

**ATTACHMENT D**  
**Open Solicitation #1155406**  
**Oral Health-Services**  
**Fee Schedule**  
**Montgomery County Rates for FY2026**

Contractors providing dental services in one or more of the County's facilities or other public and non-public sites and providing oral health presentations or consultations will be paid based on invoices using the following pay scale:

<b>I. DENTAL CONTRACTOR'S HOURLY RATES</b>		
	<b>Profession</b>	<b>Dollar/Hour</b>
	General Dentist	\$100.00
	Mobile Dentist	\$115.00
	Pediatric Dentist	\$125.00
	Periodontist	\$125.00
	Endodontist	\$125.00
	Oral Surgeon	\$175.00
	Dental Hygienist	\$58.00
	Addition to hourly rate if County requires chair side assistant	\$21.00

## II. DENTAL FEES FOR PRIVATE DENTAL OFFICES

<u>Code</u>	<u>Description</u>	<u>Fee</u>
	<b><u>Diagnostic</u></b>	
D0120	Periodic oral evaluation - Established Patient	\$39
D0140	Limited Oral Evaluation	\$50
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$56
D0180	Comprehensive Periodontal Evaluation – New Or Established Patient	\$60
D0460	Pulp Vitality Tests	\$10
D0601	Caries Risk Assessment and Documentation- low risk	\$10
D0602	Caries Risk Assessment and Documentation- medium risk	\$10
D0603	Caries Risk Assessment and Documentation- high risk	\$10
	<b><u>Diagnostic Imaging</u></b>	
D0270	Bitewing- Single Radiographic Image	\$15
D0272	Bitewings- Two Radiographic Images	\$35
D0273	Bitewings- Three Radiographic Images	\$39
D0274	Bitewings- Four Radiographic Images	\$48
D0210	Intraoral - Complete Series of Radiographic Images	\$101
D0220	Intraoral – Periapical First Radiographic Image	\$22
D0230	Intraoral – Periapical Each Additional Radiographic Image	\$17
D0330	Panoramic Radiographic Image	\$91
	<b><u>Preventative Care</u></b>	
D1110	Prophylaxis – Adult (Permanent Dentition)	\$74
D1206	Topical Application of Fluoride Varnish	\$18
D1330	Oral Hygiene Instructions	\$37
D1351	Sealant – Per Tooth	\$34
D1353	Sealant Repair – Per Tooth	\$12
D1354	Interim Caries Arresting Medicament application – per tooth	\$25
D1510	Space maintainer-Fixed, Unilateral	\$120.00
D1516	Space maintainer-Fixed Bilateral, Maxillary	\$210.00
D1517	Space maintainer – Fixed Bilateral, Mandibular	\$210.00
D1520	Space maintainer – Removable - Unilateral	\$100.00
D1526	Space maintainer- Removable – Bilateral, Maxillary	\$160.00
D1527	Space maintainer – Removable – Bilateral, mandibular	\$160.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	\$24.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$25.00
	<b><u>Basic Restorative Care</u></b>	
D2140	Amalgam – One Surface, Permanent	\$75
D2150	Amalgam – Two Surfaces, Permanent	\$95
D2160	Amalgam – Three Surfaces, Permanent	\$111
D2161	Amalgam – Four or More Surfaces, Permanent	\$114
D2330	Resin-Based Composite - One Surface, Anterior	\$100
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$120
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$150
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$177
D2391	Resin-Based Composite – One Surface, Posterior	\$109
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$140
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$180
D2394	Resin-Based Composite – Four or More Surfaces, Posterior	\$205
D2920	Recement or re-bond crown	\$30
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$180

