Alabama Medicaid Fee Schedule
Dental
Report: REF-0128-Q
Updated: 05/01/2024

Units are subject to change upon Agency review

Inclusion or exclusion of a procedure code, supply, product or service does not imply Medicaid coverage, reimbursement, or lack thereof. The fee schedules located on the Alabama Medicaid website are prepared as tools to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. This list is published as a guide to information regarding coverage and reimbursement amounts. Verify current coverage and reimbursement amounts through the Automated Voice Response System (AVRS) by calling 1-800-727-7848. AVRS is addressed in Appendix L in the Provider Manual.
There may be other restrictions to a procedure code not available from AVRS. Please consult the Provider Manual or call the Provider Assistance Center at 1-800-688-7989.

If a procedure is not marked Y for PA, it will still require Prior Authroization if the service is performed at POS 19, 21, 22, 24, or 31

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unit Type	Time	Time Type
D0120	PERIODIC ORAL EVALUATION		$ 20.00		1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D0120	PERIODIC ORAL EVALUATION		$ 20.00		1	INITIAL AND PERIODIC ORAL EXAM LIMIT	Both	1	Units	6	Calendar Months
D0140	LIMIT ORAL EVAL PROBLM FOCUS		$ 30.45		1	LIMITATION AUDIT FOR D0140	Both	3	Units	1	Calendar Years
D0145	ORAL EVALUATION, PT < 3YRS		$ 26.40		1	DENTAL ORAL EVALUATION < 3 YRS (D0145) LIMIT	Both	1	Units	999	Calendar Years
D0150	COMPREHENSVE ORAL EVALUATION		$ 32.80		1	INITIAL DENTAL EXAM CONTRA	Both	1	Units	999	Months
D0150	COMPREHENSVE ORAL EVALUATION		$ 32.80		1	INITIAL AND PERIODIC ORAL EXAM LIMIT	Both	1	Units	6	Calendar Months
D0150	COMPREHENSVE ORAL EVALUATION		$ 32.80		1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D0210	INTRAOR COMPREHENSIVE SERIES		$ 63.00		1	FULL SERIES/PANORAMIC X-RAY LIMIT	Both	1	Units	3	Calendar Years
D0210	INTRAOR COMPREHENSIVE SERIES		$ 63.00		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER 6 CAL MO	Both	1	Units	6	Calendar Months
D0220	INTRAORAL PERIAPICAL FIRST		$ 11.55		1	DENTAL PERIAPICAL X-RAYS - LIMIT 5 PER CAL YEAR	Both	5	Units	1	Calendar Years
D0220	INTRAORAL PERIAPICAL FIRST		$ 11.55		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D0230	INTRAORAL PERIAPICAL EA ADD		$ 10.50		1	DENTAL PERIAPICAL X-RAY LIMIT	Both	4	Units	1	Days
D0230	INTRAORAL PERIAPICAL EA ADD		$ 10.50		1	DENTAL PERIAPICAL X-RAYS - LIMIT 5 PER CAL YEAR	Both	5	Units	1	Calendar Years
D0240	INTRAORAL OCCLUSAL FILM		$ 18.90		1	DENTAL INTRAORAL OCCLUSAL FILM - LIMIT 2 PER CAL Y	Both	2	Units	1	Calendar Years
