

**LDP Fee Schedule**  
**Effective 3/1/2022-2/28/2023**

CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D0120	PERIODIC ORAL EXAM	3/1/2022	2/28/2023	\$44.00	yes
D0140	EMERGENCY/LIMITED ORAL EXAM	3/1/2022	2/28/2023	\$32.00	yes
D0150	COMPREHENSIVE ORAL EXAM	3/1/2022	2/28/2023	\$63.00	yes
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$150.00	for ortho <20 y.o.
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISH PATIENT; NOT POST-OPERATIVE VISIT)	3/1/2022	2/28/2023	\$50.00	for ortho <20 y.o.
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	3/1/2022	2/28/2023	\$63.00	none
D0190	SCREENING OF A PATIENT	3/1/2022	2/28/2023	\$18.00	yes
D0191	ASSESSMENT OF A PATIENT	3/1/2022	2/28/2023	\$18.00	yes
D0210	FULL MOUTH SERIES - ONCE PER YEAR	3/1/2022	2/28/2023	\$105.00	yes
D0220	PERIAPICAL, SINGLE FILM	3/1/2022	2/28/2023	\$24.00	yes
D0230	PERIAPICAL, EACH ADDITIONAL FILM	3/1/2022	2/28/2023	\$15.00	yes
D0240	OCCLUSAL FILM	3/1/2022	2/28/2023	\$66.00	<20 y.o.
D0270	BITEWING, SINGLE FILM	3/1/2022	2/28/2023	\$13.00	yes
D0272	BITEWINGS, 2 FILMS	3/1/2022	2/28/2023	\$17.00	yes
D0273	BITEWINGS, 3 FILMS	3/1/2022	2/28/2023	\$20.00	yes
D0274	BITEWING, 4 FILMS	3/1/2022	2/28/2023	\$25.00	yes
D0330	PANORAMIC RADIOGRAPHIC IMAGE	3/1/2022	2/28/2023	\$68.00	yes
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	3/1/2022	2/28/2023	\$70.00	<20 y.o.
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$280.00	none
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$300.00	none

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D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$300.00	none
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$300.00	none
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$300.00	none
D0460	PULP VITALITY TEST	3/1/2022	2/28/2023	\$30.00	yes
D0470	DIAGNOSTIC CASTS *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$96.00	<20 y.o.
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	3/1/2022	2/28/2023	\$140.00	none
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION, AND TRANSMISSION OF WRITTEN REPORT	3/1/2022	2/28/2023	\$200.00	none
D0475	DECALCIFICATION PROCEDURE	3/1/2022	2/28/2023	\$230.00	none
D0476	SPECIAL STAINS FOR MICROORGANISMS	3/1/2022	2/28/2023	\$220.00	none
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	3/1/2022	2/28/2023	\$220.00	none
D0478	IMMUNOHISTOCHEMICAL STAINS	3/1/2022	2/28/2023	\$140.00	none
D0482	DIRECT IMMUNOFLUORESCENCE	3/1/2022	2/28/2023	\$180.00	none
D1110	ADULT PROPHYLAXIS, UP TO FOUR A YEAR	3/1/2022	2/28/2023	\$98.00	yes
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	3/1/2022	2/28/2023	\$31.00	yes
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	3/1/2022	2/28/2023	\$37.00	yes
D1351	SEALANT - PER TOOTH	3/1/2022	2/28/2023	\$30.00	<20 y.o., DDA any age

