## KY Medicaid Dental Fee Schedule 2024 Revised 10,21,2024

#### Notes:

- Red indicates new codes or changes for the most current revision date.
- The appearance of a code and rate on this fee schedule is not a guarantee of payment.
- It is the responsibility of the provider to check member eligibility.
- Please refer to the Oral Pathology section of this fee schedule for procedures and pricing
- Please refer to the Orthodontic section of this fee schedule for procedures and pricing
- Please refer to the Oral Surgeon section of this fee schedule for procedures and pricing

Any limit or prior authorization requirement established in 907 KAR 1:026 or 907 KAR 1:626 shall apply to this fee schedule

## \*Procedure Description/Practitioner

#### (1) A comprehensive orthodontic procedure shall be paid for ages 0 - 21 as follows:

- (a) Except as established in (b) the rate for an orthodontic consultation including examination and treatment plan development shall be \$112
- \*(b) The orthodontic consultation rate shall not exceed \$56 if
- 1. provider determines comprehensive ortho procedures are not needed;
- 2. provider is unable or unwilling to provide needed ortho procedure(s); or
- 3. Prior authorization is not approved by the department or is not requested by provider

#### Reimbursement for a service for an early phase of moderately severe or severe disabling malocclusion shall be:

\$1367 if provided by an orthodontist

\$1234 if provided by a general dentist

## Reimbursement for a service for moderately severe disabling malocclusion shall be:

\$1825 if provided by an orthodontist

\$1659 if provided by a general dentist

## A service for a severe disabling malocclusion:

\$3000 if provided by an orthodontist

\$2674 if provided by a general dentist

#### \*DMS Payment Process orthodontics

#### Reimbursement for comprehensive orthodontic treatment shall consist of two (2) payments

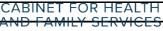
- 1. The first payment shall be two-thirds of the prior authorized payment amount
- 2. The second payment shall:
- a. Be one-third of the prior authorized payment amount; and
- b. Not be billed or paid until six (6) monthly visits are completed following the banding date
- 3. The two (2) payments shall include all services associated with the comprehensive orthodontic treatment

## **Certified Commnity Health Workers (CHW)**

				UNDER	21 and	
	Proc			AGE 21	OVER	
	Code	Requirements	Procedure Description	Rate	Rate	Notes
Г			DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO			
DS	9994		IMPROVE ORAL HEALTH LITERACY	\$22.53	\$22.53	Effective July 1, 2023 - Units equals per patient per time frame

# **Dentist Procedures and Fee Schedule**







			UNDER	<b>21</b> and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D0120		PERIODIC ORAL EVALUATION ON AN ESTABLISHED PATIENT	\$27.50	\$27.50	1 per 6 months - additional allowed based on medical necessity by prior authorization
				,	Coverage for a limited oral evaluation shall: 1. Be limited to a trauma related
					injury or acute infection; and 2. Be limited to one (1) per date of service, per
					recipient, per provider. (b) A limited oral evaluation shall not be covered in
					conjunction with another service except for: 1. A periapical X-ray; 2. A
					bitewing X-ray; 3. A panoramic X-ray; 4. Resin, anterior; 5. A simple or surgical
					extraction; 6. Surgical removal of a residual tooth root; 7. Removal of a
					foreign body; 8. Suture of a recent small wound; 9. Intravenous sedation; or
D0140		LIMITED ORAL EVALUATION	\$46.65	\$46.65	10. Incision and drainage of infection.
		ORAL EVALUATION FOR A PATIENT UNDER THREE (3) YEARS			
D0145		OF AGE AND COUNSELING WITH THE PRIMARY CAREGIVER.	\$32.50	n/c	Under 3 years of age - 1 per 6 months
		COMPREHENSIVE ORAL EVALUATION - NEW OR	4	400 -0	
D0150		ESTABLISHED PATIENT DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM	\$32.50	\$32.50	1 per 12 months per member, per provider
D0160		FOCUSED, BY REPORT	\$98.35	\$98.35	
D0100		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED		730.33	
D0170		PATIENT; NOT POST-OPERATIVE VISIT)	\$48.32	\$48.32	
D0171		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$58.64	\$58.64	
		COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR			
D0180		ESTABLISHED PATIENT	\$71.91	\$71.91	
D0190		SCREENING OF A PATIENT	n/c	n/c	
D0191		ASSESSMENT OF A PATIENT	\$25.00	n/c	
					Limited to one (1) per twenty-four (24) month period, per recipient, per
					provider.
					Periapical and bitewing X-rays shall not be covered in the same twelve (12)
D0210		INTRAORAL COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$79.63	\$61.25	month period as an intraoral complete X-ray series per recipient, per provider
					Limited to fourteen (14) per twelve (12) month period, per recipient, per
					provider.
			4	4	Periapical Xrays shall not be covered in the same twelve (12)
D0220		INTRAORAL-PERIPICAL-FIRST RADIOGRAPHIC IMAGE	\$13.00	\$10.00	month period as an intraoral complete X-ray series per recipient, per provider
					Limited to fourteen (14) per twelve (12) month period, per recipient, per
					provider.
		INTRAORAL-PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC			Periapical Xrays shall not be covered in the same twelve (12)
D0230		IMAGE	\$9.75	\$7.50	month period as an intraoral complete X-ray series per recipient, per provider