D0250	EXTRAORAL 2D PROJECT IMAGE		$ 22.05		999						
D0272	DENTAL BITEWINGS TWO IMAGES		$ 18.90		1	DENTAL PERIAPICAL X-RAY LIMIT	Both	4	Units	1	Days
D0272	DENTAL BITEWINGS TWO IMAGES		$ 18.90		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER CAL YEAR	Both	1	Units	1	Calendar Years
D0274	BITEWINGS FOUR IMAGES		$ 25.20		1	DENTAL PERIAPICAL X-RAY LIMIT	Both	4	Units	1	Days
D0274	BITEWINGS FOUR IMAGES		$ 25.20		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER CAL YEAR	Both	1	Units	1	Calendar Years
D0330	PANORAMIC IMAGE		$ 52.80		1	FULL SERIES/PANORAMIC X-RAY LIMIT	Both	1	Units	3	Calendar Years
D0470	DIAGNOSTIC CASTS		$ 54.00	Y	1						
D1110	DENTAL PROPHYLAXIS ADULT		$ 40.00		1	DENTAL PROPHYLAXIS LIMITATION	Both	1	Units	6	Calendar Months
D1120	DENTAL PROPHYLAXIS CHILD		$ 29.40		1	DENTAL PROPHYLAXIS LIMITATION	Both	1	Units	6	Calendar Months
D1206	TOPICAL FLUORIDE VARNISH		$ 26.10		1	DENTAL FLOURIDE VAR FREQ < 3 YRS- LMT 1 PER 90 DAY	Both	1	Units	90	Days
D1206	TOPICAL FLUORIDE VARNISH		$ 26.10		1	DENTAL FLOURIDE VARNISH > 3 YRS - LMT 1 PER YEAR	Both	1	Units	1	Calendar Years
D1206	TOPICAL FLUORIDE VARNISH		$ 26.10		1	DENTAL FLOURIDE VARNISH < 3YRS - LIMIT 6 TOTAL	Both	6	Units	36	Months
D1206	TOPICAL FLUORIDE VARNISH		$ 26.10		1	DENTAL FLOURIDE VARN < 3YRS - LIMIT 3 PER CAL YEAR	Both	3	Units	1	Calendar Years
D1208	TOPICAL APP FLUORID EX VRNSH		$ 15.00		1	DENTAL FLUORIDE LIMITATION	Both	1	Units	6	Calendar Months
D1351	DENTAL SEALANT PER TOOTH		$ 26.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1354	INT CARIES MED APP PER TOOTH		$ 40.00		1	DENTAL LIMIT FOUR PER TOOTH PER LIFETIME	Same	4	Units	999	Months
D1354	INT CARIES MED APP PER TOOTH		$ 40.00		1	DENTAL INT CARIES LIMIT 5 PER 6 CAL MONTHS	Both	5	Units	6	Calendar Months
D1510	SPACE MAINTAINER FXD UNILAT		$ 164.85		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1510	SPACE MAINTAINER FXD UNILAT		$ 164.85		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1516	FIXED BILAT SPACE MAINT, MAX		$ 271.00		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1516	FIXED BILAT SPACE MAINT, MAX		$ 271.00		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1516	FIXED BILAT SPACE MAINT, MAX		$ 271.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1517	FIXED BILAT SPACE MAINT, MAN		$ 271.00		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1517	FIXED BILAT SPACE MAINT, MAN		$ 271.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1517	FIXED BILAT SPACE MAINT, MAN		$ 271.00		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1520	REMOVE UNILAT SPACE MAINTAIN		$ 157.60		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months