D2931	Prefabricated Stainless Steel Crown- Permanent Tooth	\$212
D2940	Placement of Interim Direct Restoration	\$60
D2950	Core Build-Up, Including, any pins required	\$150
D2952	Post and core in addition to crown, indirectly fabricated	\$300
D2954	Prefabricated post and core in addition to crown	\$200
	<b>Fixed Prosthodontics (including routine post-op delivery care)</b>	
D2740	Crown-porcelain/ceramic substrate	\$606
D2752	Crown-porcelain fused to noble metal	\$646
	<b>Endodontic Care</b>	
D3110	Pulp Cap Direct (including final restoration)	\$17
D3120	Pulp Cap Indirect (including final restoration)	\$37
D3310	Endodontic Therapy, Anterior Tooth (excluding final restoration)	\$575
D3320	Endodontic Therapy, Premolar Tooth (excluding final restoration)	\$700
D3330	Endodontic Therapy, Molar Tooth (excluding final restoration)	\$800
	<b>Periodontic Care</b>	
D4341	Periodontal Scaling and Root Planing- 4 or more teeth per quadrant	\$98
D4342	Periodontal Scaling and Root Planing- 1 to 3 teeth per quadrant	\$78
D4210	Gingivectomy or Gingivoplasty-Four or more contagious teeth or tooth bounded spaces per quadrant	\$250.00
D4211	Gingivectomy or Gingivoplasty-One to three contagious teeth or tooth bounded spaces per quadrant	\$150.00
D4230	Anatomical Crown Exposure-Crown Exposure-Four or more contagious teeth or tooth per quadrant	\$250.00
D4231	Anatomical Crown Exposure-Crown Exposure-One to three contagious teeth or tooth per quadrant	\$150.00
D4240	Gingival Flap Procedure, Including Root Planing- Four or more contagious teeth or tooth per quadrant	\$250.00
D4241	Gingival Flap Procedure, Including Root Planing- One to three contagious teeth or tooth per quadrant	\$150.00
D4249	Clinical Crown Lengthening – Hard Tissue	\$225.00
D4260	Osseus Surgery - Four or more contagious teeth or tooth per quadrant	\$550.00
D4261	Osseus Surgery – One to three contagious teeth or tooth per quadrant	\$350.00
	<b>Removable Prosthodontic Service (including routine post-op delivery care)</b>	
D5110	Complete Denture- Maxillary	\$1250
D5120	Complete Denture- Mandibular	\$1250
D5211	Maxillary Partial Denture- resin base (includes clasps, rests and teeth)	\$619
D5212	Mandibular Partial Denture- resin base (includes clasps, rests and teeth)	\$619
D5213	Maxillary Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)	\$1250
D5214	Mandibular Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)	\$1250
D5410	Adjust Complete Denture- Maxillary	\$50
D5411	Adjust Complete Denture- Mandibular	\$50
D5421	Adjust Partial Denture- Maxillary	\$50
D5422	Adjust Partial Denture- Mandibular	\$50
D5511	Repair Broken Complete Denture Base, Mandibular	\$150
D5512	Repair Broken Complete Denture Base, Maxillary	\$150
D5520	Replace Missing or Broken Teeth- Complete Denture each tooth	\$126
D5621	Repair Cast Partial Framework- Mandibular	\$124
D5622	Repair Cast Partial Framework- Maxillary	\$124
D5630	Repair or Replace Broken or Retentive Clasp materials-per tooth	\$160
D5640	Replace Broken Teeth per Tooth	\$134
D5650	Add Tooth to Existing Partial Denture	\$150
D5660	Add Clasp to Existing Partial Denture- per tooth	\$160

D5730	Reline Complete Maxillary Denture (Direct)	\$295
D5731	Reline Complete Mandibular Denture (Direct)	\$295
D5740	Reline Maxillary Partial Denture (Direct)	\$280
D5741	Reline Mandibular Partial Denture (Direct)	\$280
D5750	Reline Complete Maxillary Denture (Indirect)	\$375
D5751	Reline Complete Mandibular Denture (Indirect)	\$375
D5760	Reline Maxillary Partial Denture (Indirect)	\$360
D5761	Reline Mandibular Partial Denture (Indirect)	\$360
D5850	Tissue Conditioning, Maxillary	\$30
D5851	Tissue Conditioning, Mandibular	\$30
	<b>Removable Prosthodontic Service (including routine post-op delivery care)</b>	
D5110	Complete Denture- Maxillary	\$1250
D5120	Complete Denture- Mandibular	\$1250
D5211	Maxillary Partial Denture- resin base (includes clasps, rests and teeth)	\$619
D5212	Mandibular Partial Denture- resin base (includes clasps, rests and teeth)	\$619
D5213	Maxillary Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)	\$1250
D5214	Mandibular Partial Denture- cast metal framework with resin base (includes clasps, rests and teeth)	\$1250
D5410	Adjust Complete Denture- Maxillary	\$50
D5411	Adjust Complete Denture- Mandibular	\$50
D5421	Adjust Partial Denture- Maxillary	\$50
D5422	Adjust Partial Denture- Mandibular	\$50
	<b>Oral Surgery</b>	
D7140	Extraction, Erupted Tooth or Exposed Root	\$134
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$150
D7220	Removal of Impacted Tooth- Soft Tissue	\$158
D7230	Removal of Impacted Tooth- Partial Bony	\$300
D7240	Removal of Impacted Tooth- Complete Bony	\$400
D7250	Removal of Residual Tooth Roots (cutting procedure)	\$150
D7280	Exposure of an Unerupted Tooth	\$369
D7285	Incisional Biopsy of Oral Tissue- hard (bone, tooth)	\$85
D7286	Incisional Biopsy of Oral Tissue- soft	\$150
	<b>Miscellaneous</b>	
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$20
D9239	Intravenous moderate (conscious) sedation/analgesia-first 15 minutes	\$59
D9243	Intravenous moderate (conscious) sedation/analgesia-each subsequent 15- minute increment	\$59
D9248	Non-intravenous conscious sedation	\$200
D9110	Palliative (Emergency) Treatment of Dental Pain- minor procedure	\$40
D9310	Consultation with Specialist (non-treating Dentist or Physician)	\$48
D9986	Missed Appointment	n/a
D9987	Cancelled Appointment	n/a
DCOMP	Treatment Complete	n/a

