

**NYS Medicaid Dental Fee Schedule**

NEW YORK STATE MEDICAID FEE SCHEDULE EFFECTIVE January 1, 2025											
Code	Description	Min Age	Max Age	Freq Occ *	Freq Time *	By Report (BR) Report Needed	PA / DVS	Post Op	Site	Fee	Policy Changes
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT			Once	6 Months					\$25.25	
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED			Twice	1 year					\$14.14	
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER			2 Once	6 Months					\$30.30	
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	3		Once	Lifetime					\$30.30	
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT			3 Times	1 Year	BR				\$0.00	
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	12		Once	3 Years					\$50.50	
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE			3 Times	6 Months					\$8.08	
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE			6 Times	12 Months					\$5.05	Frequency limit updated
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE			Once	3 Years				ARCH	\$15.15	
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR			Twice	1 Week					\$25.25	
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE			Twice	1 Week					\$12.12	
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	2		3 Times	1 Year					\$8.08	
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	2		2 Times	1 Year					\$14.14	
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	6		2 Times	1 Year					\$20.20	Minimum age raised
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	6		2 Times	1 Year					\$24.24	Minimum age raised
D0310	SIALOGRAPHY			Twice	1 Week					\$41.41	
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION			Twice	Lifetime					\$175.74	
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT			Twice	1 Year	BR				\$29.29	
D0330	PANORAMIC RADIOGRAPHIC IMAGE	2		Once	3 Years					\$35.35	
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS			Once	3 Years					\$55.55	
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY			Twice	6 Months					\$12.12	
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW						PA			\$281.79	
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBULAR						PA			\$281.79	
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM						PA			\$281.79	
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM						PA			\$281.79	
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES						PA			\$281.79	
D0470	DIAGNOSTIC CASTS	5		Once	1 Year					\$34.34	
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT									\$87.87	
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE									\$87.87	
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT					BR					
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT					BR					
D1110	PROPHYLAXIS - ADULT	13		Once	6 Months					\$45.45	
D1120	PROPHYLAXIS - CHILD	12		Once	6 Months					\$43.43	
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	20		Once	3 months					\$30.30	
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	6		Once	6 Months					\$14.14	Minimum age raised
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	12		No limit	No limit					\$10.10	
D1351	SEALANT - PER TOOTH	5	15	Once	5 Years		DVS		TOOTH	\$35.35	
D1354	APPLICATION OF CARRIES ARRESTING MEDICAMENT - PER TOOTH			Twice/ Four	1 Year/ Lifetime				TOOTH	\$15.15	Removed age restriction
D1510	SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT		10	Once	1 Year				QUAD	\$117.16	
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILARY		10	Once	1 Year					\$175.74	
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR		10	Once	1 Year					\$175.74	
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY		10	Once	1 Year					\$19.19	
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR		10	Once	1 Year					\$19.19	
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT		10	Once	1 Year				QUAD	\$19.19	
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT		10	Once	1 Year				QUAD	\$117.16	
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT					BR					
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT			Once	2 Years				SURF/TOOTH	\$50.50	
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT			Once	2 Years				SURF/TOOTH	\$67.67	
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT			Once	2 Years				SURF/TOOTH	\$82.82	
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT			Once	2 Years				SURF/TOOTH	\$98.98	
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR			Once	2 Years				SURF/TOOTH	\$50.50	
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR			Once	2 Years				SURF/TOOTH	\$73.73	
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR			Once	2 Years				SURF/TOOTH	\$87.87	
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)			Once	2 Years				SURF/TOOTH	\$98.98	
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR			Once	2 Years				TOOTH	\$98.98	
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR			Once	2 Years				SURF/TOOTH	\$50.50	
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR			Once	2 Years				SURF/TOOTH	\$67.67	