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D1520	REMOVE UNILAT SPACE MAINTAIN		$ 157.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1526	REMOVE BILAT SPACE MAIN, MAX		$ 243.20		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1526	REMOVE BILAT SPACE MAIN, MAX		$ 243.20		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1526	REMOVE BILAT SPACE MAIN, MAX		$ 243.20		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1527	REMOVE BILAT SPACE MAIN, MAN		$ 243.20		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1527	REMOVE BILAT SPACE MAIN, MAN		$ 243.20		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1527	REMOVE BILAT SPACE MAIN, MAN		$ 243.20		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D1551	RECEMENT SPACE MAINT - MAX		$ 35.00		1						
D1552	RECEMENT SPACE MAINT - MAN		$ 35.00		1						
D1553	RECEMENT UNILAT SPACE MAINT		$ 35.00		1						
D1999	UNSPECIFIED PREVENTIVE PROC		$ 725.00	Y	999	DENTAL PROCEDURE D1999 LIMITED TO 1 PER DAY	Same	1	Units	1	Days
D2140	AMALGAM ONE SURFACE PERMANEN		$ 53.60		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2140	AMALGAM ONE SURFACE PERMANEN		$ 53.60		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2150	AMALGAM TWO SURFACES PERMANE		$ 66.40		999	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2150	AMALGAM TWO SURFACES PERMANE		$ 66.40		999	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2160	AMALGAM THREE SURFACES PERMA		$ 76.65		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2160	AMALGAM THREE SURFACES PERMA		$ 76.65		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2161	AMALGAM 4 OR > SURFACES PERM		$ 92.00		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2161	AMALGAM 4 OR > SURFACES PERM		$ 92.00		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2330	RESIN ONE SURFACE-ANTERIOR		$ 64.90		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2330	RESIN ONE SURFACE-ANTERIOR		$ 64.90		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2331	RESIN TWO SURFACES-ANTERIOR		$ 79.20		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2331	RESIN TWO SURFACES-ANTERIOR		$ 79.20		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2332	RESIN THREE SURFACES-ANTERIO		$ 93.60		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2332	RESIN THREE SURFACES-ANTERIO		$ 93.60		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2335	RESIN 4/> SURF OR W INCIS AN		$ 110.40		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2335	RESIN 4/> SURF OR W INCIS AN		$ 110.40		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2391	POST 1 SRFC RESINBASED CMPST		$ 76.00		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2391	POST 1 SRFC RESINBASED CMPST		$ 76.00		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2392	POST 2 SRFC RESINBASED CMPST		$ 91.20		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2392	POST 2 SRFC RESINBASED CMPST		$ 91.20		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2393	POST 3 SRFC RESINBASED CMPST		$ 113.60		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2393	POST 3 SRFC RESINBASED CMPST		$ 113.60		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2394	POST >=4SRFC RESINBASE CMPST		$ 138.40		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2394	POST >=4SRFC RESINBASE CMPST		$ 138.40		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2740	CROWN PORCELAIN/CERAMIC		$ 537.60		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2740	CROWN PORCELAIN/CERAMIC		$ 537.60		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2740	CROWN PORCELAIN/CERAMIC		$ 537.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2750	CROWN PORCELAIN W/ H NOBLE M		$ 511.20		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2750	CROWN PORCELAIN W/ H NOBLE M		$ 511.20		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2750	CROWN PORCELAIN W/ H NOBLE M		$ 511.20		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2751	CROWN PORCELAIN FUSED BASE M		$ 469.60		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2751	CROWN PORCELAIN FUSED BASE M		$ 469.60		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2751	CROWN PORCELAIN FUSED BASE M		$ 469.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2752	CROWN PORCELAIN W/ NOBLE MET		$ 480.80		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2752	CROWN PORCELAIN W/ NOBLE MET		$ 480.80		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2752	CROWN PORCELAIN W/ NOBLE MET		$ 480.80		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2791	CROWN FULL CAST BASE METAL		$ 465.30		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2792	CROWN FULL CAST NOBLE METAL		$ 469.60		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2792	CROWN FULL CAST NOBLE METAL		$ 469.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2792	CROWN FULL CAST NOBLE METAL		$ 469.60		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months