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CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D1354	INTERIM CRIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	3/1/2022	2/28/2023	\$30.00	yes
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT (ONLY TO BE USED FOR PPE)	3/1/2022	2/28/2023	\$15.00	yes
D2140	AMALGAM - 1 SURFACE	3/1/2022	2/28/2023	\$85.00	yes
D2150	AMALGAM - 2 SURFACES	3/1/2022	2/28/2023	\$113.00	yes
D2160	AMALGAM - 3 SURFACES	3/1/2022	2/28/2023	\$163.00	yes
D2161	AMALGAM - 4 OR MORE SURFACES	3/1/2022	2/28/2023	\$163.00	yes
D2330	RESIN-BASED COMPOSITE- 1 SURFACE - ANTERIOR	3/1/2022	2/28/2023	\$125.00	yes
D2331	RESIN BASED COMPOSITE- 2 SURFACES - ANTERIOR	3/1/2022	2/28/2023	\$140.00	yes
D2332	RESIN BASED COMPOSITE- 3 SURFACES - ANTERIOR	3/1/2022	2/28/2023	\$170.00	yes
D2335	RESIN-BASED COMPOSITE - 4+ SURFACES OR INVOLVING INCISAL ANGLE - ANTERIOR	3/1/2022	2/28/2023	\$212.00	yes
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	3/1/2022	2/28/2023	\$151.00	<20 y.o.
D2391	RESIN-BASED COMPOSITE ONE SURFACE - POSTERIOR	3/1/2022	2/28/2023	\$125.00	yes
D2392	RESIN-BASED COMPOSITE TWO SURFACES - POSTERIOR	3/1/2022	2/28/2023	\$160.00	yes
D2393	RESIN-BASED COMPOSITE THREE SURFACES - POSTERIOR	3/1/2022	2/28/2023	\$192.00	yes
D2394	RESIN-BASED COMPOSITE FOUR OR MORE SURFACES - POSTERIOR	3/1/2022	2/28/2023	\$227.00	yes
D2642	ONLAY- PORCELAIN/CERAMIC - TWO SURFACES	3/1/2022	2/28/2023	\$690.00	none
D2643	ONLAY- PORCELAIN/CERAMIC - THREE SURFACES	3/1/2022	2/28/2023	\$700.00	none
D2644	ONLAY- PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	3/1/2022	2/28/2023	\$744.00	none
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	3/1/2022	2/28/2023	\$329.00	<20 y.o.
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	3/1/2022	2/28/2023	\$468.00	<20 y.o.
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	3/1/2022	2/28/2023	\$468.00	<20 y.o.
D2722	CROWN - RESIN WITH NOBLE METAL	3/1/2022	2/28/2023	\$468.00	<20 y.o.
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	3/1/2022	2/28/2023	\$1,028.00	<20 y.o.
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	3/1/2022	2/28/2023	\$1,028.00	<20 y.o.
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	3/1/2022	2/28/2023	\$1,028.00	<20 y.o.
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	3/1/2022	2/28/2023	\$1,028.00	<20 y.o.

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D2790	CROWN FULL CAST HIGH NOBLE METAL	3/1/2022	2/28/2023	\$1,028.00	none
D2792	CROWN FULL CAST NOBLE METAL	3/1/2022	2/28/2023	\$1,028.00	none
D2910	RE-CEMENT OR RE-BOND INLAY,ONLAY,VENEER OR PARTIAL COVERAGE RESTORATION	3/1/2022	2/28/2023	\$27.00	<20 y.o.
D2920	RE-CEMENT OR RE-BOND CROWN	3/1/2022	2/28/2023	\$32.00	yes
D2931	PREFABRICATED STAINLESS STEELE CROWN - PERMANENT TOOTH	3/1/2022	2/28/2023	\$143.00	<20 y.o., DDA any age
D2940	SEDATIVE FILLING	3/1/2022	2/28/2023	\$75.00	none
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DETENTION	3/1/2022	2/28/2023	\$112.00	none
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	3/1/2022	2/28/2023	\$200.00	<20 y.o.
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	3/1/2022	2/28/2023	\$259.00	<20 y.o.
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	3/1/2022	2/28/2023	\$200.00	none
D2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	3/1/2022	2/28/2023	\$60.00	none
D3110	PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)	3/1/2022	2/28/2023	\$130.00	none
D3120	PULP CAP – INDIRECT (EXCLUDING FINAL RESTORATION)	3/1/2022	2/28/2023	\$152.00	none
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	3/1/2022	2/28/2023	\$153.00	<20 y.o.
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	3/1/2022	2/28/2023	\$130.00	yes
D3230	PULPAL THERAPY (RESTORABLE FILLING) ANTERIOR-PRIMARY TOOTH	3/1/2022	2/28/2023	\$112.00	<20 y.o.
D3240	PULPAL THERAPY (RESTORABLE FILLING) POSTERIOR-PRIMARY TOOTH	3/1/2022	2/28/2023	\$200.00	<20 y.o.
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH	3/1/2022	2/28/2023	\$800.00	yes
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH	3/1/2022	2/28/2023	\$820.00	<20 y.o.
D3330	ENDODONTIC THERAPY, MOLAR	3/1/2022	2/28/2023	\$990.00	<20 y.o.
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	3/1/2022	2/28/2023	\$454.00	none
D3332	INCOMPLETE ENDODONTICS THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	3/1/2022	2/28/2023	\$421.00	none
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	3/1/2022	2/28/2023	\$800.00	yes
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID	3/1/2022	2/28/2023	\$1,000.00	<20 y.o.