<b>III. MOBILE DENTAL CLINIC</b>		
<b>CDT Codes</b>	<b>Description</b>	<b>Fee-for-service rates</b>
00120	Periodic Oral Evaluation-Established Patient	\$40.00
D0140	Limited Oral Evaluation	\$59.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$65.00
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$72.00
D0210	Intraoral Complete Series of Radiographic Images	\$109.00
00220	Intraoral-Periapical first of Radiographic Image	\$26.00
D0230	Intraoral-Periapical Each Additional Radiographic Image	\$17.00
D0240	Intraoral-Occlusal Radiographic Image	\$32.00
D0270	Bitewing Single Radiographic Image	\$21.00
D0272	Bitewings-Two Radiographic Images	\$36.00
D0273	Bitewings-Three Radiographic Images	\$36.00
D0274	Bitewings-Four Radiographic Images	\$52.00
D0330	Panoramic Radiographic Image	\$91.00
D0460	Pulp Vitality Tests	\$46.00
D1110	Prophylaxis-Adult	\$81.00
D1120	Prophylaxis-Child	\$55.00
D1206	Topical Application Fluoride Varnish	\$40.00
D1330	Oral Hygiene Instructions	\$49.00
D1351	Sealant per tooth	\$47.00
D1354	Interim Caries Arresting Medicament application – per tooth	\$25.00
02140	Amalgam-One surface, Primary or permanent	\$112.00
02150	Amalgam-Two surfaces, primary or permanent	\$134.00
02160	Amalgam-Three surfaces primary or permanent	\$163.00
D2161	Amalgam- Four or more surfaces primary or permanent	\$194.00
D2330	Resin-Based Composite-one surface, anterior	\$124.00
02331	Resin-Based Composite-Two Surface anterior	\$165.00
D2332	Resin-Based Composite-Three surfaces, anterior	\$197.00
D2335	Resin-Based Composite-Four or more surfaces anterior or involving Incisal angle (anterior)	\$238.00
D2391	Resin-Based Composite -1 Surface, Posterior	\$137.00
D2392	Resin-Based Composite - 2 Surface, Posterior	\$201.00
D2393	Resin-Based Composite - 3-Surface, Posterior	\$257.00
D2394	Resin-Based Composite – 4 or more Surfaces, Posterior	\$292.00
D2740	Crown-porcelain/ceramic	\$1040.00
D2752	Crown-porcelain fused to noble metal	\$921.00
D2920	Recement or re-bond crown	\$87.00
D2931	Prefabricated Stainless Steel Crown- Permanent Tooth	\$216.00
02932	Prefabricated Resin Crown	\$269.00
D2940	Placement of Interim Direct Restoration	\$72.00
D2950	Core Build Up, Inc. Pin	\$224.00
D2951	Pin Retention	\$56.00
D2954	Prefabricated post and core in addition to crown	\$224.00
03110	Pulp Cap Direct (including final restoration)	\$67.00
03120	Pulp Cap Indirect (including final restoration)	\$61.00
03220	Therapeutic Pulpotomy	\$158.00
D3310	Endodontic Therapy, Anterior Tooth (excluding final restoration)	\$661.00
D3320	Endodontic Therapy, Premolar Tooth (excluding final restoration)	\$697.00
D3330	Endodontic Therapy, Molar Tooth (excluding final restoration)	\$864.00