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR			Once	2 Years				SURF/TOOTH	\$82.82	
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR			Once	2 Years				SURF/TOOTH	\$98.98	
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)			Once	5 Years		PA		TOOTH	\$292.90	

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Code	Description	Min Age	Max Age	Freq Occ *	Freq Time *	By Report (BR) Report Needed	PA / DVS	Post Op	Site	Fee	Policy Changes								
				<i>*Procedures should only be performed when medically necessary, regardless of frequency limits. Performing a specific service may affect the frequency/occurrence of another service.</i>															
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2722	CROWN - RESIN WITH NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2740	CROWN - PORCELAIN/CERAMIC	6		Once	5 Years		PA		TOOTH	\$505.00									
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	6		Once	5 Years		PA		TOOTH	\$505.00									
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$404.00									
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	6		Once	5 Years		PA		TOOTH	\$404.00									
D2782	CROWN - 3/4 CAST NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$404.00									
D2790	CROWN-FULL CAST HIGH NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2792	CROWN - FULL CAST NOBLE METAL	6		Once	5 Years		PA		TOOTH	\$505.00									
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	6		Once	5 Years		PA		TOOTH	\$505.00									
D2920	RE-CEMENT OR RE-BOND CROWN			Once	2 Years				TOOTH	\$30.30									
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH		12	Once	2 Years				TOOTH	\$117.16									
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	5		Once	5 Years				TOOTH	\$117.16									
D2932	PREFABRICATED RESIN CROWN			Once	2 Years				TOOTH	\$117.16									
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW		20	Once	2 Years				TOOTH	\$131.30									
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH		12	Once	2 Years				TOOTH	\$131.30									
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION			Twice	1 Year				TOOTH	\$29.29									
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	6		Once	5 Years				TOOTH	\$126.25									
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	6		Once	5 Years				TOOTH	\$126.25									
D2955	POST REMOVAL	6		Once	5 Years				TOOTH	\$95.95									
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	6		Once	5 Years	BR			TOOTH										
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT					BR													
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT		20	Once	Lifetime				TOOTH	\$87.87									
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)			Once	Lifetime		PA		TOOTH	\$151.50									
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)			Once	Lifetime		PA		TOOTH	\$237.35									
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)			Once	Lifetime		PA		TOOTH	\$252.50									
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	6		Once	Lifetime		PA		TOOTH	\$303.00									
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	6		Once	Lifetime		PA		TOOTH	\$404.00									
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	6		Once	Lifetime		PA		TOOTH	\$252.50									
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	6		Once	Lifetime		PA		TOOTH	\$303.00									
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	6		Once	Lifetime		PA		TOOTH	\$404.00									
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	5	12	Once	Lifetime				TOOTH	\$82.82									
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	5	12	Once	Lifetime				TOOTH	\$80.80									
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	5	12	Once	Lifetime				TOOTH	\$104.03									
D3410	APICOECTOMY - ANTERIOR	6		Once	Lifetime		PA		TOOTH	\$161.80									
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	6		Once	Lifetime		PA		TOOTH	\$161.80									
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	6		Once	Lifetime		PA		TOOTH	\$181.80									
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	6		Once	Lifetime		PA		TOOTH	\$60.60									
D3430	RETROGRADE FILLING-PER ROOT	6		Once	Lifetime		PA		TOOTH	\$50.50									
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT					BR				\$0.00									
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT			Once	1 Year	BR			QUAD	\$101.00									
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT			Once	1 Year	BR			QUAD	\$65.65									
D4245	APICALLY POSITIONED FLAP						PA	14	TOOTH	\$126.25									
D4249	CLINICAL CROWN LENGTHENING- HARD TISSUE			Once	Lifetime		PA	10	TOOTH	\$75.00									
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE						PA	14	TOOTH	\$126.25									
D4267	GUIDED TISSUE REGENERATION - NON-RESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)						PA	14	TOOTH	\$151.50									
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT						PA	14	TOOTH	\$303.00									
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) - FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT						PA	14	TOOTH	\$404.00									