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D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR	3/1/2022	2/28/2023	\$1,100.00	<20 y.o.
D3410	APICOECTOMY/PERIADICULAR SURGERY- ANTERIOR	3/1/2022	2/28/2023	\$800.00	<20 y.o.
D3421	APICOECTOMY/PERIADICULAR SURGERY- BICUSPID - 1ST ROOT	3/1/2022	2/28/2023	\$900.00	none
D3425	APICOECTOMY/PERIADICULAR SURGERY- MOLAR- 1ST ROOT	3/1/2022	2/28/2023	\$1,000.00	none
D3426	APICOECTOMY/PERIADICULAR SURGERY- EACH ADDITIONAL ROOT	3/1/2022	2/28/2023	\$324.00	none
D3430	RETROGRADE FILLING - PER ROOT	3/1/2022	2/28/2023	\$379.00	<20 y.o.
D4210	GINGIVECTOMY OR GINGIVOPLASTY – 4 OR MORE CONTIGUOUS TEETH	3/1/2022	2/28/2023	\$340.00	<20 y.o., DDA any age
D4211	GINGIVECTOMY OR GINGIVOPLASTY – 1-3 CONTIGUOUS TEETH	3/1/2022	2/28/2023	\$220.00	<20 y.o., DDA any age
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – 4 OR MORE CONTIGUOUS TEETH	3/1/2022	2/28/2023	\$771.00	none
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – 1-3 CONTIGUOUS TEETH	3/1/2022	2/28/2023	\$608.00	none
D4249	CLINICAL CROWN LENGTHENING ON HARD TISSUE (EXCLUDING TEETH 6-11 AND 22-27 without authorization)	3/1/2022	2/28/2023	\$900.00	none
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$810.00	none
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$620.00	none
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$400.00	none

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CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$250.00	none
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$300.00	none
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER - PER SITE *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$540.00	none
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$600.00	none
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$760.00	none
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$475.00	none
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$724.00	none
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$650.00	none

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D4277	FREE SOFT TISSUE GRAFT PROCEDURES (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$695.00	none
D4278	FREE SOFT TISSUE GRAFT PROCEDURES (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$565.00	none
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$675.00	none
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$656.00	none
D4320	PROVISIONAL SPLINTING - INTERCORONAL *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$527.00	none
D4341	PERIODONTAL SCALING & ROOT PLANING PER QUAD 4 OR MORE TEETH	3/1/2022	2/28/2023	\$176.00	yes
D4342	PERIODONTAL SCALING & ROOT PLANING PER QUAD 1-3 TEETH	3/1/2022	2/28/2023	\$125.00	yes
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	3/1/2022	2/28/2023	\$176.00	yes
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE, PER TOOTH	3/1/2022	2/28/2023	\$24.00	none
D4910	PERIODONTAL MAINTENANCE	3/1/2022	2/28/2023	\$147.00	yes
D5110	COMPLETE UPPER DENTURE (MAXILLARY)	3/1/2022	2/28/2023	\$1,200.00	yes