D4341	Periodontal Scaling and Root Planing, four or more teeth per Quadrant	\$234.00
D4342	Periodontal Scaling and Root Planing, Limited 1-3 teeth	\$149.00
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis	\$144.00
D5110	Complete Denture- Maxillary	\$1,330.00
D5120	Complete Denture-Mandibular	\$1,330.00
D5211	Upper Partial Resin Base	\$1000.00
D5212	Lower Partial Resin Base	\$1000.00
05213	Maxillary Partial Denture-Cast Metal Frame-Resin base	\$1500.00
D5214	Mandibular Partial Denture-Cast Metal Frame-Resin Base	\$1,500.00
D5410	Adjust Complete Denture Maxillary	\$69.00
05411	Adjust Complete Denture Mandibular	\$69.00
D5421	Adjust Partial Denture-Maxillary	\$69.00
D5422	Adjust Partial Denture- Mandibular	\$69.00
D5511	Repair Broken Complete Denture Base, Mandibular	\$167.00
D5512	Repair Broken Complete Denture Base, Maxillary	\$167.00
D5520	Replace Missing or Broken Teeth Complete Denture Each Tooth	\$134.00
D5621	Repair Cast Partial Framework- Mandibular	\$132.00
D5622	Repair Cast Partial Framework- Maxillary	\$132.00
D5630	Repair or Replace Broken or Retentive Clasp materials-per tooth	\$207.00
D5640	Replace Broken Teeth per Tooth	\$156.00
D5650	Add Tooth to Existing Partial Denture	\$174.00
D5660	Add Clasp to Existing Partial Denture- per tooth	\$238.00
D5730	Reline Complete Maxillary Denture (Direct)	\$307.00
D5731	Reline Complete Mandibular Denture (Direct)	\$307.00
D5740	Reline Maxillary Partial Denture (Direct)	\$280.00
D5741	Reline Mandibular Partial Denture (Direct)	\$280.00
D5750	Reline Complete Maxillary Denture (Indirect)	\$405.00
D5751	Reline Complete Mandibular Denture (Indirect)	\$405.00
D5760	Reline Maxillary Partial Denture (Indirect)	\$393.00
D5761	Reline Mandibular Partial Denture (Indirect)	\$393.00
D5850	Tissue Conditioning, Maxillary	\$151.00
D5851	Tissue Conditioning, Mandibular	\$151.00
D9932	Cleaning and Inspection of Removable, Complete Denture Maxillary	\$55.00
D9933	Cleaning and Inspection of Removable, Complete Denture Mandibular	\$55.00
D9934	Cleaning and Inspection of Removable, Partial Denture Maxillary	\$55.00
D9935	Cleaning and Inspection of Removable, Partial Denture Mandibular	\$55.00
D9941	Fabrication of Athletic Mouthguard	\$150.00
D9943	Occlusal Guard Adjustment	\$95.00
D9944	Occlusal Guard- Hard Appliance Full Arch	\$300.00
D9945	Occlusal Guard- Soft Appliance- Full Arch	\$300.00
D9946	Occlusal Guard- Hard Appliance Partial Arch	\$300.00
D7140	Extraction, Erupted Tooth or Exposed Root	\$135.00
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$220.00
D7220	Removal of Impacted Tooth- Soft Tissue	\$250.00
D7230	Removal of Impacted Tooth- Partial Bony	\$300.00
D7240	Removal of Impacted Tooth- Complete Bony	\$400.00
D7250	Removal of Residual Tooth Roots (cutting procedure)	\$230.00
D7280	Exposure of an Unerrupted Tooth	\$327.00
D7285	Incisional Biopsy of Oral Tissue- hard (bone, tooth)	\$93.50
D7286	Incisional Biopsy of Oral Tissue- soft	\$100.00

D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	\$200.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$150.00
D7320	Alveoloplasty not in conjunction with extractions- four or more teeth or tooth spaces per quadrant	\$240.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$190.00
D9110	Palliative (Emergency) Treatment of Dental Pain- minor procedure	\$75.00
D9310	Consultation with Specialist (non-treating Dentist or Physician)	\$75.00
D9630	Drugs or medicaments dispensed in the office for home use	\$25.00
D9910	Application of Desensitizing Medicament	\$25.00
D9930	Treatment of Complications (post-surgical) – unusual circumstances by report	\$65.00

For Mobile Dental Services on site at Homeless Shelters only, a provider may add an additional 5% to the above dental rates to cover the intensive case coordination with Health Care for the Homeless staff.

CDT codes not on this list require pre-authorization from DHHS Administration and dental director.