			UNDER	<b>21</b> and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0270		DENTAL BITEWING-SINGLE RADIOGRAPHIC IMAGE	\$11.38	\$8.75	an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) new tools (42) mounts posicion and according to
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
D0272		DENITAL DITEINANCE THE DADIOCRAPHIC HAACES	622.75	647.50	Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0272		DENTAL BITEWING-TWO RADIOGRAPHIC IMAGES	\$22.75	\$17.50	an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0273		DENTAL BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$39.00	\$30.00	an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0274		DENTAL BITEWING-FOUR RADIOGRAPHIC IMAGES	\$37.38	\$28.75	an intraoral complete X-ray series per recipient, per provider
D0277		VERTICAL BITEWINGS 7 TO 8 RADIOGRAPHIC IMAGES	\$38.00	\$29.23	I set per 12 months per member, per provider
					A panoramic film shall: a. Be limited to one (1) per twenty-four (24) month
					period, per recipient, per provider; and b. Require prior authorization in
					accordance with Section 15(1), (2), and (3) of this administrative regulation
D0330		PANORAMIC RADIOGRAPHIC IMAGE	\$73.70	\$56.69	for a recipient under the age of six (6) years;
		2D CEPHALOMETRIC RADIOGRAPHIC IMAGE-ACQUISTION,			
D0340		MEASUREMENT AND ANALYSIS	\$76.38	\$58.75	1 per 24 months per member, per provider
					1 per 6 months per member. Additional allowed based on medical necessity by prior
D1110		DENITAL PROPUNITANIC ADMIT	/ -	¢60.42	authorization.
D1110		DENTAL PROPHYLAXIS - ADULT	n/c	\$60.13	New rate of \$60.13 effective 11/1/2023  1 per 6 months per member. Additional allowed based on medical necessity by prior
D1120		DENTAL PROPHYLAXIS - CHILD	\$60.13	n/c	authorization
D1120		DENTAL TROTTILE VIOLENCE	700.13	11/ 0	Limited to 2 per 12 months per member. Additional allowed based on medical
D1206		TOPICAL APPLICATION FLUORIDE VARNISH	\$18.75	n/c	necessity by prior authorization
			<u> </u>	,	Limited to 2 per 12 months per member. Additional allowed based on medical
D1208		TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.75	n/c	necessity by prior authorization
		COUNSELING FOR THE CONTROL AND PREVENTION OF			
		ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH			
D1321		EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE	\$15.00	\$15.00	1 per 6 months per member, per provider
					Limited to six (6) and twelve (12) year molars:
	Tooth numbers				6 year molars are #3, #14, #19 and #30
	Tooth numbers: 3, 14, 19, 30				12 year molars are #2, #15, #18, #31 once every four (4) years with a lifetime limit of three (3) sealants per tooth
D1351	2, 15, 18, 31	DENTAL SEALANT - PER TOOTH	\$24.38	n/c	Limited to under 21 only
51331	2, 13, 10, 31	DENTAL SEALANT FER TOOTH	724.30	11/0	Emilica to ander 21 only



			UNDER	<b>21</b> and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers	PREVENTATIVE RESIN RESTORATION IN A MODERATE TO			
D1352	1-32	HIGH CARIES RISK PATIENT-PERMANENT TOOTH	\$48.13	\$48.13	
	Tooth numbers				
D1353	1-32	SEALANT REPAIR-PER TOOTH	\$16.00	n/c	
	Tooth numbers	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER			
D1354	1-32, A-T	тоотн	\$12.00	\$12.00	Up to two times per tooth within six months
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1510	10, 20, 30, 40	SPACE MAINTAINER-FIXED UNILATERAL-PER QUADRANT	\$169.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1516	10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MAXILLARY	\$250.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
D4547	quadrant	CDA CE AAAINTAINED EIVED DII ATEDAL AAANDIDIII AD	4250.00	,	category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1517	10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MANDIBULAR	\$250.00	n/c	month period, per member.
	aa.dua.u.t	CDACE MANINTAINED DEMONABLE LINIU ATERAL DED			Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
D1520	quadrant	SPACE MAINTAINER-REMOVABLE-UNILATERAL-PER	¢1.C7.F0	2/2	category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1520	10, 20, 30, 40	QUADRANT	\$167.50	n/c	month period, per member.  Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1526	10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MAXILLARY	\$190.00	n/c	month period, per member.
D1320	10, 20, 30, 40	STACE MAINTAINER REMOVABLE BLATERAL, MAXILLARI	7130.00	11/ C	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1527	10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MANDIBULAR	\$190.00	n/c	month period, per member.
			72000	.,, 0	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1551	10, 20, 30, 40	MAXILLARY	\$19.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1552	10, 20, 30, 40	MANDIBULAR	\$19.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1553	10, 20, 30, 40	PER QUADRANT	\$19.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER-PER			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1556	10, 20, 30, 40	QUADRANT	\$25.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
545	quadrant	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-	40=	,	category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1557	10, 20, 30, 40	MAXILLARY	\$25.00	n/c	month period, per member.
		DEMACKAL OF FIVED BUILDED ALCOHOLOGO ANALYTALYIES			Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
D1EE0	quadrant	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-	¢25.00	m/-	category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1558	10, 20, 30, 40	MANDIBULAR	\$25.00	n/c	month period, per member.



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Poquiromonto	Procedure Description	Rate	Rate	Notes
Code	Requirements  Tooth numbers	Procedure Description	Nate	nate	Notes
	1-32, A-T				
	Surface code		1	4	
D2140	M, O, D, B, L, F, I	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$49.40	\$38.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2150		AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$65.00	\$50.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2160	M, O, D, B, L, F, I	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$76.70	\$59.00	
	Tooth numbers				
	1-32, A-T				
	Surface code	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR			
D2161	M, O, D, B, L, F, I	PERMANENT	\$93.60	\$72.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2330		RESIN-ONE SURFACE, ANTERIOR	\$57.20	\$44.00	
	Tooth numbers		Ψ σ γ ι Ξ σ	ψ · · · · σ σ	
	1-32, A-T				
	Surface code				
D2331	M, O, D, B, L, F, I	RESIN-TWO SURFACES, ANTERIOR	\$71.50	\$55.00	
D2331	Tooth numbers	INESIN'-TWO JONI ACES, ANTENION	771.30	755.00	
	1-32, A-T				
	Surface code				
D2222		DECINITUDES CUDEACEC ANTEDIOD	¢0E 00	\$66.00	
D2332	M, O, D, B, L, F, I Tooth numbers	RESIN-THREE SURFACES, ANTERIOR	\$85.80	\$66.00	
	1-32, A-T	DESIN FOUR A AORE SUREA SES OR INVOLVING INICIAL			
		RESIN-FOUR/MORE SURFACES OR INVOLVING INCISAL	4404 40	470.00	
D2335	M, O, D, B, L, F, I	ANGLE, ANTERIOR	\$101.40	\$78.00	
	Tooth numbers			,	
D2390	1-32, A-T	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$101.40	n/c	1 per 5 years
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2391	M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$57.20	\$44.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2392	M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$71.50	\$55.00	