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT						PA	14	TOOTH	\$404.00									
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						PA	14	TOOTH	\$303.00									
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE						PA	14	TOOTH	\$202.00									

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D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE.						PA	14	TOOTH	\$303.00								
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	13		Once	2 Years		Requires PA if quadrant treated > once (1) in twenty-four (24) month period.		QUAD	\$45.45								
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	13		Once	2 Years		Requires PA if quadrant treated > once (1) in twenty-four (24) month period.		QUAD	\$30.30								
D4910	PERIODONTAL MAINTENANCE	13		Once	6 Months					\$45.45								
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT					BR												
D5110	COMPLETE DENTURE - MAXILLARY	18		Once	8 Years		PA			\$565.60								
D5120	COMPLETE DENTURE - MANDIBULAR	18		Once	8 Years		PA			\$565.60								
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	15		Once	8 Years		PA			\$353.50								
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	15		Once	8 Years		PA			\$353.50								
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	15		Once	8 Years		PA			\$565.60								
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	15		Once	8 Years		PA			\$565.60								
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	15		Once	8 Years		PA			\$565.60								
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	15		Once	8 Years		PA			\$565.60								
D5410	ADJUST COMPLETE DENTURE - MAXILLARY			4 Times	1 Year					\$25.25								
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR			4 Times	1 Year					\$25.25								
D5421	ADJUST PARTIAL DENTURE - MAXILLARY			4 Times	1 Year					\$25.25								
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR			4 Times	1 Year					\$25.25								
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	18		Twice	1 Year					\$65.65								
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	18		Twice	1 Year					\$65.65								
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE - PER TOOTH	18		Once	1 Year				TOOTH	\$42.42	Updated description							
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	6		Twice	1 Year					\$67.67								
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	6		Twice	1 Year					\$67.67								
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	15		Once	1 Year					\$121.20								
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	15		Once	1 Year					\$121.20								
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	6		Twice	1 Year				TOOTH	\$131.30								
D5640	REPLACE MISSING OR BROKEN TEETH - PER TOOTH	6		Once	1 Year				TOOTH	\$60.60	Updated description							
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE - PER TOOTH	6		Once	1 Year				TOOTH	\$65.65	Updated description							
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	6		Once	1 Year				TOOTH	\$103.02								
D5710	REBASE COMPLETE MAXILLARY DENTURE	18		Once	5 Years		PA			\$171.70								
D5711	REBASE COMPLETE MANDIBULAR DENTURE	18		Once	5 Years		PA			\$171.70								
D5720	REBASE MAXILLARY PARTIAL DENTURE	15		Once	5 Years		PA			\$175.74								
D5721	REBASE MANDIBULAR PARTIAL DENTURE	15		Once	5 Years		PA			\$175.74								
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	18		Once	1 Year		PA			\$126.25								
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	18		Once	1 Year		PA			\$126.25								
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	15		Once	1 Year		PA			\$85.85								
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	15		Once	1 Year		PA			\$85.85								
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	18		Once	2 Years					\$171.70								
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	18		Once	2 Years					\$171.70								
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	15		Once	2 Years					\$126.25								
D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	15		Once	2 Years					\$126.25								
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIAL, RESTS, AND TEETH) MAXILLARY	6	15	Once	1 Year					\$175.74								
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIAL, RESTS, AND TEETH), MANDIBULAR	6	15	Once	1 Year					\$175.74								
D5850	TISSUE CONDITIONING, MAXILLARY	15		Once	5 Years					\$25.25								
D5851	TISSUE CONDITIONING, MANDIBULAR	15		Once	5 Years					\$25.25								
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT					BR												
D5911	FACIAL MOULAGE (SECTIONAL)			Once	1 Year	BR				\$117.16								
D5912	FACIAL MOULAGE (COMPLETE)			Once	1 Year	BR				\$175.74								
D5913	NASAL PROSTHESIS			Once	1 Year	BR												
D5914	AURICULAR PROSTHESIS			Once	1 Year	BR												
D5915	ORBITAL PROSTHESIS			Once	1 Year	BR				\$966.57								
D5916	OCULAR PROSTHESIS			Once	1 Year	BR				\$966.57								