### **DENTAL BILLING GUIDELINES AND LIMITATIONS**

#### **PREVENTIVE (D1000-D1999)**

**Adult Prophylaxis (D1110):** Limited to ages 14 and over

**Child Prophylaxis (D1120):** Limited to ages 0-13

**Sealants (D1351):** Limited to ages 0-19

**Sealant Repair (D1353):** Prior placed sealants that are chipped, damaged broken or missing. Clinical supporting documentation should be included in the patient's record such as a caries risk assessment within the last 2 years and/or intra oral photographs or images

**Space Maintainers (D1510-D1556):** Indicated for maintaining space due to premature loss of a primary tooth/teeth

**Infection Control:** Infection control is not considered a separate billable dental procedure or service and cannot be billed to a participant or the plan.

<b>Note: Limit one (1) D0601, D0602 or D0603 per 6-month period.</b>
<b>Note: Limit one (1) D0120 or D0150 per 6-month period.</b>
<b>Note: Limit three (3) D0140 per 12-month period.</b>
<b>Note: Limit one (1) D0150 per 36-month period.</b>
<b>Note: Limit one (1) D0180 per 12-month period.</b>
<b>Note: D0411 or D0412 must be in combination with D9992 and include patient compliance data report</b>
<b>Note: Limit one (1) per 12 months period for D0270, D0272, D0273, and D0274.</b>
<b>Note: Limit six (6) per 12-month period for D0230.</b>
<b>Note: Limit one (1) per 36-month period for D0210 and D0330.</b>
<b>Note: Limit one (1) D1110 or D1120 per 6-month period.</b>
<b>Note: Limit one (1) D1206 per 6-month period.</b>
<b>Note: Limit to one (1) D1351 per lifetime per patient tooth</b>
<b>Note: Limit to one (1) D1353 per tooth per 12-month period</b>
<b>Note: D1354 maximum 2 applications per tooth within 12-month period, not to be used as liner under permanent restoration.</b>

**RESTORATIVE (D2000-D2999):** Restorations needing replacement within a 24-months of placement must have

supporting documentation and/or narrative submitted.

**Note: Limit one (1) restoration per patient per tooth per surface per 24-month period**

**Placement of Interim Direct Restoration (D2940):** Procedure D2940 cannot be billed to a participant when performed in conjunction with any restorative procedure or root canal therapy on the same tooth during the same participant visit. Adhesives, bases, or liners cannot be billed as a separate service from the restorations (the Code defines these to be included as part of the restoration).

**Core Build-Up, including any pins (D2950):**

**A Core Buildup is generally needed when the following conditions are met:**

- A major part of the tooth's structure (50% or more) is fractured or carious.
- The preparation is at or below the gingival crest.

A Core Build-up cannot be billed when the procedure only involves a filler to eliminate an undercut, box form, or concave irregularity in the preparation, the procedure should be included in the crown prep. Pins cannot be reported as a separate service from a core buildup (the D2950 buildup code includes pins). A Core Buildup cannot be billed in conjunction with a restorative procedure (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335) on the same tooth during the same participant visit.

**Prefabricated post and core in addition to crown (D2954):**

A Prefabricated post and core cannot be billed in conjunction with a restorative procedure (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335) on the same tooth during the same participant visit.

**Crowns (D2740, D2752):** A crown must be deemed medically necessary for oral function and not esthetic. A crown is generally needed when the following conditions are met:

- Root canals
  - Clinically acceptable RCT
  - Minimum 50% bone support
  - No periodontal furcation
  - No sub-crestal caries
- Non-root canals (Vital Teeth)
  - Anterior – 50% incisal edge/4+ surfaces involved
  - Bicuspid – 1 cusp/3+ surfaces involved
  - Molar – 2 cusps/4+ surfaces involved
  - Minimum 50% bone support
  - No periodontal furcation
  - No sub-crestal caries

Pre-operative radiograph showing apex of tooth must be submitted with pre-authorization.

**Crown Removal:** The removal of a crown is included in the cost of the other service being performed (i.e. re-cementation, replacement, etc.). Participants may not be billed separately for the crown removal.

**Crown Replacement:** The replacement of crowns must be indicated by major tooth decay.

**Note: Limit one (1) crown (D2740, 2752) per sixty (60) month period per tooth.**

**Note: D4261 - D4341 DHHS pre-authorization required.**

**Note: Radiographic images and documentation of periodontal probings taken within the last 12 months are required.**



## **ENDODONTICS (D3000-D3999)**

**Root Canal Therapy:** The following procedure(s) cannot be billed as a separate charge to a participant when performed in conjunction with root canal therapy on the same tooth:

- Intra-operative treatment radiographic images (D0220/D0230)
- Pulp Testing (D0460)
- Sedative filling (D2940)
- Pulpotomy (D3220)
- Canal Preparation (D3950)
- Palliative Treatment (D9110)
- Surgical procedure for isolation of a tooth with rubber dam (D3910)
- Endodontic retreatment requires preauthorization and is not covered when the service is provided by the same provider or an associate within two years of the original service

**Root Canal Treatment (D3310, D3320, D3330) may be billed if the following conditions must be documented and met:**

- Pre-operative radiograph
- Post-operative radiograph
- Minimum 50% bone support
- No periodontal furcation
- No sub-crestal caries
- Evidence of apical pathology/fistula
- Pain from percussion/temperature
- Closed apex

**Pulp Cap – indirect (D3120) and direct (D3110) (excluding final restoration):** Procedure in which nearly exposed pulp or exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin. This code is not to be used for bases and liners when all caries has been removed.

**Treatment of Root Canal Obstruction; non-surgical access (D3331):** In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, included but not limited to separated instruments, broken posts or calcification of 50% or more of the roots. A dated pre-treatment x-ray should be submitted for this procedure.

**Apexification/Recalcification (D3351-D3353):** This procedure is performed in (at minimum) three stages consisting of an initial visit, interim visit(s) and a final visit, which includes completed root canal therapy. It is important to submit all visits along with your fee for each stage to ensure accurate claim processing.

## **PERIODONTICS (D4000-D4999)**

**Per Quadrant Scaling/Root Planing:** DHHS defines a full quadrant as 4 or more teeth for scaling/root planing. Procedures involving 1 to 3 teeth per quadrant will have their own CDT codes and fees. Quadrant indicators (UR, UL, LL, and LR) are required on claim submissions. DHHS will determine the benefit on a quadrant-related procedure for scaling/root planing based upon the number of teeth which require that procedure. This is based on our dental consultant's review of submitted documentation. If the benefit determination is for a partial quadrant procedure, you will be limited to bill the participant the fee for the lower of your submitted charge, or plan allowance, for a partial quadrant. The participant is only responsible for the partial quadrant scheduled amount if that is the final benefit determination. DHHS provides benefits for the procedure being performed, regardless of the method(s) and instruments utilized. Use of lasers during dental procedures cannot be billed as a separate charge to the patient or DHHS.

**Per Quadrant Periodontal Surgical Procedures:** DHHS defines a full quadrant as 4 or more teeth, or bounded spaces for surgical procedures. Procedures involving 1 to 3 teeth, or bounded spaces, per quadrant will have their own CDT codes and fees. Quadrant indicators (UR, UL, LL, and LR) are required on claim submissions. DHHS will determine the benefit on a quadrant-related procedure for surgical procedures based on the number of teeth, or bounded spaces, which require that procedure. This is based on our dental consultant's review of submitted documentation. If the benefit determination is for a partial quadrant procedure, you will be limited to bill the participant the fee for the lower of

your submitted charge, or plan allowance, for a partial quadrant. The participant is only responsible for the partial quadrant scheduled amount if that is the final benefit determination.

Periodontal Charting: DHHS considers periodontal charting part of the evaluation process, and a participant cannot be billed a separate charge for periodontal charting unless the periodontal charting is part of a D0180 Comprehensive Periodontal Evaluation.

**Gingivectomy or Gingivoplasty – four or more contiguous teeth or tooth bounded spaces per**

**quadrant (D4210):** It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. A participating dentist may not charge for the 4211 if performed on the same date of service/same tooth as a restorative procedure. When performed with a crown, it is considered part of the preparation for the crown.

**Gingivectomy or Gingivoplasty – one to three contiguous teeth or tooth bounded spaces per**

**quadrant (D4211):** It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. A participating dentist may not charge for the 4210 if performed on the same date of service/same tooth as a restorative procedure. When performed with a crown, it is considered part of the preparation for the crown.

**Gingival Flap Procedure, Including Root Planing – four or more contiguous teeth or bounded**

**teeth spaces per quadrant (D4240):** A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure — may include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, Widman surgery, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, and to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

**Gingival Flap Procedure, Including Root Planing – one to three contiguous teeth or bounded teeth spaces per**

**quadrant (D4241):** A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure — may include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique code.

**Crown Lengthening (D4249):** A participating dentist may not charge for a 4249 if performed on the same date of service as the crown.

**Osseous Surgery (Including Flap Entry and Closure) – four or more contiguous teeth or tooth**

**bounded spaces per quadrant (D4260):** This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This must include the removal of supporting bone (ostectomy) and/or non- supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique code.

