West Virginia Dental Fee Schedule

Note:

Listing of Service and Fee is not an indication of a covered benefit. For a complete listing of available benefits please refer to the Dental Manual published on the Bureau For Medical Services Web-site at : www.wvdhhr.org/bms

Code	Description	effe 4/1	2 Fee, ective 1/22 - 31/22	ei 1	023 Fee, ffective //1/23 - 3/31/23	Code Open Effective Date		Notes
D0120	Periodic oral Evaluation - established patient	\$	27.50	\$	27.50	2009-07-01 00:00:00	^	Adult Expanded, description change
D0140	Limit oral eval problm focus	\$	38.50	\$	38.50	2009-07-01 00:00:00	^	Adult Expanded
D0145	Oral evaluation, pt < 3yrs	\$	27.50	\$	27.50	2009-07-01 00:00:00		
D0150	Comprehensve oral evaluation	\$	38.50	\$	38.50	2009-07-01 00:00:00	^	Adult Expanded
D0180	Comprehensive periodontal evaluation - new or established	\$	50.00	\$	50.00	1/1/2021	^	Adult Expanded Only, description change
D0210	intraoral - comprehensive series of radiographic images	\$	82.50	\$	82.50	2009-07-01 00:00:00	^	Adult Expanded, description change
D0220	Intraoral periapical first f	\$	16.50	\$	16.50	2009-07-01 00:00:00	^	Adult Expanded
D0230	Intraoral periapical ea add	\$	11.00	\$	11.00	2009-07-01 00:00:00	^	Adult Expanded
D0240	Intraoral occlusal film	\$	19.80	\$	19.80	2009-07-01 00:00:00		
D0250	Extraoral first film	\$	17.60	\$	17.60	2009-07-01 00:00:00		Adult Expanded, not on ADA survey, used price
D0270	Dental bitewing single film	\$	19.80	\$	19.80	2009-07-01 00:00:00	^	from dental consultant
D0272 D0273	Dental bitewings two films Dental bitewings three films	\$ \$	27.50 33.00	\$	27.50 33.00	2009-07-01 00:00:00 2010-11-01 00:00:01	^	Adult Expanded Adult Expanded
D0273 D0274	Dental bitewings four films	\$ \$	40.70	\$ \$	40.70	2010-11-01 00:00:01 2009-07-01 00:00:00	~	Adult Expanded
D0274 D0320	Dental tmj arthrogram incl i		169.40	\$	169.40	1999-01-01 00:00:00		
D0320	Dental other tmj films	\$	77.00	\$	77.00	1999-01-01 00:00:00		
D0322	Dental tomographic survey	\$	77.00	\$	77.00	1999-01-01 00:00:00		
D0330	Dental panoramic film	\$	73.70	\$	73.70	2009-07-01 00:00:00	^	Adult Expanded
D0340	Dental cephalometric film	\$	66.07	\$	66.07	1999-01-01 00:00:00		
D0350	Oral/facial photo images	\$	20.00	\$	20.00	1999-01-01 00:00:00		Fee reduced to ADA Survey of Fees to keep in line with our WV State Plan
D0372	intraoral tomosynthesis - comprehensive series of radiographic images			\$	82.50	1/1/2023		Fee recommendation from Keypro
D0373	intraoral tomosynthesis - bitewing radiographic image			\$	19.80	1/1/2023		Fee recommendation from Keypro
D0374	intraoral tomosynthesis - periapical radiographic image			\$	16.50	1/1/2023		Fee recommendation from Keypro
D0387	intraoral tomosynthesis - comprehensive series of radiographic images - image			\$	41.25	1/1/2023		Fee recommendation from Keypro
D0388	intraoral tomosynthesis - bitewing radiographic image - image capture only			\$	9.90	1/1/2023		Fee recommendation from Keypro
D0389	intraoral tomosynthesis-periapical radiographic image - image capture only			\$	8.25	1/1/2023		Fee recommendation from Keypro
D0470	Diagnostic casts	\$	39.60	\$	39.60	1999-01-01 00:00:00		
D0474	Micro w exam of surg margins	\$ \$	68.20	\$ \$	68.20	2004-01-01 00:00:00		
D0486 D0801	Accession of brush biopsy 3D dental surface scan - direct	\$	82.50	\$ \$	82.50 39.60	2007-01-01 00:00:00 1/1/2023		Fee recommendation from Keypro
D0802	3D dental surface scan - indirect			\$	39.60	1/1/2023		Fee recommendation from Keypro Not to be billed with D0801
