	85.45
D2951	Pin Retention – Per Tooth, In Addition to Restoration	12.66
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	101.28
D2954	Prefabricated Post and Core In Addition to Crown	73.85
D2955	Post Removal	26.37
D2960	Labial Veneer (Resin Laminate) – Chairside	85.45
D2961	Labial Veneer (Resin Laminate) – Laboratory	85.45
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	113.93
D2980	Crown Repair Necessitated By Restorative Material Failure	98.11

D3000-3999 Endodontics

Pulp Capping

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3110	Pulp Cap – Direct (Excluding Final Restoration)	15.00
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	35.00

Pulpotomy

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) – Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	78.77
D3221	Pulpal Debridement – Primary and Permanent Teeth	70.00

Endodontic Therapy On Primary Teeth

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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)

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	550.00
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	650.00
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	748.00

Endodontic Retreatment

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3346*	Retreatment of Previous Root Canal Therapy – Anterior	634.00
D3347*	Retreatment of Previous Root Canal Therapy – Bicuspid	721.00
D3348*	Retreatment of Previous Root Canal Therapy – Molar	829.00

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

Apexification/Recalcification

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3351	Apexification / Recalcification – Initial Visit	108.00
D3352	Apexification / Recalcification – Interim Medication Replacement	67.00
D3353	Apexification / Recalcification – Final Visit	67.00

Apicoectomy/Periradicular Services

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3410	Apicoectomy – Anterior	504.00
D3421	Apicoectomy – Bicuspid (First Root)	570.00
D3425	Apicoectomy – Molar (First Root)	659.00
D3426	Apicoectomy – Each Additional Root	217.00
D3430	Retrograde Filling – Per Root	100.00
D3450	Root Amputation – Per Root	355.00
D3470	Intentional Reimplantation (Including Necessary Splinting)	629.00

Other Endodontic Procedures

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	221.00

D4000-D4999 Periodontics**Surgical Services (Including Usual Postoperative Care)**

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	108.00
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	25.00

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D4230	Anatomical Crown Exposure – Four or More Contiguous Teeth or bounded tooth spaces per quadrant	108.00
D4231	Anatomical Crown Exposure – One to Three Teeth or bounded by spaces per quadrant	25.00
D4240	Gingival Flap Procedure, Including Root Planing – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	63.00
D4241	Gingival Flap Procedure, Including Root Planing – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	75.00
D4249	Clinical Crown Lengthening – Hard Tissue	150.00
D4260	Osseous Surgery – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	108.00
D4261	Osseous Surgery – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	150.00

Non-Surgical Periodontal Service

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D4320	Provisional Splinting – Intracoronal	90.00
D4321	Provisional Splinting – Extracoronal	100.00
D4341	Periodontal Scaling and Root Planing – Four or More Teeth Per Quadrant	90.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth Per Quadrant	64.80
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	100.00

Other Periodontal Services

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D4910	Periodontal Maintenance	54.00
D4920	Unscheduled Dressing Change (by someone other than treating dentist or staff)	24.00

D5000-D5999 Prosthodontics (Removable)

Complete Dentures (Including Routine Post-Delivery Care)

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5110	Complete Denture – Maxillary	375.00
D5120	Complete Denture – Mandibular	375.00

Partial Dentures (Including Routine Post-Delivery Care)

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5211	Maxillary Partial Denture – Resin Base	225.00
D5212	Mandibular Partial Denture – Resin Base	225.00
D5225	Maxillary Partial Denture – Flexible Base	275.00
D5226	Mandibular Partial Denture – Flexible Base	275.00

Adjustments to Dentures

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5510	Repair Broken Complete Denture Base	40.00
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

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5610	Repair Resin Partial Denture Base	63.00
D5611	Repair Resin Partial Denture Base – Mandibular	63.00
D5612	Repair Resin Partial Denture Base – Maxillary	63.00
D5620	Repair Cast Partial Framework	70.00
D5621	Repair Cast Partial Framework – Mandibular	70.00
D5622	Repair Cast Partial Framework – Maxillary	70.00
D5630	Repair or Replace Broken Clasp – Per Tooth	63.00
D5640	Replace Broken Teeth – Per Tooth	20.00
D5650	Add Tooth to Existing Partial Denture	57.00
D5660	Add Clasp to Existing Partial Denture – Per Tooth	65.00

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.