**Osseous Surgery (Including Flap Entry and Closure) – one to three contiguous teeth or tooth**

**bounded spaces per quadrant (D4261):** This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This must include the removal of supporting bone (ostectomy) and/or non- supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique code.

**Bone Replacement Graft – first site in quadrant (D4263):** This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration of barrier membranes. Other separate

procedures may be required concurrent to D4263 and should be reported using their own unique codes.

**Bone Replacement Graft – each additional site in quadrant (D4264):** This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This code is used if performed concurrently with D4263 and allows reporting of the exact number of sites involved.

**Biologic Materials to Aid in Soft and Osseous Tissue Regeneration (D4265):** Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.

**Guided Tissue Regeneration – resorbable barrier, per site (D4266):** This procedure does not include flap entry and closure, or when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

**Guided Tissue Regeneration – non-resorbable barrier, per site (includes membrane removal) (D4267):** This procedure does not include flap entry and closure, or when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

**Benefit Determination Guidelines for: Full Mouth Debridement (D4355):** For benefit determination purposes, the county will reimburse claims for full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit. D4355 is not allowed with D1110 on same date of service. Narrative of medical necessity and pre-operative radiographs or photos must be maintained in dental record.

<b>Note: Limit two (2) periodontal maintenance per 12-month period (not allowed within 90 days of D4341 and D4342). Date of previous SRP service must be documented.</b>
<b>Note: Limit one (1) full mouth debridement (D4355) per twenty-four (24) month period.</b>
<b>Note: Limit one (1) D4346 per twenty-four (24) month period.</b>
<b>Note: D4341 and D4342 Limit one (1) quadrant per 12-month period. Radiographic images and documentation of periodontal probings taken within the last 12 months are required. Frequency may be affected by other periodontic services.</b>
<b>Note: D4261 - D4341 DHHS pre-authorization required.</b>
<b>Note: Radiographic images and documentation of periodontal probings taken within the last 12 months are required.</b>

## **PROSTHODONTICS, REMOVABLE (D5000-D5899)**

**Initial and Replacement Dentures:** For initial dentures, please indicate extraction dates on the submitted claim. For replacement dentures, please indicate date of fabrication of the original dentures on submitted claim.

**Materials and Laboratory Costs:** A participant cannot be billed a separate charge for materials and laboratory costs including specialized procedures or “upgraded” materials since they are included in the services provided.

**Complete Denture Adjustments (D5410-D5411):** For benefit determination purposes, DHHS considers all adjustments performed on complete/immediate dentures within the first 6 months to be a part of the total treatment of inserting the denture. A participant cannot be billed for an adjustment to the complete/immediate denture within the first 6 months following insertion of the denture. When a reline is performed on an immediate denture within the first 6 months of placement, a participant cannot be billed for the reline.

**Partial Dentures (D5211-D5282)**

The negotiated fee for partial dentures includes an allowance for all teeth and all clasps. A participant cannot be billed a separate charge for any additional teeth or clasps.

<b>Note: D5110, D5120, D5211, D5212, D5213, D5214</b> <ul style="list-style-type: none"> <li>• Replacement is limited to one of these procedures every 60 months</li> <li>• Frequency is waived for accidental injury with documentation</li> <li>• Allowances include adjustments within 6 months after placement date</li> </ul>
<b>Note: D9944, D9945, D9946</b> <ul style="list-style-type: none"> <li>• Limited to one guard every 36 months</li> </ul>
<b>Note: D5110, D5120, D5211, D5212, D5213, D5214, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5850, D5851, D9944, D9945, D9946 DHHS pre-authorization required.</b>
<ul style="list-style-type: none"> <li>• Note: Radiographic images and documentation of periodontal probings taken within the last 12 months are required.</li> </ul>

**ORAL AND MAXILLOFACIAL SURGERY (D7000-D7999) Tray/Surgical Tray:** Tray set-up or surgical tray preparation is not considered a separate billable dental procedure or service and cannot be billed to a participant or the county.

**Bone Replacement Graft for Ridge Preservation – per site (D7953):** Osseous autograft, allograft or non-osseous graft is placed in an extraction site at the time of the extraction to preserve ridge integrity (e.g. clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Membrane, if used should be reported separately.

**Repair of Maxillofacial Soft and/or Hard Tissue Defect (D7955):** Reconstruction of surgical, traumatic, or congenital defects of the facial bone, including the mandible, may utilize autograft, allograft, or alloplastic materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This code does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations. See Code D7950. Suture removal is considered as part of service from the extractions (surgical or non-surgical), which include suturing and postoperative care; and not a separated service from the extraction (surgical or non-surgical). Post-op or follow-up visits are part of the original extraction visit/treatment and cannot be billed as a separate procedure.