D0803	3D facial surface scan - direct			\$	275.00	1/1/2023		Fee recommendation from Keypro
D0803	3D facial surface scan - indirect			\$ \$	75.00	1/1/2023	├	Fee recommendation from Keypro
D1110	Dental prophylaxis adult	\$	60.50	\$	60.50	2010-11-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/21$
D1120	Dental prophylaxis child	\$	44.00	\$	44.00	2009-07-01 00:00:00	L	
D1203	Topical app fluoride child	\$	20.90	\$	20.90	2009-07-01 00:00:00		
D1206	Topical fluoride varnish	\$	22.00	\$	22.00	2009-07-01 00:00:00		
D1208	Topical application of fluoride	\$	22.00	\$	22.00	2013-01-01 00:00:00		
D1320	Tobacco counseling	\$	-	\$	-	2003-08-01 00:00:00		Fee reduced to 2020 ADA Survey of Fees to keep in line with our WV State Plan 4/1/22
D1351	Dental sealant per tooth	\$	33.00	\$	33.00	2009-07-01 00:00:00		
D1353	Sealant Repair - per tooth	\$	16.50	\$	16.50	2015-01-01 00:00:00		
D1354	Application of caries arresting medicament application - per	\$	56.10	\$	56.10	01/01/2018	^	Description change, Adult expanded dental as of 1/1/2
D1510	Fixed, unilateral - per quadrant. Excludes a distal shoe space	\$	154.00	\$	154.00	1999-01-01 00:00:00		Description change
D1516	Space Maintainer-fixed bilateral, maxillary	\$ 2	220.00	\$	220.00	1/1/2019		Replaces D1515

D111 mendbular S 2000 S 2000 D120 Piper Multianter Piper Multianter D152 Space Multianter-Removalle S 90.20 199-01-01 00.00.00 Description change D153 Space Multianter-Removalle S 132.00 11/2019 Replaces D1525 D153 Space Multianter-Removalle S 132.00 11/2020 Replaces D1550 D155 Recement or R-bond bilancit S 75.00 S 27.50 11/2020 Replaces D1550 D155 Recement or R-bond bilancit S 75.00 S 27.50 11/2020 Replaces D1550 D155 Recement or R-bond bilancit S 75.00 S 27.50 11/2020 Replaces D1550 D155 Recement or R-bond bilancit S 75.00 S 27.50 11/2020 Replaces D1550 D164 Store system seminister-removal multianter - part quadrant bilancit - part quadrant bilanci - part quadrant bilanci - part quadrant bilanci - p	-	1							
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D1508 Nutation - Reconvolution \$ 132.00 1/1/2019 Replaces D1525 D1507 Space Mutation - Reconvolution \$ 122.00 \$ 122.00 \$ Replaces D1525 D1508 Recomment or re-found bilateral space mutationaria - mutatibular \$ 27.50 \$ 7.50 1/1/2020 \$ Replaces D1550 D1507 Recomment or re-found bilateral space mutationaria - mutatibular \$ 27.50 \$ 7.50 1/1/2020 \$ Replaces D1550 D1507 Recomment or selomb bilateral space mutationaria - mutatibular \$ 27.50 \$ 27.50 \$ 1/1/2020 \$ Replaces D1550 D1575 and distably opidie the cryptophant indivistoria and delivery of fixed appliance cxetending whighing/vally papeliance cxetendi	D1520		\$	90.20	\$	90.20	1999-01-01 00:00:00		Description change
D152 Space Maintainer-machinal machinal mach	D1526	Space Maintainer-Removable-	\$	132.00	\$	132.00	1/1/2019		Replaces D1525
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gate matrialer space matrialer space matrialer 01508 Recence or re-bond bilateral gate matrialer anadibilar \$ 27.50 \$ 27.50 1/1/2020 Replaces D1550 D1503 Recence or re-bond bilateral gate matrialer - pre quadrant \$ 27.50 \$ 27.50 1/1/2020 Replaces D1550 D1503 Book space matrialmer- field anilateral - pre quadrant \$ 27.50 \$ 1/1/2020 Replaces D1550 D1513 Book space matrialmer- field anilateral - pre quadrant \$ 12.400 \$ 154.00 1/1/2023 Peer recommendation from Keypro and tradition rhuman \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan \$ 12.00 1/1/2023 Fee recommendation from Keypro workine administrator - numan </td <td></td> <td>,</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>		,			-				