Т	equirements		UNDER AGE 21	21 and	
Code Re				OVER	
To		Description Description			Notes
		Procedure Description	Rate	Rate	Notes
	Tooth numbers				
1 .	1-32, A-T				
	Surface code				
		RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$85.80	\$66.00	
T <sub>f</sub>	Tooth numbers				
	1-32, A-T				
]	Surface code	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES,			
D2394 M	И, О, D, B, L, F, I	POSTERIOR	\$101.40	\$78.00	
T,	Tooth numbers				
D2710	1-32, A-T	CROWN RESIN-BASED COMPOSITE INDIRECT	\$150.00	\$150.00	1 per 5 years per tooth
T/	Tooth numbers				
D2721	1-32, A-T	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$200.00	\$200.00	1 per 5 years per tooth
T	Tooth numbers				
D2740	1-32, A-T	CROWN-PORCELAIN/CERAMIC	\$529.95	\$529.95	1 per 5 years per tooth
T	Footh numbers	,		·	
D2750		CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$599.25	\$599.25	1 per 5 years per tooth
	,	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE	4000.20	7000.20	
D2751		METAL	\$457.33	\$457.33	1 per 5 years per tooth
	Footh numbers	WIETAL	<del>уч</del> 57.55	у <del>ч</del> 57.55	per 3 years per tooth
D2752		CROWN-PORCELAIN FUSED TO NOBLE METAL	\$528.29	\$528.29	1 per 5 years per tooth
	Footh numbers	CROWN-FORCELAIN 1 03ED 10 NOBEL WETAL	JJ20.23	7320.23	1 per 3 years per tooth
		CDOWN FULL CAST LUCU NODLE METAL	¢402.91	¢402.91	1 nor E years partacth
D2790	1-32, A-T Footh numbers	CROWN-FULL CAST HIGH NOBLE METAL	\$492.81	\$492.81	1 per 5 years per tooth
		CDOMAN FULL CACT DDED ON MINIANITIVE DAGE NAFTAL	Ć245 44	Ć245 44	4 0 0 5 0 0 0 0 0 0 0 0 0
D2791	,	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$315.41	\$315.41	1 per 5 years per tooth
	Tooth numbers		40000	40000	
D2792	· ·	CROWN-FULL CAST NOBLE METAL	\$386.37	\$386.37	1 per 5 years per tooth
		INTERIM CROWN-FURTHER TREATMENT OR COMPLETION			
D2799	·	OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$150.00	\$150.00	1 per 5 years per tooth
	Tooth numbers				
D2920	,	RE-CEMENT OR RE-BOND CROWN	\$27.50	\$27.50	1 per 5 years per tooth
		PREFABRICATED PORCELAIN/CERAMIC CROWN-PERMANENT			
D2928	•	TOOTH	\$153.00	\$153.00	1 per 5 years per tooth
T <sub>1</sub>	Tooth numbers				
D2930	•	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$119.60	\$119.60	1 per 5 years per tooth
T/	Tooth numbers	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT			
D2931	1-32, A-T	тоотн	\$133.90	\$133.90	1 per 5 years per tooth
T	Tooth numbers				
D2932	1-32, A-T	PREFABRICATED RESIN CROWN	\$113.10	\$113.10	1 per 5 years per tooth
T,	Tooth numbers				
	1-32, A-T				
	Surface code	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN			
D2934 M	И, О, D, B, L, F, I	- PRIMARY TOOTH	\$119.60	n/c	Once per tooth per 12 month per member. Ages 0 - 11



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Couc	Tooth numbers	Troccaure Bescription	Nate	nate	Hotes
D2940	1-32, A-T	PROTECTIVE RESTORATION	\$60.78	60.78	
D2940 D2950	1-32, A-T			\$100.00	change to adult and child 1/1/2023 no prior auth required.
D2950	Tooth numbers	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$100.00	\$100.00	change to adult and child 1/1/2023 no prior auth required.
					Deverage and marging and 1/1/2/2/14/15/15/15/15/10/10/20/24/23\ 1 may be otherwise of
D2054	1 2 3 14 15 16 17	DIN DETENTION DED TOOTH, IN ADDITION TO DECTORATION	642.00	642.00	Permanent molars only (1 2 3 14 15 16 17 18 19 30 31 32). 1 per tooth per date of
D2951	18 19 30 31 32	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$13.00	\$13.00	service and 2 per lifetime per member
D2054	Tooth numbers	DDEEADDICATED DOCT AND CODE IN ADDITION TO COOLING	6420.00	6420.00	
D2954	1-32, A-T	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$130.00	\$130.00	change to adult and child 1/1/2023 no prior auth required.
	Tooth numbers	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE	407.40	407.40	la de la
D2990	1-32, A-T	LESIONS	\$97.48	\$97.48	2 per tooth per lifetime
	Tooth numbers		4	,	
D3110	1-32, A-T	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$17.00	n/c	
D3120		PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$190.83	190.83	Prior Authorization required
		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL			
		RESTORATION) REMOVAL OF PULP CORONAL TO THE			
	Tooth numbers	DENTINOCEMENTAL JUNCTION AND APPLICATION OF			
D3220	1-32, A-T	MEDICAMENT	\$67.60	n/c	1 per tooth per lifetime
	Tooth numbers	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING			
D3310	6-11; 22-27	FINAL RESTORATION)	\$274.30	\$274.30	1 per tooth per lifetime
	Tooth numbers				
	4-5; 12-13; 28-29;	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING			
D3320	20-21	FINAL RESTORATION)	\$344.50	\$344.50	1 per tooth per lifetime
	Tooth numbers				
	1 2 3 14 15 16 17	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL			
D3330	18 19 30 31 32	RESTORATION)	\$481.00	\$481.00	1 per tooth per lifetime
	Tooth numbers	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-			
D3346	6-11; 22-27	ANTERIOR	\$606.58	\$606.58	1 per tooth per lifetime
	Tooth numbers				
	4-5; 12-13; 28-29;	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-			
D3347	20-21	PREMOLAR	\$696.20	\$696.20	1 per tooth per lifetime
	Tooth numbers				
	1 2 3 14 15 16 17				
D3348	18 19 30 31 32	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$724.31	\$724.31	1 per tooth per lifetime
		APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL			· · ·
	Tooth numbers	CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT			
D3351	1-32, A-T	RESORPTION, ETC.)	\$149.60	\$149.60	1 per tooth per lifetime
	, , , , , , , , , , , , , , , , , , ,	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION			<u>'</u>
		REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF			
	Tooth numbers	PERFORATIONS, ROOT RESORPTION, PULP SPACE			
D3352	1-32, A-T	DISINFECTION, ETC.)	\$104.50	\$104.50	1 per tooth per lifetime
D3352	1-32, A-1	DISINFECTION, ETC.)	\$104.50	\$104.50	1 per tooth per lifetime