D5919	FACIAL PROSTHESIS			6 Times	2 Months	BR												

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D5922	NASAL SEPTAL PROSTHESIS			Once	1 Year	BR												
D5923	OCULAR PROSTHESIS, INTERIM			Once	1 Year	BR				\$439.35								
D5924	CRANIAL PROSTHESIS			Once	1 Year	BR												
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS			Once	1 Year	BR												
D5926	NASAL PROSTHESIS, REPLACEMENT			Once	1 Year	BR												
D5927	AURICULAR PROSTHESIS, REPLACEMENT			Once	1 Year	BR												
D5928	ORBITAL PROSTHESIS, REPLACEMENT			Once	1 Year	BR												
D5929	FACIAL PROSTHESIS, REPLACEMENT			Once	1 Year	BR												
D5931	OBTURATOR PROSTHESIS, SURGICAL			Once	1 Year	BR												
D5932	OBTURATOR PROSTHESIS, DEFINITIVE			Once	1 Year	BR												
D5933	OBTURATOR PROSTHESIS, MODIFICATION			Once	6 Months	BR												
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE			Once	1 Year	BR												
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE			Once	1 Year	BR												
D5936	OBTURATOR/PROSTHESIS, INTERIM			Once	1 Year	BR												
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)			Once	1 Year	BR				\$146.45								
D5951	FEEDING AID			Once	1 Year	BR				\$439.35								
D5952	SPEECH AID PROSTHESIS, PEDIATRIC		20	Once	1 Year	BR												
D5953	SPEECH AID PROSTHESIS, ADULT	21		Once	1 Year	BR												
D5954	PALATAL AUGMENTATION PROSTHESIS			Once	1 Year	BR												
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE			Once	1 Year	BR												
D5958	PALATAL LIFT PROSTHESIS, INTERIM			Once	1 Year	BR												
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION			Once	1 Year	BR												
D5960	SPEECH AID PROSTHESIS, MODIFICATION			Once	1 Year	BR												
D5982	SURGICAL STENT			Once	1 Year	BR												
D5983	RADIATION CARRIER			Once	1 Year	BR												
D5984	RADIATION SHIELD			Once	1 Year	BR												
D5985	RADIATION CONE LOCATOR			Once	1 Year	BR												
D5986	FLUORIDE GEL CARRIER			Twice	1 Year				ARCH	\$10.10								
D5987	COMMISSURE SPLINT			Once	1 Year	BR												
D5988	SURGICAL SPLINT			Once	1 Year	BR												
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT					BR												
D6010	SURGICAL PLACEMENT OF IMPLANT BODY			Once	Lifetime		PA	90	TOOTH	\$1,010.00								
D6013	SURGICAL PLACEMENT OF MINI IMPLANT			Once	Lifetime		PA	90	TOOTH	\$505.00								
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED			Once	8 Years		PA		ARCH	\$404.00								
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT			Once	8 Years		PA		TOOTH	\$404.00								
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT			Once	8 Years		PA		TOOTH	\$404.00								
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN			Once	8 Years		PA		TOOTH	\$808.00								
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)			Once	8 Years		PA		TOOTH	\$808.00								
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)			Once	8 Years		PA		TOOTH	\$808.00								
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)			Once	8 Years		PA		TOOTH	\$808.00								
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)			Once	8 Years		PA		TOOTH	\$808.00								
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL)			Once	8 Years		PA		TOOTH	\$808.00								
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)			Once	8 Years		PA		TOOTH	\$808.00								
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN			Once	8 Years		PA		TOOTH	\$808.00								
D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS			Once	8 Years		PA		TOOTH	\$808.00								
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS			Once	8 Years		PA		TOOTH	\$808.00								
D6081	SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE OF MUCOSITIS, INCLUDING INFLAMMATION, BLEEDING UPON PROBING AND INCREASED POCKET DEPTHS; INCLUDES CLEANING ON THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE			Once	1 Year	BR			TOOTH		Updated description							
D6090	REPAIR OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS			Once	1 Year	BR					Updated description							
D6091	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT			Once	1 Year	BR			QUAD									
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE			Once	2 Years	BR			TOOTH									
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN			Once	2 Years	BR			QUAD									
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS			Once	8 Years		PA		TOOTH	\$808.00								
D6095	REPAIR IMPLANT ABUTMENT			Once	1 Year	BR			TOOTH									
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW			Once	1 Year	BR			TOOTH									
D6100	SURGICAL REMOVAL OF IMPLANT BODY					BR		10	TOOTH									
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE			Once	2 Years		PA	30	TOOTH	\$252.50								
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE			Once	2 Years		PA	30	TOOTH	\$404.00								
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE			Once	2 Years		PA	30	TOOTH	\$202.00								
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT			Once	Lifetime		PA	90	TOOTH	\$252.50								