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D153 space maintainer per quadrant \$ 27.50 11/12020 Replaces D1550 Distal box space maintainer- fact-amilanca 1, per quadrant fabrication and delivery of fixed appliance extending subgingivally and distally to guide the entrophon a distances, once the tooth has 1 1 Description change D1757 and distally to guide the entrophon a distances, once the tooth has \$ 1 1 Description change D1761 appliances, once the tooth has \$ 1 1 Description change D1782 papeliners, once the tooth has \$ 1 1 Description change D1783 papeliners, once the tooth has \$ 1 2 0 1 Description change D1783 papeliners, once the tooth has \$ 1 2 0 1 Description change D1783 papeliners 5 1 0 1 Description change Description change D1783 papeliners 5 1 2 Description change Description change D1783 papeliners 5 <t< td=""><td>D1552</td><td></td><td>\$</td><td>27.50</td><td>\$</td><td>27.50</td><td>1/1/2020</td><td></td><td>Replaces D1550</td></t<>	D1552		\$	27.50	\$	27.50	1/1/2020		Replaces D1550
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D1751 papiliomavius - Doge 1 S 12.00 11/2023 Fee recommendation from Keypro 01782 vaccine administration-human papiliomavius - Doge 2 \$ 12.00 11/2023 Fee recommendation from Keypro 01783 vaccine administration-human papiliomavius - Doge 3 \$ 12.00 11/2023 Fee recommendation from Keypro D2140 Amalgam one surface permane S 8.03.0 2009-07-01 00:00:00 ^ On FS but per Adult Expanded dental new as of L D2160 Amalgam one surfaces perman \$ 12.00 \$ 114.40 2009-07-01 00:00:00 ^ On FS but per Adult Expanded dental new as of L D2161 Amalgam one surface-anterior \$ 13.30 \$ 13.30 2009-07-01 00:00:00 ^ On FS but per Adult Expanded dental new as of L D2331 Rein three surface-anterior \$ 13.30 2009-07-01 00:00:00 ^ On FS but per Adult Expanded dental new as of L D2331 Rein three surface-anterior \$ 13.20 2009-07-01 00:00:00 ^ On FS but per Adult Expanded dental new as of L D2334 Rein three surface-anterior <td>D1575</td> <td>Distal Shoe space maintainer- fixed-unilateral - per quadrant fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has</td> <td>\$</td> <td>154.00</td> <td>\$</td> <td>154.00</td> <td>1/1/2017</td> <td></td> <td>Description change</td>	D1575	Distal Shoe space maintainer- fixed-unilateral - per quadrant fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliances, once the tooth has	\$	154.00	\$	154.00	1/1/2017		Description change
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	D3348	Retreat root canal molar	\$	275.00	\$	275.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
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r							r	
D3352	Apexification/recalc interim	\$	104.50	\$	104.50	2009-07-01 00:00:00		
D3353	Apexification/recalc final	\$	246.40	\$	246.40	2009-07-01 00:00:00	^	On ES had man A hald England d dandal man an af 1/1/21
D3410 D3421	Apicoect/perirad surg anter Root surgery bicuspid	\$ \$	374.00 154.00	\$ \$	374.00 154.00	2009-07-01 00:00:00 1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/2$
D3421 D4210	Gingivectomy/plasty per quad	\$ \$	154.00	\$ \$	154.00	1999-01-01 00:00:00	~	On FS but per Adult Expanded dental new as of 1/1/2 On FS but per Adult Expanded dental new as of 1/1/2
D4210 D4211	Gingivectomy/plasty per toot	э \$	48.40	ֆ \$	48.40	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/2$.