		UNDER	21 and	
Poquiromonto	Procedure Description			Notes
Requirements	· · · · · · · · · · · · · · · · · · ·	Nate	Nate	Notes
1	,			
Tooth numbers				
	·	¢246.40	¢246.40	1 non to oth you lifetime
·	RESORPTION, ETC)	\$240.40	\$240.40	1 per tooth per lifetime
	A DICOCCTOMAY ANTERIOR	¢201 F0	Ć1FF 00	1 nor tooth nor lifetime
· · · · · · · · · · · · · · · · · · ·	APICOECTOMY-ANTERIOR	\$201.50	\$155.00	1 per tooth per lifetime
	ADICOCCTONAY DDENAOLAD CIDCT DOOT	¢201 F0	Ć1FF 00	1 non to oth you lifetime
	APICOECTOMY-PREMIOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
	A DICOCCTONAY MADI A D CIDST DOOT	¢201 F0	¢155.00	1 nor tooth nor lifetime
	APICOECTOWIY-WOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
	ADICOCCTONAY DED TOOTH FACH ADDITIONAL DOOT	¢107.00	¢107.00	1 per tooth per lifetime
· ·	APICOECTOMIT-PER TOOTH EACH ADDITIONAL ROOT	\$197.00	\$197.00	1 per tooth per metime
	DETROCHADE EILLING DER ROOT	¢124.10	¢124.10	1 per teath per lifetime
1-32, A-1		\$134.10	\$134.10	1 per tooth per lifetime Requires prior authorization - must have chronic conditions or take medications that
Quadrant				cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
*		¢226.70	¢250.00	per recipient per twelve (12) month period
10, 20, 30, 40		\$550.70	\$259.00	Requires prior authorization - must have chronic conditions or take medications that
Quadrant				cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
		¢104.00	¢104.00	per recipient per twelve (12) month period
10, 20, 30, 40	QUADRANT	\$104.00	\$104.00	Requires prior authorization - must have chronic conditions or take medications that
Quadrant	GINGIVECTOMY OR GINGIVORI ASTY TO ALLOW ACCESS FOR			cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
*		\$220.16	\$220.16	per recipient per twelve (12) month period
10, 20, 30, 40	·	Ş220.10	Ş220.10	Requires prior authorization - must have chronic conditions or take medications that
Quadrant	,			cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
*		\$526.26	\$526.26	per recipient per twelve (12) month period
10, 20, 30, 40		7320.20	7320.20	Requires prior authorization - must have chronic conditions or take medications that
Quadrant	· ·			cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
1		\$341.20	\$341.20	per recipient per twelve (12) month period
	SI MOLO I EN QUADIVIVI	7511.20	75-11.20	per recipient per twelve (12) month period
	CUNICAL CROWN LENGTHEN-HARD TISSUE	\$483 71	\$483 71	1 per tooth/quadrant per lifetime
		ψ .03.7 <u>1</u>	ψ 100.7 I	= po. 10011, quantum per metime
· ·		\$414 97	\$414 97	1 per site (quadrant) per lifetime
1 1 1		Ψ 1±4.57	ψ 1 <u>1</u> -1.57	2 per site (quadrant) per metime
	,	\$645.39	\$645.39	1 per 36 months per quadrant
	•	70.0.00	+0.5.55	2 per so montro per quadrant
	NONRESORBABLE BARRIER, PER SITE	\$692.29	\$692.29	1 per 36 months per quadrant
	Tooth numbers 1-32, A-T Tooth numbers 6-11; 22-27 Tooth numbers 4-5; 12-13; 28-29; 20-21 Tooth numbers 1 2 3 14 15 16 17 18 19 30 31 32 Tooth numbers 1-32, A-T Tooth numbers 1-32, A-T Quadrant 10, 20, 30, 40 Quadrant	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC)  Tooth numbers 6-11; 22-27 APICOECTOMY-ANTERIOR  Tooth numbers 12 3 14 15 16 17 APICOECTOMY-PREMOLAR FIRST ROOT  Tooth numbers 1-32, A-T APICOECTOMY-MOLAR FIRST ROOT  Tooth numbers 1-32, A-T APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT  Tooth numbers 1-32, A-T APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT  Tooth numbers 1-32, A-T GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT  Quadrant 10, 20, 30, 40 GINGIVOPLASTY OR ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT  Quadrant 10, 20, 30, 40 GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT  Quadrant 10, 20, 30, 40 GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT  Tooth numbers 1-32, A-T Quadrant 10, 20, 30, 40 CLINICAL CROWN LENGTHEN-HARD TISSUE BONE REPLCE GRAFT-RETAINED NATURAL TOOTH-FIRST SITE 10, 20, 30, 40 IN QUADRANT  BONE REPLCE GRAFT-RETAINED NATURAL TOOTH-FIRST SITE 10, 20, 30, 40 RESORBABLE BARRIER, PER SITE  Quadrant GUIDED TISSUE REGENERATION, NATURAL TEETH-	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT 7.32, A-T 8.42, A-T 8.	Requirements   Procedure Description   Rate   Rate