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D5120	COMPLETE LOWER DENTURE (MANDIBULAR)	3/1/2022	2/28/2023	\$1,200.00	yes
D5130	COMPLETE UPPER IMMEDIATE DENTURE (MAXILLARY)	3/1/2022	2/28/2023	\$1,200.00	none
D5140	COMPLETE LOWER IMMEDIATE DENTURE (MANDIBULAR)	3/1/2022	2/28/2023	\$1,200.00	none
D5211	UPPER (MAXILLARY) PARTIAL DENTURE - RESIN BASE	3/1/2022	2/28/2023	\$1,000.00	yes
D5212	LOWER (MANDIBULAR) PARTIAL DENTURE-RESIN BASE	3/1/2022	2/28/2023	\$1,000.00	yes
D5213	UPPER PARTIAL DENTURE CAST METAL FRAMEWORK WITH RESIN	3/1/2022	2/28/2023	\$1,200.00	none
D5214	LOWER PARTIAL DENTURE CAST METAL FRAMEWORK WITH RESIN	3/1/2022	2/28/2023	\$1,200.00	none
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS, AND TEETH)	3/1/2022	2/28/2023	\$1,200.00	none
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS, AND TEETH)	3/1/2022	2/28/2023	\$1,200.00	none
D5410	DENTURE ADJUSTMENTS - COMPLETE UPPER	3/1/2022	2/28/2023	\$26.00	yes
D5411	DENTURE ADJUSTMENTS - COMPLETE LOWER	3/1/2022	2/28/2023	\$26.00	yes
D5421	DENTURE ADJUSTMENTS - PARTIAL UPPER	3/1/2022	2/28/2023	\$26.00	yes
D5422	DENTURE ADJUSTMENTS - PARTIAL LOWER	3/1/2022	2/28/2023	\$26.00	yes
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	3/1/2022	2/28/2023	\$58.00	yes
D5512	REPAIR BROKEN COMPETE DENTURE BASE, MAXILLARY	3/1/2022	2/28/2023	\$58.00	yes
D5520	REPLACE MISSING OR BROKEN TOOTH	3/1/2022	2/28/2023	\$150.00	yes
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	3/1/2022	2/28/2023	\$60.00	yes
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	3/1/2022	2/28/2023	\$60.00	yes
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	3/1/2022	2/28/2023	\$75.00	yes
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	3/1/2022	2/28/2023	\$75.00	yes
D5630	REPAIR/REPLACE BROKEN CLASP	3/1/2022	2/28/2023	\$87.00	yes
D5640	REPLACE BROKEN TEETH - PER TOOTH	3/1/2022	2/28/2023	\$65.00	yes
D5650	ADD TOOTH TO PARTIAL	3/1/2022	2/28/2023	\$150.00	yes
D5660	ADD CLASP TO PARTIAL	3/1/2022	2/28/2023	\$150.00	yes
D5710	REBASE COMPLETE DENTURE MAXILLARY DENTURE	3/1/2022	2/28/2023	\$304.00	yes
D5711	REBASE COMPLETE MANDIBULAR DENTURE	3/1/2022	2/28/2023	\$304.00	yes
D5720	REBASE MAXILLARY PARTIAL DENTURE	3/1/2022	2/28/2023	\$199.00	yes
D5721	REBASE MANDIBULAR PARTICLE DENTURE	3/1/2022	2/28/2023	\$199.00	yes



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D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	3/1/2022	2/28/2023	\$130.00	none
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	3/1/2022	2/28/2023	\$130.00	none
D5740	RELINE PARTIAL UPPER OR LOWER	3/1/2022	2/28/2023	\$129.00	none
D5741	RELINE PARTIAL UPPER OR LOWER	3/1/2022	2/28/2023	\$129.00	none
D5750	RELINE COMPLETE UPPER OR LOWER, LAB	3/1/2022	2/28/2023	\$187.00	yes
D5751	RELINE COMPLETE UPPER OR LOWER, LAB	3/1/2022	2/28/2023	\$187.00	yes
D5760	RELINE COMPLETE UPPER OR LOWER, LAB	3/1/2022	2/28/2023	\$176.00	yes
D5761	RELINE PARTIAL UPPER OR LOWER, LAB	3/1/2022	2/28/2023	\$176.00	yes
D5820	INTERIM PARTIAL DENTURE UPPER (MAXILLARY)	3/1/2022	2/28/2023	\$250.00	none
D5821	INTERIM PARTIAL DENTURE LOWER (MANDIBULAR)	3/1/2022	2/28/2023	\$250.00	none
D5850	TISSUE CONDITIONING, MAXILLARY	3/1/2022	2/28/2023	\$30.00	none
D5851	TISSUE CONDITIONING, MANDIBULAR	3/1/2022	2/28/2023	\$30.00	none
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	3/1/2022	2/28/2023	\$25.00	none
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$1,337.00	none
D6011	SECOND STAGE IMPLANT SURGERY *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$890.00	none
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$640.00	none
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$500.00	none
D6058	ABUTMENT SUPPORTED PORCELAIN /CERAMIC CROWN *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$1,250.00	none