D4211 D4260	Osseous surgery per quadrant	э \$	246.40	ֆ \$	246.40	1999-01-01 00:00:00		On FS but per Adult Expanded dentai new as of 1/1/21
D4260 D4261	Osseous surgl-3teethperquad	\$	165.00	\$	165.00	1999-01-01 00:00:00		
D4201 D4341	Periodontal scaling & root	\$	162.80	\$	162.80	2009-07-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
D4341 D4342	Periodontal scaling 1-3teeth	۰ ۶	89.10	ֆ Տ		2009-07-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/21$ On FS but per Adult Expanded dental new as of $1/1/21$
D4342		\$	89.10	3	89.10	2009-07-01 00:00:00		On FS but per Adult Expanded dental new as of 1/1/21
D4346	Scaling in presence of generalized	\$	93.50	\$	93.50	7/1/2020	^	On FS but per Adult Expanded dental new as of 1/1/21
	moderate or severe gingival							1 I
	full mouth debridement to enable							
D 1055	a comprehensive periodontal	¢	02.50	<i>•</i>	02.50	2000 07 01 00 00 00	^	On FS but per Adult Expanded dental new as of
D4355	evaluation and diagnosis on a	\$	93.50	\$	93.50	2009-07-01 00:00:00	^	1/1/21, description change
	subsequent visit							, , , , , , , , , , , , , , , , , , ,
D4910	Periodontal maintenance	\$	60.00	\$	60.00	1/1/2021	^	Adult Expanded Only
						1/1/2021 1999-01-01 00:00:00	^	Adult Expanded Only
D5110	Dentures complete maxillary	\$	595.00	\$	595.00		^	On FS but per Adult Expanded dental new as of $1/1/21$
D5120	Dentures complete mandible	\$	595.00	\$	595.00	1999-01-01 00:00:00		On FS but per Adult Expanded dental new as of 1/1/21
D5130	Dentures immediat maxillary	\$	595.00	\$	595.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
D5140	Dentures immediat mandible	\$	595.00	\$	595.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
D5211	Maxillary partial denture - resin	\$	595.00	\$	595.00	1/1/2021	^	Adult Expanded Only
D5212	Mandibular partial denture - resin	\$	595.00	\$	595.00	1/1/2021	^	Adult Expanded Only
D5213	Dentures maxill part metal	\$	595.00	\$	595.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
D5214	Dentures mandibl part metal	\$	595.00	\$	595.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
	Maxillary partial denture -							
D5225	flexible base (including any	\$	595.00	\$	595.00	1/1/2021	^	Adult Expanded Only
	clasps, rests and teeth)							
	Mandibular partial denture -							
D5226	flexible base (including any	\$	595.00	\$	595.00	1/1/2021	^	Adult Expanded Only
D3220	clasps, rests and teeth)	Ψ	575.00	Ψ	575.00	1/1/2021		ndun Enpunded only
	Removable unilateral partial							
D5282	denture-one piece case metal	\$	247.50	\$	247.50	1/1/2019		Replaces D5281
	(inclusing clasps and teeth),							
	Removable unilateral partial							
D5283	denture-one piece case metal	\$	247.50	\$	247.50	1/1/2019		Replaces D5281
	(inclusing clasps and teeth),							•
	Removable unilateral partial							
D5284	denture-one piece flexible base	\$	247.50	\$	247.50	1/1/2020		Rate via Keypro consultant, not on the most recent
D3264		ф	247.30	ф	247.50	1/1/2020		2018 ADA Survey for the Southern Region
	(inclusing clasps and teeth), per							
	Removable unilateral partial							Rate via Keypro consultant, not on the most recent
D5286	denture-one piece resin (inclusing	\$	247.50	\$	247.50	1/1/2020		2018 ADA Survey for the Southern Region