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers				
	1-32, A-T				
	Quadrant				
D4270	10, 20, 30, 40	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$554.25	\$554.25	1 per area (Quadrant/tooth) per lifetime
	-, -,, -	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	,	,	production of the second of th
		(INCUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST			
	Tooth numbers	TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN			
D4273	1-32, A-T	GRAFT	\$654.75	\$654.75	1 per area (tooth) per lifetime
	,	FREE SOFT TISSUE GRAFT PROCEDURE (INCUDING DONOR	<u> </u>		
	Tooth numbers	AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR			
D4277	1-32, A-T	EDENTULOUS TOOTH POSITION IN GRAFT	\$363.17	\$363.17	1 per area (tooth) per lifetime
	Tooth numbers	SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC			
D4322	1-32, A-T	CROWNS	\$240.79	\$240.79	
	Tooth numbers	SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC			
D4323	1-32, A-T	CROWNS	\$212.46	\$212.46	
	Quadrant	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR			Requires prior authorization- not to exceed 1 per quadrant, per twelve months, per
D4341	10, 20, 30, 40	MORE TEETH, PER QUADRANT	\$101.40	\$78.00	recipient, per provider
	Quadrant	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE			
D4342	10, 20, 30, 40	TEETH, PER QUADRANT	\$36.42	\$28.02	
		SCALING IN PRESENCE OF GENERALIZED MODERATE OR			
		SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER			
D4346		ORAL EVALUATION	\$204.00	\$204.00	Prior Authorization required
		FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE			
		PERIDONTAL EVALUATION AND DIAGNOSIS ON A			
D4355		SUBSEQUENT VISIT	\$68.50	\$68.50	Adults and children
	1	LOCALIZED DELIVERY ANTIMICROBIAL AGENTS VIA			Prior authorization required - only allowed after treatment of periodontal disease;
	Tooth numbers	CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR			received perio maintenance; or an isolated pocket depth of greater than 5mm – not to
D4381	1-32, A-T	TISSUE, PER TOOTH	\$110.28	\$110.28	be used for generalized perio thearopy.
D4910		PERIODONTAL MAINTENANCE PROCEDURES	\$96.88	\$96.88	
		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER			
D4920		THAN TREATING DENTIST OR THEIR STAFF)	\$94.05	\$94.05	
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5110		DENTURES COMPLETE MAXILLARY	\$656.11	\$656.11	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5120		DENTURES COMPLETE MANDIBULAR	\$611.73	\$611.73	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5130		DENTURES IMMEDIATE MAXILLARY	\$567.40	\$567.40	period



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5140		DENTURES IMMEDIATE MANDIBULAR	\$543.95	\$543.95	period
			•	,	Every 5 years - more frequent for children under 21 if medically necessary due to
		MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5211		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$624.64	\$624.64	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
		MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5212		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$595.80	\$595.80	period
		MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK			Every 5 years - more frequent for children under 21 if medically necessary due to
		WITH RESIN DENTURE BASES (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5213		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$545.30	\$545.30	period
		MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK			Every 5 years - more frequent for children under 21 if medically necessary due to
		WITH RESIN DENTURE BASES (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5214		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$571.75	\$571.75	period
		IMMEDIATE MAXILLARY PARTIAL DENTURE-RESIN BASE			Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5221		TEETH)	\$585.18	\$585.18	period
		IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE			Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5222		TEETH)	\$487.67	\$487.67	period
		AAAVULA ARV BARTIAL RENITURE, ELEVIRLE BAGE (INGLURIA)			Every 5 years - more frequent for children under 21 if medically necessary due to
5505		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING	4700.00	4700.00	growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5225		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$793.00	\$793.00	period
		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE			Every 5 years - more frequent for children under 21 if medically necessary due to
DESSE		(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND	¢020 FF	¢020 FF	growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5226		TEETH) REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	\$920.55	\$920.55	period  Every 5 years - more frequent for children under 21 if medically necessary due to
		CAST METAL (INCLUDING, RETENTIVE/CLASPING MATERIALS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5282		RESTS, AND TEETH), MAXILLARY	\$360.00	\$360.00	period
D3282		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	7300.00	\$300.00	Every 5 years - more frequent for children under 21 if medically necessary due to
		CAST METAL (INCLUDING, RETENTIVE/CLASPING MATERIALS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5283		RESTS, AND TEETH), MANDIBULAR	\$360.00	\$360.00	period
D3203		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	7500.00	7500.00	Every 5 years - more frequent for children under 21 if medically necessary due to
		FLEXIBLE BASE (INCLUDING, RETENTIVE/CLASPING			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5284		MATERIALS, RESTS, AND TEETH), PER QUADRANT	\$400.00	\$400.00	period
		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	,	,	Every 5 years - more frequent for children under 21 if medically necessary due to
		RESIN (INCLUDING, RETENTIVE/CLASPING MATERIALS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5286		RESTS, AND TEETH), PER QUADRANT	\$400.00	\$400.00	period
D5410		ADJUST COMPLETE DENTURE-MAXILLARY	\$15.40	\$15.40	1 per 12 months
D5411		ADJUST COMPLETE DENTURE-MANDIBULAR	\$15.40	\$15.40	1 per 12 months
D5421		ADJUST PARTIAL DENTURE-MAXILLARY	\$15.40	\$15.40	1 per 12 months



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D5422		ADJUST PARTIAL DENTURE-MANDIBLUAR	\$15.40	\$15.40	1 per 12 months
D5511		REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$50.60	\$50.60	1 per 12 months
D5512		REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$50.60	\$50.60	1 per 12 months
	Tooth numbers	REPLACE MISSING/BROKEN TEETH-DENTURE-COMPLETE	40.00	40.00	
D5520	1-32, A-T	DENTURE (EACH TOOTH)	\$31.00		1 per 12 months
D5621		REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$72.60	\$72.60	not exceed three (3) repairs per twelve (12) month
D5622		REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$72.60	\$72.60	1 per 12 months
		REPAIR OR REPLACE BROKEN RETENTIVE CLASPING			
D5630		MATERIALS - PER TOOTH	\$64.90	\$64.90	1 per 12 months
D5640	Tooth numbers 1-32, A-T	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	\$36.40	\$36.40	1 per 12 months
D5731		RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	\$88.00	\$88.00	1 per 12 months
D5740		RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	\$88.00	\$88.00	1 per 12 months
D5750		RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	\$128.70	\$128.70	1 per 12 months
D5751		RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	\$128.70	\$128.70	1 per 12 months
		INTERIM PARTIAL DENTURE (INCLUDING,	7-2-0.1	7-2-0.1	
		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),			
D5820		MAXILLARY	\$319.80	\$319.80	1 per 5 years
		INTERIM PARTIAL DENTURE (INCLUDING,			
		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),			
D5821		MANDIBULAR	\$336.70	\$336.70	1 per 5 years
D5913		NASAL PROSTHESIS	\$2,036.00	\$2,036.00	
D5914		AURICULAR PROSTHESIS	\$1,881.00	\$1,881.00	
D5919		FACIAL PROSTHESIS	\$3,408.00	\$3,408.00	
D5931		OBTURATOR PROSTHESIS , SURGICAL	\$1,121.90	\$1,121.90	
D5932		OBTURATOR PROSTHESIS, DEFINITIVE	\$1,992.00	\$1,992.00	
D5934		MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$1.660.00	\$1,660.00	
D5952		SPEECH AID PROSTHESIS, PEDIATRIC	\$2,036.00	n/c	
D5953		SPEECH AID PROSTHESIS, ADULT	n/c	\$2,036.00	
D5954		PALATAL AUGMENTATION PROSTHESIS	\$1,550.00	\$1,550.00	
D5955		PALATAL LIFT PROSTHESIS, DEFINITIVE	\$1,836.00	\$1,836.00	
D5988		ORAL SURGICAL SPLINT	\$896.00	\$896.00	
D3988		ONAL SONGICAL SELINI	manually	manually	Requires prepayment review to determine if requirements in 907 KAR 1:026 have
D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	priced		been met prior to authorizing payment
	1	One. Learner Minuscella Manual Moderness, of the Ott	priced	priced	prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL			damage or not wearable due to medical reasons)
D6010	1-32, A-T	IMPLANT	\$2,001.07	\$2,001.07	once per tooth per lifetime
	,	ļ	, ,	, ,	Company of the Compan