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CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$1,250.00	none
D6080	IMPLANT MAINTENANCE PROCEDURES *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$128.00	none
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$175.00	none
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	3/1/2022	2/28/2023	\$450.00	none
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	3/1/2022	2/28/2023	\$150.00	none
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$175.00	none
D6100	IMPLANT REMOVAL - BY REPORT *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$640.00	none
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$644.00	none
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH- MANDIBULAR *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$2,430.00	none
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT *for mandibular denture only, requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$450.00	none
D6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	3/1/2022	2/28/2023	\$900.00	none
D6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	3/1/2022	2/28/2023	\$800.00	none
D6242	PONTIC- PORCELAIN FUSED TO NOBLE METAL	3/1/2022	2/28/2023	\$850.00	none
D6245	PONTIC – PORCELAIN/CERAM	3/1/2022	2/28/2023	\$900.00	none

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CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	3/1/2022	2/28/2023	\$800.00	none
D6251	PONTIC – RESIN WITH PREDOMINANTLY BASE METAL	3/1/2022	2/28/2023	\$780.00	none
D6252	PONTIC -RESIN WITH NOBLE METAL	3/1/2022	2/28/2023	\$800.00	none
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	3/1/2022	2/28/2023	\$900.00	none
D6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	3/1/2022	2/28/2023	\$900.00	none
D6751	CROWN - PORCELAIN TO PREDOMINANTLY BASE METAL	3/1/2022	2/28/2023	\$800.00	none
D6752	CROWN- PORCELAIN FUSED TO NOBLE METAL	3/1/2022	2/28/2023	\$850.00	none
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	3/1/2022	2/28/2023	\$54.00	yes
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	3/1/2022	2/28/2023	\$59.00	yes
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	3/1/2022	2/28/2023	\$135.00	yes
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE	3/1/2022	2/28/2023	\$299.00	yes
D7220	REMOVAL OF IMPACTED TOOTH, SOFT TISSUE	3/1/2022	2/28/2023	\$241.76	yes
D7230	REMOVAL OF IMPACTED TOOTH, PARTIALLY BONY	3/1/2022	2/28/2023	\$261.28	yes
D7240	REMOVAL OF IMPACTED TOOTH, COMPLETELY BONY	3/1/2022	2/28/2023	\$400.00	yes
D7241	REMOVAL OF IMPACTED TOOTH, BONY W/UNUSUAL SURGICAL COMPLICATIONS	3/1/2022	2/28/2023	\$450.00	yes
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS CUTTING PROCEDURE	3/1/2022	2/28/2023	\$188.53	yes
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION	3/1/2022	2/28/2023	\$464.00	yes
D7285	INCISIONAL BIOPSY OF ORAL TISSUE – HARD (BONE OR TOOTH)	3/1/2022	2/28/2023	\$840.00	yes
D7286	INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	3/1/2022	2/28/2023	\$520.00	yes
D7310	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS- FOUR OR MORE TEETH OR SPACES, PER QUADRANT	3/1/2022	2/28/2023	\$150.00	yes
D7311	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS- ONE TO THREE TEETH OR SPACES, PER QUADRANT	3/1/2022	2/28/2023	\$150.00	yes
D7320	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS- FOUR OR MORE TEETH OR SPACES, PER QUADRANT	3/1/2022	2/28/2023	\$150.00	yes
D7321	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS- ONE TO THREE TEETH OR SPACES, PER QUADRANT	3/1/2022	2/28/2023	\$150.00	yes
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	3/1/2022	2/28/2023	\$465.00	yes
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	3/1/2022	2/28/2023	\$780.00	none