	clasps and teeth), per quadrant							2018 ADA Survey for the Southern Region
	Adjust complete denture -							On FS but per Adult Expanded dental new as of
D5410	maxillary	\$	15.40	\$	15.40	1999-01-01 00:00:00	^	1/1/21, description change
	Adjust complete denture -							On FS but per Adult Expanded dental new as of
D5411		\$	15.40	\$	15.40	1999-01-01 00:00:00	^	
	mandibular							1/1/21, description change
D5421	Adjust partial denture - maxillary	\$	15.40	\$	15.40	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of
D3421	Aujust partiai denture - maximary	φ	15.40	φ	15.40	1999-01-01 00:00:00		1/1/21, description change
								On FS but per Adult Expanded dental new as of
D5422	Adjust partial denture - mandibular	\$	15.40	\$	15.40	1999-01-01 00:00:00	^	1/1/21, description change
	Repair broken complete denture							Replaces D5510, On FS but per Adult Expanded
D5511	base, mandibular	\$	50.60	\$	50.60	1/1/2018	^	
								dental new as of $1/1/21$
D5512	Repair broken complete denture	\$	50.60	\$	50.60	1/1/2018	^	Replaces D5510, On FS but per Adult Expanded
	base, maxillary							dental new as of 1/1/21
D5520	Replace denture teeth complt	\$	42.90	\$	42.90	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
D5611	Repair resin partial denture base,	\$	50.60	\$	50.60	1/1/2018	^	Replaces D5610, On FS but per Adult Expanded
D3011	madibular	φ	50.00	φ	50.00	1/1/2018		dental new as of 1/1/21
	Repair resin partial denture base,							Replaces D5610, On FS but per Adult Expanded
D5612	maxillary	\$	50.60	\$	50.60	1/1/2018	^	dental new as of 1/1/21
	Repair cast partial framework,							Replaces D5620, On FS but per Adult Expanded
D5621		\$	72.60	\$	72.60	1/1/2018	^	
	mandibular							dental new as of 1/1/21
D5622	Repair cast partial framework,	\$	72.60	\$	72.60	1/1/2018	^	Replaces D5620, On FS but per Adult Expanded
	mandibular	Ý		Ŷ	. 2.00			dental new as of 1/1/21
_	Repair or replace broken				T			
D5630	retentive/clasping materials - per	\$	64.90	\$	64.90	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
	tooth							-
D5640	Replace part denture teeth	\$	41.80	\$	41.80	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/21
D5650	Add tooth to partial denture	\$	55.00	\$	55.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/2$
D5660	Add clasp to partial denture	\$	70.40	\$	70.40	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/2$
	Dentures rebase cmplt maxil	\$	150.70	\$	150.70	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of $1/1/2$
D5710		φ	120.70				•	On FS but per Adult Expanded dental new as of $1/1/2$
D5710 D5711		\$	150 70	\$	150 70 1	999_() _0 00·00·00	~	OILTS DUI DEI AUUILEXDANGEN HEINALDEW AS OF 1717
D5711	Dentures rebase cmplt mand	\$ \$	150.70	\$ \$	150.70	<u>1999-01-01 00:00:00</u> 1999-01-01 00:00:00	~	
		\$ \$ \$	150.70 150.70 150.70	\$ \$	150.70 150.70 150.70	1999-01-01 00:00:00 1999-01-01 00:00:00 1999-01-01 00:00:00	^ ^	On FS but per Adult Expanded dental new as of 1/1/2 On FS but per Adult Expanded dental new as of 1/1/2 On FS but per Adult Expanded dental new as of 1/1/2