D6106	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER IMPLANT						PA	14	TOOTH	\$126.25								
D6107	GUIDED TISSUE REGENERATION, NON-RESORBABLE BARRIER, PER IMPLANT						PA	14	TOOTH	\$151.50								
D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY			Once	8 Years		PA			\$1,010.00								

**NYS Medicaid Dental Fee Schedule**

Code	Description	Min Age	Max Age	Freq Occ *	Freq Time *	By Report (BR) Report Needed	PA / DVS	Post Op	Site	Fee	Policy Changes						
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR			Once	8 Years		PA			\$1,010.00							
D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY			Once	8 Years		PA			\$909.00							
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR			Once	8 Years		PA			\$909.00							
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT			Once	1 Year	BR			ARCH								
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT			Once	8 Years		PA		TOOTH	\$202.00							
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT			Once	8 Years		PA		TOOTH	\$50.50							
D6193	REPLACEMENT OF AN IMPLANT SCREW			Once	1 Year				TOOTH	\$45.00	New Code						
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT					BR											
D6210	PONTIC - CAST HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6212	PONTIC - CAST NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	15		Once	5 Years		PA		TOOTH	\$404.00							
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	15		Once	5 Years		PA		TOOTH	\$404.00							
D6245	PONTIC - PORCELAIN/CERAMIC	15		Once	5 Years		PA		TOOTH	\$404.00							
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6252	PONTIC - RESIN WITH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	15		Once	5 Years		PA		TOOTH	\$146.45							
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	15		Once	5 Years		PA		TOOTH	\$505.00							
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	15		Once	5 Years		PA		TOOTH	\$505.00							
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6781	RETAINER CROWN - 3/4 CAST PREDOMINATELY BASE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$404.00							
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	15		Once	5 Years		PA		TOOTH	\$404.00							
D6784	RETAINER CROWN - 3/4 TITANIUM AND TITANIUM ALLOYS	15		Once	5 Years		PA		TOOTH	\$404.00							
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	15		Once	5 Years		PA		TOOTH	\$505.00							
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	15		Once	5 Years		PA		TOOTH	\$505.00							
D6930	CEMENT OR RE-BOND FIXED PARTIAL DENTURE	15		Once	2 Years				QUAD	\$45.45							
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE, BY REPORT	15		Once	5 Years	BR			QUAD								
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT					BR											
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH			Once	Lifetime				TOOTH	\$35.35							
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)			Once	Lifetime			3	TOOTH	\$50.50							
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED			Once	Lifetime		if > 4 in year	10	TOOTH	\$85.85							
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE			Once	Lifetime		PA	10	TOOTH	\$101.00							
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY			Once	Lifetime		PA	10	TOOTH	\$181.80							
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY			Once	Lifetime		PA	10	TOOTH	\$303.00							
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS			Once	Lifetime	BR		30	TOOTH								
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)			Once	Lifetime			10	TOOTH	\$58.58							
D7260	OROANTRAL FISTULA CLOSURE			Once	Lifetime			14	QUAD	\$202.00							
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION			Once	Lifetime			14	QUAD	\$202.00							
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	6		Once	Lifetime			30	TOOTH	\$115.14							
D7272	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	6		Once	Lifetime			30	TOOTH	\$151.50							
D7280	EXPOSURE OF AN UNERUPTED TOOTH		23	Once	Lifetime			14	TOOTH	\$292.90							
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH		23	Once	Lifetime			14	TOOTH	\$50.50							
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)			Once	1 Year	BR		30		\$105.04							
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT			Once	1 Year	BR		30		\$84.84							
D7290	SURGICAL REPOSITIONING OF TEETH			Once	Lifetime		PA	60	TOOTH	\$146.45							
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	6		Once	Lifetime			14	QUAD	\$70.70							
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	6		Once	Lifetime			14	QUAD	\$50.50							
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	6		Once	Lifetime			14	QUAD	\$116.15							
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	6		Once	Lifetime			14	QUAD	\$75.75							
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	18		Twice	5 Years		PA	60	ARCH	\$303.00							

**NYS Medicaid Dental Fee Schedule**

Code	Description	Min Age	Max Age	Freq Occ *	Freq Time *	By Report (BR) Report Needed	PA / DVS	Post Op	Site	Fee	Policy Changes						