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D2920	RE-CEMENT OR RE-BOND CROWN		$ 43.00		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		$ 121.50		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		$ 121.50		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		$ 121.50		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2930	PREFAB STNLSS STEEL CRWN PRI		$ 121.50		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2931	PREFAB STNLSS STEEL CROWN PE		$ 127.20		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2931	PREFAB STNLSS STEEL CROWN PE		$ 127.20		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2931	PREFAB STNLSS STEEL CROWN PE		$ 127.20		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2931	PREFAB STNLSS STEEL CROWN PE		$ 127.20		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2932	PREFABRICATED RESIN CROWN		$ 136.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2932	PREFABRICATED RESIN CROWN		$ 136.00		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D2932	PREFABRICATED RESIN CROWN		$ 136.00		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D2932	PREFABRICATED RESIN CROWN		$ 136.00		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2940	PROTECTIVE RESTORATION		$ 47.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS		$ 108.90		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS		$ 108.90		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS		$ 108.90		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2951	TOOTH PIN RETENTION		$ 33.00		1						
D2952	POST AND CORE CAST + CROWN		$ 170.40		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2952	POST AND CORE CAST + CROWN		$ 170.40		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2952	POST AND CORE CAST + CROWN		$ 170.40		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2953	EACH ADDTNL CAST POST		$ 145.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2953	EACH ADDTNL CAST POST		$ 145.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN		$ 138.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN		$ 138.60		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN		$ 138.60		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2957	EACH ADDTNL PREFAB POST		$ 99.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2957	EACH ADDTNL PREFAB POST		$ 99.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3110	PULP CAP DIRECT		$ 33.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3120	PULP CAP INDIRECT		$ 27.20		999	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3220	THERAPEUTIC PULPOTOMY		$ 82.00		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3220	THERAPEUTIC PULPOTOMY		$ 82.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3230	PULPAL THERAPY ANTERIOR PRIM		$ 131.00		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3240	PULPAL THERAPY POSTERIOR PRI		$ 157.00		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3310	END THXPY, ANTERIOR TOOTH		$ 477.60		1	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3310	END THXPY, ANTERIOR TOOTH		$ 477.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3310	END THXPY, ANTERIOR TOOTH		$ 477.60		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3320	END THXPY, PREMOLAR TOOTH		$ 554.40		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3320	END THXPY, PREMOLAR TOOTH		$ 554.40		1	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3320	END THXPY, PREMOLAR TOOTH		$ 554.40		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3330	END THXPY, MOLAR TOOTH		$ 660.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3330	END THXPY, MOLAR TOOTH		$ 660.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3332	INCOMPLETE ENDODONTIC TX		$ 177.00	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3351	APEXIFICATION/RECALC INITIAL		$ 184.80		1						
D3410	APICOECTOMY - ANTERIOR		$ 327.20	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3430	RETROGRADE FILLING		$ 145.00	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D4341	PERIODONTAL SCALING & ROOT		$ 129.15	Y	1						
D4355	FULL MOUTH DEBRIDEMENT		$ 73.60	Y	1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D4910	PERIODONTAL MAINT PROCEDURES		$ 66.40	Y	1						
D5110	DENTURES COMPLETE MAXILLARY		$ 624.00	Y	1						
D5120	DENTURES COMPLETE MANDIBLE		$ 624.00	Y	1						