D5730 Denture reln complet maxil ch \$ 88.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent On FS but per Adult Expanded dent 1/121, description change D5740 Reline completed mandibular denture (direct) \$ 88.00 \$ 999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/121, description change D5740 Denture relin part mand chr \$ 88.00 \$ 999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/121, description change D5750 Reline complete mandibular denture (indirect) \$ 132.00 \$ 132.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/121, description change D5761 Reline maxillary partial denture (indirect) \$ 132.00 \$ 132.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/121, description change D5761 Reline mandibular partial denture (indirect) \$ 132.00 \$ 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/121, description change D5761 Reline mandibular partial denture (indirect) \$ 300.00 \$ 300:00 1/1/2021 ^	al new as of al new as of al new as of 1/1/2 al new as of al new as of al new as of
denture (direct) F 88.00 \$8.00 1999-01-01 00:00:00 No On FS but per Adult Expanded dent No D5741 Denture reln part mand chr \$ \$8.00 \$ \$8.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/1/21, description change D5750 denture (indirect) \$ 132.00 \$ 132.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/1/21, description change D5750 denture (indirect) \$ 132.00 \$ 132.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/1/21, description change D5760 Reline maxillary partial denture (indirect) \$ 132.00 \$ 132.00 1999-01-01 00:00:00 ^ On FS but per Adult Expanded dent 1/1/21, description change D5761 Reline maxillary partial denture (indirect) \$ 300.00 \$ 300.00 1/1/2021 ^ Adult Expanded dent 1/1/21, description change D5810 Interim (Temporary) complete (indirect) \$ 300.00 \$ 300.00 1/1/2021 ^ Adult Expanded Only D5820<	al new as of 1/1/2 al new as of al new as of al new as of
	al new as of 1/1/2 al new as of al new as of al new as of
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D5/50 denture (indirect) S 132.00 S 132.00 1999-01-01 00:00:00 A 1/1/21, description change D5751 Reline complete manibular \$ 132.00 \$ 132.00 1999-01-01 00:00:00 A On FS but per Adult Expanded dent D5760 Reline manibular partial denture \$ 132.00 \$ 132.00 1999-01-01 00:00:00 A On FS but per Adult Expanded dent Interim (Temporary) complete \$ 300.00 \$ 300.00 1/1/20.1 A dult Expanded dent D5810 Interim (Temporary) complete \$ 300.00 \$ 300.00 1/1/2021 A dult Expanded Only D5810 Interim (Temporary) complete \$ 300.00 \$ 300.00 1/1/2021 A dult Expanded Only D5821 Interim (Temporary) complete \$ 300.00 \$ 300.00 1/1/2021 A dult Expanded Only D5850 SP - Tissue Conditioning - manidibular \$ 25.00 \$ 25.00 1/1/2021 A dult Expanded Only D5915 <t< td=""><td>al new as of</td></t<>	al new as of
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	D8696		\$ 55.00	\$ 55.00	1/1/2020	Rate via Keypro consultant, not on the most recent
		maxillary	- 20.00	- 22.00		
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D8697	Repair of orthodontic appliance - mandibular	\$ 55.00	\$ 55.00	1/1/2020		Replaces D8961 which was not previously opened- Rate via Keypro consultant, not on the most recent 2018 ADA Survey for the Southern Region