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	18		Twice	5 Years		PA	60	ARCH	\$404.00							
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM					BR		30		\$102.01							
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM					BR		60									
D7412	EXCISION OF BENIGN LESION, COMPLICATED					BR		60									
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM					BR		30									
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM					BR		60									
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED					BR		60									
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM					BR		30	QUAD								
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM					BR		60	QUAD								
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM					BR		30	QUAD	\$85.57							
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM					BR		60	QUAD								
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM					BR		30	QUAD	\$102.01							
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM					BR		30	QUAD								
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT					BR		60									
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)			Once	Lifetime	BR		21	QUAD								
D7472	REMOVAL OF TORUS PALATINUS					BR		21									
D7473	REMOVAL OF TORUS MANDIBULARIS					BR		21	QUAD								
D7485	REDUCTION OF OSSEOUS TUBEROSITY			Once	Lifetime	BR		21	QUAD								
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE					BR		180	ARCH								
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE					BR		10	QUAD	\$70.70							
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)					BR			QUAD								
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE					BR		21	QUAD	\$141.40							
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)					BR			QUAD								
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE					BR		21	QUAD								
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES - MUSCULOSKELETAL SYSTEM					BR		90	QUAD								
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE					BR		90	QUAD								
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY					BR		60	QUAD	\$439.35							
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)					BR		90		\$1,171.60							
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)					BR		90		\$439.35							
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)					BR		90		\$1,318.05							
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)					BR		90		\$439.35							
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION					BR		90		\$732.25							
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION					BR		90									
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	2				BR		60		\$205.03							
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH					BR		90									
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES					BR		90									
D7710	MAXILLA - OPEN REDUCTION					BR		90									
D7720	MAXILLA - CLOSED REDUCTION					BR		90		\$585.80							
D7730	MANDIBLE - OPEN REDUCTION					BR		90									
D7740	MANDIBLE - CLOSED REDUCTION					BR		90		\$585.80							
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION					BR		90									
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION					BR		90									
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2				BR		90									
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	2				BR		90									
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES					BR		90									
D7810	OPEN REDUCTION OF DISLOCATION					BR		90		\$1,464.50							
D7820	CLOSED REDUCTION OF DISLOCATION					BR		7		\$141.40							
D7830	MANIPULATION UNDER ANESTHESIA					BR		7		\$175.74							
D7840	CONDYLECTOMY					BR		90		\$1,757.40							
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	12		Twice	Lifetime	BR		90		\$878.70							
D7852	DISC REPAIR	12		Twice	Lifetime	BR		90		\$1,054.44							
D7854	SYNOVECTOMY	12		Twice	Lifetime	BR		90		\$820.12							
D7856	MYOTOMY	12		Twice	Lifetime	BR		90									
D7858	JOINT RECONSTRUCTION	12		Twice	Lifetime	BR		120		\$2,929.00							
D7860	ARTHROTOMY	12		Twice	Lifetime	BR		90		\$878.70							
D7865	ARTHROPLASTY	12		Twice	Lifetime	BR		90		\$2,050.30							
D7870	ARTHROCENTESIS	12		Once	6 Months	BR		7		\$117.16							
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	12		Twice	Lifetime	BR		14		\$732.25							
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	12		Twice	Lifetime	BR		30		\$732.25							
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	12		Twice	Lifetime	BR		60		\$1,054.44							
D7875	ARTHROSCOPY: SYNOVECTOMY	12		Twice	Lifetime	BR		60		\$1,054.44							
D7876	ARTHROSCOPY: DISCECTOMY	12		Twice	Lifetime	BR		60		\$1,054.44							
D7877	ARTHROSCOPY: DEBRIDEMENT	12		Twice	Lifetime	BR		60		\$1,054.44							

**NYS Medicaid Dental Fee Schedule**

Code	Description	Min Age	Max Age	Freq Occ *	Freq Time *	By Report (BR) Report Needed	PA / DVS	Post Op	Site	Fee	Policy Changes							
D7880	OCCLUSAL ORTHOTIC APPLIANCE, BY REPORT			Once	1 Year	BR		10										