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CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D7472	REMOVAL OF TORUS PALANTINUS	3/1/2022	2/28/2023	\$400.00	yes
D7473	REMOVAL OF TORUS MANDIBULARIS	3/1/2022	2/28/2023	\$400.00	yes
D7460	REMOVAL OF BENIGN NONDOTONGENIC CYST OR TUMOR- LESION DIAMETER UP TO 1.25 CM	3/1/2022	2/28/2023	\$982.00	none
D7510	INCISION & DRAINAGE OF INTRAORAL ABSCESS	3/1/2022	2/28/2023	\$250.00	yes
D7520	INCISION & DRAINAGE OF ABSCESS EXTRAORAL SOFT TISSUE	3/1/2022	2/28/2023	\$443.00	yes
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	3/1/2022	2/28/2023	\$357.00	none
D7880	OCCLUSAL ORTHOTIC DEVICE	3/1/2022	2/28/2023	\$520.00	<20 y.o.
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT *requires pre-authorization and must be performed by a pre- determined LDP provider.	3/1/2022	2/28/2023	\$1,400.00	none
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH *requires pre-authorization and must be performed by a pre-determined LDP provider.	3/1/2022	2/28/2023	\$1,986.00	none
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE *requires pre-authorization and must be performed by a pre- determined LDP provider.	3/1/2022	2/28/2023	\$600.00	none
D7960	FRENULECTOMY- ALSO KNOWN AS FRECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	3/1/2022	2/28/2023	\$150.00	<20 y.o.
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	3/1/2022	2/28/2023	\$100.00	yes
D9120	FIXED PARTIAL DENTURE SECTIONING	3/1/2022	2/28/2023	\$100.00	none
D9222	DEEP SEDATION/GENERAL ANESTHESIA- 1st 15 MINUTES	3/1/2022	2/28/2023	\$104.00	yes
D9223	DEEP SEDATION/GENERAL ANESTHESIA- EACH 15 MINUTES	3/1/2022	2/28/2023	\$220.00	yes
D9230	NITROUS OXIDE	3/1/2022	2/28/2023	\$35.00	yes
D9239	IV MODERATE CONSCIOUS SEDATION/ANALGESIA 1ST 15 MINUTES	3/1/2022	2/28/2023	\$192.00	yes
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- EACH 15 MINUTE INCREMENT	3/1/2022	2/28/2023	\$230.00	yes

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CPT CODE	PROCEDURES	CPTCode begin date	CPT code end date	Max Pay Amt	Medicaid Coverage
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	3/1/2022	2/28/2023	\$260.00	yes
D9310	CONSULTATION - DIAGNOSIS SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	3/1/2022	2/28/2023	\$50.00	yes
D9630	OTHER DRUGS AND/OR MEDICAMENTS BY REPORT	3/1/2022	2/28/2023	\$70.00	<20 y.o.
D9942	REPAIR/RELINE OF OCCLUSAL GUARD	3/1/2022	2/28/2023	\$75.00	none
D9943	OCCLUSAL GUARD ADJUSTMENT	3/1/2022	2/28/2023	\$50.00	none
D9944	OCCLUSAL GUARD - Hard Appliance, full arch	3/1/2022	2/28/2023	\$176.00	<20 y.o.
D9945	OCCLUSAL GUARD - Soft Appliance, full arch	3/1/2022	2/28/2023	\$176.00	<20 y.o.
D9946	OCCLUSAL GUARD - Hard Appliance, partial arch	3/1/2022	2/28/2023	\$176.00	none
D9951	OCCLUSAL GUARD ADJUSTMENT LIMITED	3/1/2022	2/28/2023	\$75.00	none
D9952	OCCLUSAL ADJUSTMENT COMPLETE	3/1/2022	2/28/2023	\$150.00	none
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	3/1/2022	2/28/2023	\$41.00	yes