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND			damage or not wearable due to medical reasons)
D6056	1-32, A-T	PLACEMENT	\$600.29	\$600.29	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6057	1-32, A-T	CUSTOM FABRICATED ABUTMENT-INCLUDES PLACEMENT	\$729.95	\$729.95	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6058	1-32, A-T	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,076.11	\$1,076.11	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL	4	4	damage or not wearable due to medical reasons)
D6059	1-32, A-T	CROWN (HIGH NOBLE METAL)	\$1,324.39	\$1,324.39	once per tooth per lifetime
	Talakh masanah ana				prior authorization required. An implant must be based on last resort (dentures cause
DCOCE	Tooth numbers	INADIANT CURRORTED DORCELAIN/CERANIC CROWN	ć1 400 03	ć1 400 02	damage or not wearable due to medical reasons)
D6065	1-32, A-T	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,400.93	\$1,400.93	once per tooth per lifetime prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO HIGH			damage or not wearable due to medical reasons)
D6066	1-32, A-T	NOBLE ALLOYS	\$1,057.00	\$1.057.00	once per tooth per lifetime
D0000	1-32, A-1	NOBLE ALLOTS	\$1,037.00	\$1,057.00	prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6081	1-32, A-T	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$238.35	\$238.35	once per tooth per lifetime
20001	1 32,711	DONE GIVE THE GIVEN EAST PERCENTENT	7230.33	7230.33	
		REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION			
	Tooth numbers	OR PRECISION ATTACHMENT OF IMPLANT/ABUTMENT			Effective 1/1/2024
D6091	1-32, A-T	SUPPORTED PROSTHESIS, PER ATTACHMENT	\$279.00	\$279.00	Prior authorization required, once per tooth per lifetime
	Tooth numbers	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED			Effective 1/1/2024
D6092	1-32, A-T	CROWN	\$73.00	\$73.00	Prior authorization required, once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT-DOES			damage or not wearable due to medical reasons)
D6103	1-32, A-T	NOT INCLUDE FLAP ENTRY AND CLOSURE	\$263.86	\$263.86	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6104	1-32, A-T	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$288.65	\$288.65	once per tooth per lifetime
		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE			
D6110		FOR EDENTULOUS ARCH - MAXILLARY	\$1,324.26	\$1,324.26	
56444		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE	44 000 00	44 000 00	
D6111		FOR EDENTULOUS ARCH - MANDIBULAR	\$1,323.60	\$1,323.60	
		SCALING AND DEBRIDEMENT IN THE PRESENCE OF			prior authorization required. An implant must be based an last recent (dantures across
	Tooth numbers	INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT,			prior authorization required. An implant must be based on last resort (dentures cause
D6190	Tooth numbers 1-32, A-T	INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	\$411.87	\$411.87	damage or not wearable due to medical reasons) once per tooth per lifetime
חפדפח	Tooth numbers	WITHOUT FLAP EINTRY AIND CLUSURE	\$411.87	Ş411.8/	Effective 1/1/2024
D6191	1-32, A-T	SEMI-PRECISION ABUTMENT - PLACEMENT	\$419.00	\$419.00	Prior authorization required, once per tooth per lifetime
דבנסח	1-52, A-1	SEIVII-FRECISION ADDITIVIENT - PLACEIVIENT	\$419.00	\$419.00	rnor authorization required, once per tooth per metime



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers				Effective 1/1/2024
D6192	1-32, A-T	SEMI-PRECISION ATTACHMENT - PLACEMENT	\$106.00	\$106.00	Prior authorization required, once per tooth per lifetime
50132	Tooth numbers	SEWIT REGISTORY TO THE PROPERTY OF THE PROPERT	Ģ100.00	<b>γ100.00</b>	Effective 1/1/2024
D6199	1-32, A-T	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	\$173.00	\$173.00	Prior authorization required, once per tooth per lifetime
D0133	Tooth numbers	ONSI ECHIED IN EARLY PROCEDURE, DE REFORT	ÿ173.00	7173.00	Thor authorization required, once per tooth per metime
D6211	1-32, A-T	PONTIC-CAST PREDOMINANTLY BASE METAL	\$341.00	\$2/11.00	1 per 5 years
D0211	Tooth numbers	FORTIC-CAST FREDOMINANTET BASE WETAL	7341.00	Ş341.00	1 per 3 years
D6240	1-32, A-T	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$483.00	\$483.00	1 per 5 years
D0240	Tooth numbers	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL  PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE	3463.00	3463.00	i per 3 years
D6241	1-32, A-T	METAL	\$341.00	\$341.00	1 per 5 years
D6241	Tooth numbers	METAL	\$341.00	\$541.00	1 per 3 years
D6242		DONTIC DODCELAIN EUSED TO NODLE METAL	¢412.00	\$412.00	1 per 5 years
D6242	1-32, A-T Tooth numbers	PONTIC-PORCELAIN FUSED TO NOBLE METAL RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE	\$412.00	\$412.00	1 per 5 years
D.C.7.F.O.			ć==2.0¢	¢552.00	4 5
D6750	1-32, A-T	METAL	\$553.96	\$553.96	1 per 5 years
D.C.7.E.4	Tooth numbers	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY	¢244.00	6244.00	4 5
D6751	1-32, A-T	BASE METAL	\$341.00	\$341.00	1 per 5 years
	Tooth numbers		4440.00	4440.00	
D6752	1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
	Tooth numbers		4		
D6930	1-32, A-T	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$77.00	\$77.00	
	Tooth numbers		4	4	
D7111	1-32, A-T	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	\$72.25	\$72.25	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT			
D7140	1-32, A-T	(ELEVATION AND/OR FORCEPS REMOVAL	\$82.50	\$82.50	1 per lifetime per tooth per member regardless of provider
		EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF			
	Tooth numbers	BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING			
D7210	1-32, A-T	ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.50	\$148.50	1 per lifetime per tooth per member regardless of provider
	Tooth numbers				
D7220	1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	\$127.40	\$98.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers				
D7230	1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$179.40	\$138.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers				
D7240	1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$215.80	\$166.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH			
D7241	1-32, A-T	UNUSUAL SURGICAL COMPLICATIONS	\$222.30	\$171.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING			
D7250	1-32, A-T	PROCEDURE)	\$142.00	\$142.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL,			
D7251	1-32, A-T	IMPACTED TEETH ONLY	\$466.37	\$466.37	1 per lifetime per tooth
D7260		ORAL ANTRAL FISTULA CLOSURE	\$135.20	\$104.00	
	Tooth numbers	TOOTH REIMPLANTATION AND/OR STABILIZATION OF			
D7270	1-32, A-T	ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$200.00	\$200.00	
57270	1-32, A-1	ACCIDENTALLI EVOLDED ON DIDPLACED TOOTH	۶ <u>۷</u> 00.00	7200.00	1