D7899	UNSPECIFIED TMD THERAPY, BY REPORT					BR												
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM					BR		14		\$101.00								
D7911	COMPLICATED SUTURE-UP TO 5 CM					BR		30		\$126.25								
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM					BR		60										
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)					BR		90										
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES					BR		90										
D7941	OSTEOTOMY - MANDIBULAR RAMI					BR		90		\$1,464.50								
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT					BR		90		\$2,196.75								
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL					BR		90		\$1,171.60								
D7945	OSTEOTOMY - BODY OF MANDIBLE					BR		90		\$1,113.02								
D7946	LEFORT I (MAXILLA -TOTAL)					BR		90		\$2,196.75								
D7947	LEFORT I (MAXILLA - SEGMENTED)					BR		90		\$2,929.00								
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT					BR		90		\$2,929.00								
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT					BR		90		\$3,514.80								
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT					BR		90										
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH						PA	14	QUAD	\$808.00								
D7952	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A VERTICAL APPROACH						PA	14	QUAD	\$808.00								
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE						PA	10	TOOTH	\$252.50								
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)			3 Times	Lifetime	BR		14	ARCH	\$191.90								
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)			3 Times	Lifetime	BR		14	ARCH	\$191.90								
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	15		Twice	Lifetime	BR		14	ARCH	\$151.50								
D7971	EXCISION OF PERICORONAL GINGIVA			Once	2 Years	BR		10	TOOTH	\$60.60								
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	15		Twice	Lifetime	BR		14	QUAD									
D7980	SURGICAL SIALOLITHOTOMY					BR		14		\$292.90								
D7981	EXCISION OF SALIVARY GLAND, BY REPORT					BR		30										
D7982	SIALODOCHOPLASTY					BR		30		\$834.26								
D7983	CLOSURE OF SALIVARY FISTULA					BR		30										
D7990	EMERGENCY TRACHEOTOMY					BR				\$732.25								
D7991	CORONOIDECTOMY			Once	Lifetime	BR		60		\$556.51								
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR					BR		14										
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE					BR												
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT					BR												
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	5	20	Once	Lifetime		PA											
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	5	20	Once	Lifetime		PA											
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	5	20	Once	Lifetime		PA											
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	5	20	Once	Lifetime		PA											
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	5	20	Once	Lifetime		PA			\$995.86								
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	5	20	Once	Lifetime		PA			\$995.86								
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	5	20	Once	Lifetime		PA			\$995.86								
D8210	REMOVABLE APPLIANCE THERAPY	5	20	Twice	1 Year	BR	PA (optional)											
D8220	FIXED APPLIANCE THERAPY	5	20	Once	Lifetime	BR	PA (optional)											
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	5	20	3 Times	1 Year					\$29.29								
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	5	20	12 Times	Lifetime		PA			\$234.32								
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	5	20	Once	Lifetime		PA			\$175.74								
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S)	5	20	Once	Lifetime	BR												
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	5	20	Once	Lifetime	BR				\$73.23								
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	5	20	Once	Lifetime	BR				\$73.23								
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	5	20			BR												
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURE			Twice	1 Year	BR				\$25.25								
D9120	FIXED PARTIAL DENTURE SECTIONING					BR			QUAD									
D9222	DEEP SEDATION / GENERAL ANESTHESIA - FIRST 15 MINUTES			Twice	1 Week					\$76.76								
D9223	DEEP SEDATION / GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT			Twice	1 Week					\$76.76								
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS									\$25.00								
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION / ANALGESIA - FIRST 15 MINUTES			Twice	1 Week					\$76.76								
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION / ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT			Twice	1 Week					\$76.76								
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION									\$25.00								
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN			Once	6 Months					\$30.30								
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL			Once	Week					\$28.46								
D9410	HOUSE/EXTENDED CARE FACILITY CALL			Once	1 Day	BR				\$50.50								
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL			3 Times	1 Week	BR				\$75.75								