Denture Rebase Procedures

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5710	Rebase Complete Maxillary Denture	160.00
D5711	Rebase Complete Mandibular Denture	160.00
D5720	Rebase Maxillary Partial Denture	160.00
D5721	Rebase Mandibular Partial Denture	160.00

Denture Reline Procedures

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5850	Tissue Conditioning, Maxillary	24.00
D5851	Tissue Conditioning, Mandibular	24.00
D5863	Overdenture – Complete Maxillary	325.00
D5864	Overdenture – Partial Maxillary	325.00
D5865	Overdenture – Complete Mandibular	325.00
D5866	Overdenture – Partial Mandibular	325.00

D5900-D5999 Maxillofacial Prosthetics

Maxillofacial Prosthetics

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report	20.00
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments, By Report	20.00

D6200-D6999 Prosthodontics, Fixed

Prosthodontics, Fixed

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D6930	Re-Cement or Re-Bond Fixed Partial Denture	32.00

D7000-D7999 Oral and Maxillofacial Surgery

Extractions

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7111	Extraction, Coronal Remnants – Primary Tooth	27.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	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	415.00
D7250	Removal of Residual Tooth (Cutting Procedure)	103.01
D7251	Coronectomy – Intentional Partial Tooth Removal	415.00

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

Other Surgical Procedures

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7260	Oroantral Fistula Closure	125.00
D7270	Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	64.00
D7272	Tooth Transplantation	27.00
D7280	Exposure of an Unerupted Tooth	369.00
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	165.00

Alveoloplasty – Preparation of Ridge

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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	50.00
D7320	Alveoloplasty Not In Conjunction with Extractions – Four or More Teeth or Tooth Spaces, Per Quadrant	48.00
D7321	Alveoloplasty Not In Conjunction with Extractions – One to Three Teeth or Tooth Spaces, Per Quadrant	95.00

Vestibuloplasty

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	270.00
D7350	Vesibuloplasty – Ridge Extension (Including Soft Tissue Grafts)	405.00

Excision of Soft Tissue Lesions

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7410	Excision of Benign Lesion Up to 1.25 cm	84.00

Excision of Intra-Osseous Lesions

Note: *Use CPT Codes for these procedures.

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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

Excision of Bone Tissue

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	105.00
D7472	Removal of Torus Palatinus	105.00
D7473	Removal of Torus Mandibularis	105.00

Surgical Incision

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	48.00
D7520	Incision and Drainage of Abscess – Extraoral Soft Tissue	68.00
D7550	Partial Osteotomy/Sequestrectomy For Removal of Non-Vital Bone	68.00

Other Repair Procedures

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D7960	Frenulectomy – Also Known As Frenectomy or Frenotomy – Separate Procedure Not Incidental to Another	63.00
D7970	Excision of Hyperplastic Tissue – Per Arch	27.00
D7971	Excision of Pericoronal Gingiva	25.00

D8000-D8999 Orthodontics

DORS does not provide funding for orthodontic dental services.

D9000-D9999 Adjunctive General Services

Unclassified Treatment

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure	20.00

Anesthesia

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
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/Analgesia, Anxiolysis	19.69
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes	59.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment	59.00
D9248	Non-Intravenous Conscious Sedation	186.91

Professional Consultation

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D9310	Consultation – Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician	48.00

Professional Visits

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D9410	House/Extended Care Facility Call	15.00
D9420	Hospital or Ambulatory Surgical Center Call	15.00

Miscellaneous Services

CODE	DENTAL PROCEDURE DESCRIPTION	FEE
D9910	Application of Desensitizing Medicament	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