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					Per 907 KAR 1:026
					Coverage of surgical access of an unerupted tooth shall:
	Tooth numbers				(a) Be limited to exposure of the tooth for orthodontic treatment; and
D7280	1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	\$434.25	\$434.25	(b) Require prepayment review.
	Oue disease	ALVEORI ACTVINI CONTUNICTION MITTILEVER ACTIONS FOLIR			Do limited to one (4) now any depart, you lifetime, you resignize to Donning a resignize way of
D7310	Quadrant 10, 20, 30, 40	OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	Be limited to one (1) per quadrant, per lifetime, per recipient; Require a minimum of a four (4) tooth area within the same quadrant.
D/310	10, 20, 30, 40	OR WORE TEETH OR TOOTH SPACES, PER QUADRAINT	\$105.45	Ş105.45	100ti (4) tootii area witiiii tile saine quadrant.
	Quadrant	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-			
D7320	10, 20, 30, 40	FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
D7410		EXCISION OF BENIGN LESION LESS THAN 1.25 CM	\$87.10	\$67.00	
D7411		EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25 CM	\$87.10	\$67.00	
	Arch number		4		
D7471	01, 02	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$101.40	\$78.00	
D7472		REMOVAL OF TORUS PALATINUS	\$302.47	\$302.47	1 per lifetime
D7473		REMOVAL OF TORUS MANDIBULARIS	\$209.28	\$209.28	1 per quadrant per lifetime
D7510		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$67.60	\$52.00	
D7520		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$80.60	\$62.00	
		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR			
D7530		SUBCUTANEOUS ALVEOLAR TISSUE	\$201.50	\$201.50	
D7880		OCCLUSAL ORTHOTIC APPLIANCE	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		SUTURE OF RECENT SMALL WOUND UP TO 5CM	\$67.60	\$52.00	
D7961		BUCCAL/LABIAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D8210		REMOVABLE APPLIANCE THERAPY	\$362.00	n/c	Requires prior authorization
D8220		FIXED APPLIANCE THERAPY	\$259.00	n/c	Requires prior authorization
D8698		RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY	\$75.00	n/c	
D8699		RE-CEMENT OR RE-BOND FIXED RETAINER MANDIBULAR	\$75.00	n/c	
		REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-			
D8701		MAXILLARY	\$25.00	n/c	1 per 4 years
D0700		REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-	625.62	,	
D8702		MANDIBULAR	\$25.00	n/c	1 per 4 years
D8703		REPLACEMENT OF LOST/BROKEN RETAINER-MAXILLARY	\$93.64	n/c	1 per 4 years
D8704		REPLACEMENT OF LOST/BROKEN RETAINER MANDIBULAR	\$93.64	n/c	1 per 4 years
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	\$61.95	\$61.95	1 per date of service
D9222		DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE INCREMENT	\$75.00	\$75.00	Effective date 01/01/2018 Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Couc	nequirements	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT	nate	nate	Allow any combination of CDT D9222 and D9223 for a maximum of four times per
D9223		15 MINUTE INCREMENT	\$75.00	\$75.00	date of service
D9230		INHALATION OF NITROUS OXIDE/AXIOLYSIS ANALGESIA	\$39.00	\$39.00	
		INTRAVENOUS MODERATE (CONSCIOUS)	700.00	700.00	Requires Dentists to have anesthesia certification on file in their office for auditing
D9239		SEDATION/ANALGESIA-FIRST 15 MINUTES	\$138.78	138.78	purposes
		INTRAVENOUS MODERATE (CONSCIOUS)	7 = 0 0 0		
		SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE			Requires Dentists to have anesthesia certification on file in their office for auditing
D9243		INCREMENT	\$138.78	\$138.78	purposes
	<del> </del>		,	,	Requires Dentists to have anesthesia certification on file in their office for auditing
D9248		NON-INTRAVENOUS CONCIOUS SEDATION	\$39.00	\$39.00	purposes
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	\$67.60	\$52.00	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$67.60	\$52.00	
D9944		OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	\$150.00	\$150.00	1 per 2 years
D9945		OCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH	\$250.00	\$250.00	1 per 2 years
D9946		OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	\$100.00	\$100.00	1 per 2 years
D9986		MISSED APPOINTMENT	n/c	n/c	
D9987		CANCELLED APPOINTMENT	n/c	n/c	
<u>Oral Pa</u>	thology Prod	ACCESSION OF TISSUE GROSS EXAMINATION, PREPARATION			
		AND TRANSMISSION OF WRITTEN REPORT (ONLY COVERED			
D0472		IF PROVIDED BY AN ORAL PATHOLOGIST)	\$43.71	\$43.71	Covered for adults effective 1/1/2023
50172		ACCESSION OF TISSUE GROSS AND MICROSCOPIC	Ψ10.71	ψ 10.7 I	covered for addits effective 1/1/2025
		EXAMINATION, PREPARATION AND TRANSMISSION OF			
		WRITTEN REPORT (ONLY COVERED IF PROVIDED BY AN ORAL			
D0473		PATHOLOGIST)	\$61.81	\$61.81	Covered for adults effective 1/1/2023
		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC			
		EXAMINATION INCLUDING ASSESSMENT OF SURGICAL			
		MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND			
		TRANSMISSION OF WRITTEN REPORT (ONLY COVERED IF			
D0474		PROVIDED BY AN ORAL PATHOLOGIST)	\$152.38	\$152.38	Covered for adults effective 1/1/2023
		SPECIAL STAINS FOR MICROORGANISMS (ONLY COVERED IF			
D0475		PROVIDED BY AN ORAL PATHOLOGIST)	\$12.57	\$12.57	Covered for adults effective 1/1/2023
		SPECIAL STAINS NOT FOR MICROORGANISMS (ONLY			
D0476		COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$71.03	\$71.03	Covered for adults effective 1/1/2023
		IMMUNOHISTOCHEMICAL STAINS (ONLY COVERED IF			
D0477		PROVIDED BY AN ORAL PATHOLOGIST)	\$71.03	\$71.03	Covered for adults effective 1/1/2023
		TISSUE IN-SITU HYBRIDIZATION, INCLUDING			
		INTERPRETATION (ONLY COVERED IF PROVIDED BY AN ORAL	4-4-5-	4	
D0478		PATHOLOGIST)	\$71.97	\$71.97	Covered for adults effective 1/1/2023