D8698	Re-cement or re-bond fixed retainer-maxillary	\$ 27.50	\$ 27.50	1/1/2020		Replaces D8693
D8699	Re-cement or re-bond fixed retainer-mandibular	\$ 27.50	\$ 27.50	1/1/2020		Replaces D8693
D8701	Repair of fixed retainer, includes reattachment-maxillary	\$ 27.50	\$ 27.50	1/1/2020		Replaces D8964 which was not previously opened- Rate via Keypro consultant (per Keypro replaced D8693 but D8698 and D8699 replace D8693 but codes are similar), not on the most recent 2018 ADA Survey for the Southern Region
D8702	Repair of fixed retainer, includes reattachment-mandlbular	\$ 27.50	\$ 27.50	1/1/2020		Replaces D8964 which was not previously opened- Rate via Keypro consultant (per Keypro replaced D8693 but D8698 and D8699 replace D8693 but codes are similar), not on the most recent 2018 ADA Survey for the Southern Region
D8703	Replacement of lost or broken retainer-maxillary	\$ 198.00	\$ 198.00	1/1/2020		Replaces D8692
D8704	Replacement of lost or broken retainer-mandibular	\$ 198.00	\$ 198.00	1/1/2020		Replaces D8692
D9222	Deep sedation/general anesthesia - first 15 minutes	\$ 136.20	\$ 136.20	See Calculation below	*	
D9223	Deep sedation/general anesthesia - each 15 minute increment	varies	varies	See Calculation below	**^	Replaces D9220 & D9221, on FS but per Adult Expanded dental new as of 1/1/21
D9230	Analgesia	\$ 44.00	\$ 44.00	2009-07-01 00:00:00		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15	\$ 136.20	\$ 136.20	See Calculation below	*^	On FS but per Adult Expanded dental new as of 1/1/2
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	varies	varies	See Calculation below	**^	Replaces D9241 & D9242, on FS but per Adult Expanded dental new as of 1/1/21
D9248	Non-Intravenous (conscious) sedation - first 15 minutes	\$ 136.20	\$ 136.20	See Calculation below	*^	On FS but per Adult Expanded dental new as of 10/1/21
D9310	Dental consultation	\$ 55.00	\$ 55.00	1999-01-01 00:00:00	^	On FS but per Adult Expanded dental new as of 1/1/2
D9420	Hospital call	\$ 38.50	\$ 38.50	1999-01-01 00:00:00		
D9610	SP - Therapeutic Parental Drug	\$ 27.00	\$ 27.00	1/1/2021	^	Adult Expanded Only, Fee reduced to 2020 ADA Survey of Fees to keep in line with our WV State Plan 4/1/22
D9630	Other drugs/medicaments	\$ 16.00	\$ 16.00	1999-01-01 00:00:00		Fee reduced to 2020ADA Survey of Fees to keep in line with our WV State Plan 4/1/22
D9944	Occlusal Guard-hard appliance, full arch	\$ 132.00	\$ 132.00	1/1/2019		Replaces D9940, on FS but per Adult Expanded dental new as of 1/1/21
D9945	Occlusal Guard-soft appliance, full arch	\$ 132.00	\$ 132.00	1/1/2019		Replaces D9940
D9946	Occlusal Guard-soft appliance, partial arch	\$ 132.00	\$ 132.00	1/1/2019		Replaces D9940
D9951	Limited occlusal adjustment	\$ 49.50	\$ 49.50	1999-01-01 00:00:00		
D9952	Complete occlusal adjustment	\$ 132.00	\$ 132.00	1999-01-01 00:00:00		
D9995	Teledentistry	\$ 38.50	\$ 38.50	4/1/2020		

Anesthesia codes are paid using standard anesthesia methodology, for example:

* 1 unit (15 min) + 5 (00170 ASA base units) = 6 x 22.70 (WV Medicaid Conversion Factor) = 136.20

Additional minutes are calculated as follows: ** number of units x 22.70 (WV Medicaid Conversion Factor)

^Part of the Adult Expanded Dental