**ADJUNCTIVE GENERAL SERVICES (D9000-D9999)**

**Palliative (emergency) Treatment of Dental Pain:** Palliative Treatment (D9110) cannot be billed to a participant as a separate charge when performed during the same visit with definitive treatment.

**Regional Block Anesthesia (D9211):** Generally, this procedure is included in the allowable charge for the specific service presented on the claim. Participating dentists cannot charge separately for this service.


**Local Anesthesia (D9215):** Local Anesthesia (D9215) done in conjunction with definitive treatment cannot be billed as a separate charge to a participant.

**Other Drugs and/or Medicaments, by report (D9630):** The plan allowance for code D9630 applies for the administration of the drug and/or medicaments. In most cases, actual drug charges would be considered under the participant's medical plan or prescription drug plan and not subject to a plan allowance. This code is not to be used to submit for irrigation per the CDT descriptor.

**Application of Desensitizing Medicament (D9910):** This service is not allowed with a filling, crown or bridge - If a participating dentist uses 9910 with a filling, it is considered part of the filling, crown or bridge and the participating dentist may not charge for it or balance bill the plan participant. Denied with a crown – If a dentist uses 9910 with a crown, it is considered part of the crown and the dentist cannot charge for it. Duplicate charges on the same date of service – A participating dentist can only charge for one (1) 9910 on the same date of service. This code is considered as a per-visit allowable charge.

**Behavior Management (D9920):** This code is payable as an allowable charge based on increments of 15 minutes to a maximum of one (1) hour.

**Note: Nitrous Oxide/Analgesia sedation are a benefit when submitted in conjunction with oral surgery or select periodontal treatment procedures. Benefit is limited to one per date of service.**

<div>MONTGOMERY COUNTY DHHS DENTAL PROGRAM PATIENT OUT-OF-POCKET COSTS</div>								
Description	Services Covered	Patient Fees						
		A.	B.	C.	D.	E.	F.	G.
		Disabled or Grant funded	0-100% FPL	101-125% FPL	126-150% FPL	151-175% FPL	176-199% FPL	200-250% FPL
A. Preventative Services Completion  B. Emergency Appointment	A. Comprehensive /periodic exam with cavities risk assessment establishing patient with a dental home B. Completion of Limited exam or definitive treatment, such as dental extraction, to stabilize emergent oral health condition (max 3 emergencies per year)	Copay = \$0/visit	Copay = \$5/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit
Basic Restorative Completion  Periodontal Treatment	Restorative treatment (fillings), endodontic treatment (root canals- onetime copay per treatment code), or extractions Scaling and root planning	Copay = \$0/visit	Copay= \$5/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit
Advanced Restorative Completion	Completion of fixed or removable restorative care (crowns, dentures)	Copay = \$0/visit	Copay= \$5/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit	Copay = \$8/visit
SERVICES REQUIRING PREAUTHORIZATION + CO-BENEFIT COST + COPAY								
Periodontal Treatment	Scaling and root planing	No charge	10% (co-benefit cost) + copay			15% (co-benefit cost) + copay		
Advanced Restorative Completion	Completion of fixed or removable restorative care (crowns, dentures)	No charge	10% (co-benefit cost) + copay			15% (co-benefit cost) + copay		
***Note there will be a onetime copay for procedures/CDT codes that may require multiple visits to complete (e.g. root canals, crowns, and dentures)								

- It is the vendor's responsibility to collect and keep the patient copay and co-benefit for each dental visit and/or procedure
- The vendor will be reimbursed the balance for approved services minus patient costs (patient copay and co-benefit) determined by sliding fee scale implemented for patients based on current Federal Poverty Levels
- Patient annual maximum allowance is \$700, any treatment exceeding the maximum allowance will require pre-authorization by DHHS and is

subject to approval. Any changes to the maximum allowance will be communicated to the vendor by the Contract Management Team.

- The annual maximum allowance, patient co-pays and patient co-benefits, do not apply to patients with a certified disability, DHHS federal and state grant funded programs, e.g. but not limited to programs such as Ryan White, Aging and Disability and Homeless Programs
- Pre-approval for procedures may be granted if the patient has been evaluated by a DHHS dental provider and sufficient documentation exists for treatment necessity
- Patients cannot be billed for dental services in excess of what fee schedule states, patient cannot be balanced billed
- The county accepts American Dental Association compliant dental claim forms for preauthorization and/or statement of actual services; these can be submitted electronically or on paper form