Notes
only if individual ultimately not approved for
only
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ed to one (1) per twenty-four (24) month
; and b. Require prior authorization in
, and (3) of this administrative regulation
(6) years;



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Couc	Tooth numbers	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	Nate	Nate	Hotes
D7140	1-32, A-T	(ELEVATION AND/OR FORCEPS REMOVAL	\$82.50	\$82.50	1 per lifetime per tooth
D7140	1-32, A-1	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF	302.30	302.30	i per metime per tooth
	Tooth numbers	BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING			
D7210	1-32, A-T	ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.50	\$148.50	1 per lifetime per tooth
	Tooth numbers		Ψ	ψ <u> 10.00</u>	P
D7220	1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	\$187.00	\$187.00	1 per lifetime per tooth
	Tooth numbers				
D7230	1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$236.50	\$236.50	1 per lifetime per tooth
	Tooth numbers				
D7240	1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$295.00	\$295.00	1 per lifetime per tooth
	Tooth numbers	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH			
D7241	1-32, A-T	UNUSUAL SURGICAL COMPLICATIONS	\$333.00	\$333.00	1 per lifetime per tooth
D7050	Tooth numbers	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	4442.00	4442.00	A Province of the second secon
D7250	1-32, A-T	PROCEDURE)	\$142.00	\$142.00	1 per lifetime per tooth
D7260	Tooth numbers	ORAL ANTRAL FISTULA CLOSURE	\$370.50	\$370.50	
D7270	Tooth numbers 1-32, A-T	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$200.00	\$200.00	
D7270	1-32, A-1	ACCIDENTALLY EVOLSED OR DISPLACED TOOTH	\$200.00	\$200.00	Per 907 KAR 1:026
					Coverage of surgical access of an unerupted tooth shall:
	Tooth numbers				(a) Be limited to exposure of the tooth for orthodontic treatment; and
D7280	1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	\$434.25	\$434.25	(b) Require prepayment review.
	·	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE,	' -	,	
D7285		тоотн)	\$210.50	\$210.50	
D7286		INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	\$172.59	\$172.59	
			7	7-1-100	
	Quadrant	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR			
D7310	10, 20, 30, 40	OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
		ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-			
D7320	10, 20, 30, 40	FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
D7410		EXCISION OF BENIGN LESION LESS THAN 1.25 CM	\$102.50	\$102.50	
D7411	A mala m :	EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25 CM	\$431.00	\$431.00	
D7474	Arch number	DEMOVAL OF LATERAL EVOCTORS (MAAVILLA OR MAANDIRIE)	¢204.00	6204.00	
D7471	01, 02	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$204.00	\$204.00	1 par lifatima
D7472		REMOVAL OF TORUS MANDIRU ARIS	\$403.50	\$403.50	1 per lifetime
D7473		REMOVAL OF TORUS MANDIBULARIS	\$409.00	\$409.00	1 per lifetime
D7510		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$112.24	\$112.24	
57310		INCIDION & DIVINAGE OF ADDRESS-INTRACINAL SOFT 11330E	7114	7112.24	
D7520		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$144.00	\$144.00	



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR			
D7530		SUBCUTANEOUS ALVEOLAR TISSUE	\$201.50	\$201.50	
		PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR			
D7550		REMOVAL OF NON-VITAL BONE	\$231.00	\$231.00	
D7880		OCCLUSAL ORTHOTIC APPLIANCE	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		suture of recent small wounds up to 5 cm	\$121.47	\$121.47	
D7961		BUCCAL/LABIAL FRENECTOMY -FIRST PROCEDURE	\$167.60	\$167.60	
D7961		BUCCAL/LABIAL FRENECTOMY-SECOND PROCEDURE	\$167.60	\$167.60	
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	\$61.95	\$61.95	1 per date of ervice
		DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE			Allow any combination of CDT D9222 and D9223 for a maximum of four times
D9222		INCREMENT	\$138.75	\$138.75	per date of service
		DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT			Allow any combination of CDT D9222 and D9223 for a maximum of four times per
D9223		15 MINUTE INCREMENT	\$138.75	\$138.75	date of service
D9230		INHALATION OF NITROUS OXIDE/AXIOLYSIS ANALGESIA	\$39.00	\$39.00	
		INTRAVENOUS MODERATE (CONSCIOUS)			
D9239		SEDATION/ANALGESIA-FIRST 15 MINUTES	\$138.78	\$138.78	Must have anesthesia certification on file in their office for auditing purposes
		INTRAVENOUS MODERATE (CONSCIOUS)			
		SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE	4	4	
D9243		INCREMENT	\$138.78	\$138.78	Must have anesthesia certification on file in their office for auditing purposes
D9248		NON-INTRAVENOUS CONCIOUS SEDATION	\$39.00	\$39.00	Must have anesthesia certification on file in their office for auditing purposes
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	\$67.60	\$67.60	5 Pro 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$67.60	\$67.60	
		THERAPEUTIC PARENTERAL DRUG, SINGLE	<u> </u>	,	
D9610		ADMINISTRATION	\$42.28	\$42.28	