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D5213	DENTURES MAXILL PART METAL		$ 555.00	Y	1						
D5214	DENTURES MANDIBL PART METAL		$ 548.00	Y	1						
D5282	REMOVE UNIL PART DENTURE,MAX		$ 360.00	Y	1						
D5283	REMOVE UNIL PART DENTURE,MAN		$ 360.00	Y	1						
D6212	BRIDGE NOBLE METAL CAST		$ 338.00	Y	1						
D6240	BRIDGE PORCELAIN HIGH NOBLE		$ 493.60	Y	1						
D6241	BRIDGE PORCELAIN BASE METAL		$ 340.00	Y	1						
D6242	BRIDGE PORCELAIN NOBEL METAL		$ 365.40	Y	1						
D6245	BRIDGE PORCELAIN/CERAMIC		$ 537.60	Y	1						
D6740	CROWN PORCELAIN/CERAMIC		$ 537.60	Y	1						
D6750	CROWN PORCELAIN HIGH NOBLE		$ 509.60	Y	1						
D6751	CROWN PORCELAIN BASE METAL		$ 341.00	Y	1						
D6752	CROWN PORCELAIN NOBLE METAL		$ 362.25	Y	1						
D6792	CROWN FULL NOBLE METAL CAST		$ 328.00	Y	1						
D7140	EXTRACTION ERUPTED TOOTH/EXR		$ 64.00		1	DENTAL RESTORATION LIMIT 1 PER 12 MO SAME SURFACE	Both	1	Units	12	Months
D7140	EXTRACTION ERUPTED TOOTH/EXR		$ 64.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7140	EXTRACTION ERUPTED TOOTH/EXR		$ 64.00		1	DENTAL RESTORATION LIMIT 1 PER 6 MONTH SAME TOOTH	Both	1	Units	6	Months
D7210	REM IMP TOOTH W MUCOPER FLP		$ 109.60		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7220	IMPACT TOOTH REMOV SOFT TISS		$ 148.05		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7230	IMPACT TOOTH REMOV PART BONY		$ 189.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7240	IMPACT TOOTH REMOV COMP BONY		$ 222.60	Y	2	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7241	IMPACT TOOTH REM BONY W/COMP		$ 269.60	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7250	TOOTH ROOT REMOVAL		$ 115.20		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7270	TOOTH REIMPLANTATION		$ 220.50		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7280	EXPOSURE OF UNERUPTED TOOTH		$ 199.20		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7285	BIOPSY OF ORAL TISSUE HARD		$ 398.40		1						
D7286	BIOPSY OF ORAL TISSUE SOFT		$ 170.40		1						
D7410	RAD EXC LESION UP TO 1.25 CM		$ 90.00		1						
D7450	REM ODONTOGEN CYST TO 1.25CM		$ 75.00		1						
D7451	REM ODONTOGEN CYST > 1.25 CM		$ 100.00		1						
D7460	REM NONODONTO CYST TO 1.25CM		$ 75.00		1						
D7461	REM NONODONTO CYST > 1.25 CM		$ 125.00		1						
D7471	REM EXOSTOSIS ANY SITE		$ 422.40		1						
D7510	I&D ABSC INTRAORAL SOFT TISS		$ 85.00		1						
D7520	I&D ABSCESS EXTRAORAL		$ 56.00		1						
D7610	MAXILLA OPEN REDUCT SIMPLE		$ 117.00		1						
D7620	CLSD REDUCT SIMPL MAXILLA FX		$ 209.00		1						
D7630	OPEN RED SIMPL MANDIBLE FX		$ 550.00		1						
D7640	CLSD RED SIMPL MANDIBLE FX		$ 550.00		1						
D7820	CLOSED TMP MANIPULATION		$ 25.00		1						
D7911	DENTAL SUTURE WOUND TO 5 CM		$ 465.60		1						
D7961	BUCCAL/LABIAL FRENECTOMY		$ 148.00		1						
D7962	LINGUAL FRENECTOMY		$ 148.00		1						
D7970	EXCISION HYPERPLASTIC TISSUE		$ 133.00	Y	1						
D7971	EXCISION PERICORONAL GINGIVA		$ 84.80		1						
D8080	COMPRE DENTAL TX ADOLESCENT		$ 1,000.00	Y	1						
D8680	ORTHODONTIC RETENTION		$ 420.00	Y	1						
D9110	PALLIATIVE TX DENTAL PAIN		$ 42.00		1						
D9222	DEEP ANEST, 1ST 15 MIN		$ 160.00		1						
D9223	GENERAL ANESTH EA ADDL 15 MI		$ 120.00		1						
D9230	ANALGESIA		$ 27.20		1						

If a procedure is not marked Y for PA, it will still require Prior Authroization if the service is performed at POS 19, 21, 22, 24, or 31

Procedure	Procedure Description	Mod	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unit Type	Time	Time Type
D9239	IV MOD SEDATION, 1ST 15 MIN		$ 93.60		1						
D9243	IV SEDATION EA ADDL 15M		$ 93.60		1						
D9310	DENTAL CONSULTATION		$ 80.80	Y	1						
D9430	OFFICE VISIT DURING HOURS		$ 0.01		1	FQHC DENTAL ENCOUNTER CONTRA (D9430)	Both	1	Units	1	Days
D9610	DENT THERAPEUTIC DRUG INJECT		$ 9.00	Y	1						
D9612	THERA PAR DRUGS 2 OR > ADMIN		$ 9.00	Y	1						
D9999	ADJUNCTIVE PROCEDURE		$ -		999						