

Ryan White Program Oral Health Care Formulary (Sort by Category)
FY 2020

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA/CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Adjunctive General Services	Anesthesia	D9210				Local Anesthesia not in Conjunction with Operative or Surgical Procedures	\$67	
Adjunctive General Services	Anesthesia	D9215				Local Anesthesia In Conjunction with Operative or Surgical Procedures	\$54	
Adjunctive General Services	Anesthesia	D9222	✓	✓	✓	Deep Sedation/General Anesthesia - First 15 Minutes	\$270	Effective April 16, 2018. No new rate.
Adjunctive General Services	Anesthesia	D9223	✓	✓	✓	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$199	
Adjunctive General Services	Anesthesia	D9230	✓	✓	✓	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$68	
Adjunctive General Services	Anesthesia	D9239	✓	✓	✓	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes	\$228	Effective April 16, 2018. No new rate.
Adjunctive General Services	Anesthesia	D9243	✓	✓	✓	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	\$158	
Adjunctive General Services	Miscellaneous Services	D9910				Application of Desensitizing Medicament	\$50	
Adjunctive General Services	Miscellaneous Services	D9930				Treatment of Complications (Post-Surgical) - Unusual Circumstances, By Report	\$118	

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Adjunctive General Services	Miscellaneous Services	D9944				Occlusal Guard - Hard Appliance, Full Arch	\$545	Replaced D9940.
Adjunctive General Services	Miscellaneous Services	D9945				Occlusal Guard - Soft Appliance, Full Arch	\$361	Replaced D9940.
Adjunctive General Services	Miscellaneous Services	D9946				Occlusal Guard - Hard Appliance, Partial Arch	\$409	Replaced D9940.
Adjunctive General Services	Miscellaneous Services	D9951				Occlusal Adjustment - Limited	\$165	
Adjunctive General Services	Professional Consultation	D9310	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than the Requesting Dentist or Physician	\$113	
Adjunctive General Services	Unclassified Treatment	D9120				Fixed Partial Denture Sectioning	\$199	

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Diagnostic	Clinical Oral Evaluations	D0120	✓	✓	✓	Periodic Oral Evaluation - Established Patient	\$47	
Diagnostic	Clinical Oral Evaluations	D0140	✓	✓	✓	Limited Oral Evaluation - Problem Focused	\$70	
Diagnostic	Clinical Oral Evaluations	D0150	✓	✓	✓	Comprehensive Oral Evaluation - New or Established Patient	\$82	
Diagnostic	Clinical Oral Evaluations	D0160				Detailed and Extensive Oral Evaluation - Problem Focused, by Report	\$140	
Diagnostic	Clinical Oral Evaluations	D0170				Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$64	
Diagnostic	Clinical Oral Evaluations	D0180				Comprehensive Periodontal Evaluation – New or Established Patient	\$89	

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Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0210	✓	✓	✓	Intraoral - Complete Series of Radiographic Images	\$126	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0220	✓	✓	✓	Intraoral – Periapical, First Radiographic Image	\$28	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0230	✓	✓	✓	Intraoral – Periapical, Each Additional Radiographic Image	\$23	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0240	✓	✓	✓	Intraoral - Occlusal Radiographic Image	\$39	

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Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0250	✓ (0-20 yrs old only for MMA and LTC plans)	✓	✓	Extra-oral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$59	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0270	✓	✓	✓	Bitewing - Single Radiographic Image	\$27	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0272	✓	✓	✓	Bitewings - Two Radiographic Images	\$43	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0273				Bitewing - Three Radiographic Images	\$53	

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Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0274	✓	✓	✓	Bitewings - Four Radiographic Images	\$62	
Diagnostic	Diagnostic Imaging (Image Capture With Interpretation)	D0330	✓	✓	✓	Panoramic Radiographic Image	\$109	
Endodontics	Apicoectomy / Periradicular Services	D3421				Apicoectomy - Premolar (First Root)	\$746	
Endodontics	Endodontic Retreatment	D3346				Retreatment of Previous Root Canal Therapy - Anterior	\$822	

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Endodontics	Endodontic Retreatment	D3347				Retreatment of Previous Root Canal Therapy - Premolar	\$935	
Endodontics	Endodontic Retreatment	D3348				Retreatment of Previous Root Canal Therapy - Molar	\$1,111	
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3310	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$706	
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3320	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$818	
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3330	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$990	

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Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3332				Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$415	
Endodontics	Pulpotomy	D3220	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocelestial Junction and Application of Medicament	\$192	
Implant Services	Other Implant Services	D6095				Repair Implant Abutment, By Report	\$665	Maximum limit of two times per year for those clients with an existing implant-retained denture only.
Implant Services	Surgical Services	D6100				Implant Removal, By Report	\$688	
Maxillofacial Prosthetics	Carriers	D5986				Flouride Gel Carrier (Fluoride Applicator)	\$188	
Oral and Maxillofacial Surgery	Alveoplasty - Preparation of Ridge	D7311				Alveoplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$282	
Oral and Maxillofacial Surgery	Alveoplasty - Preparation of Ridge	D7320	✓	✓	✓	Alveoplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$402	

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Oral and Maxillofacial Surgery	Alveoplasty - Preparation of Ridge	D7321				Alveoplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$394	
Oral and Maxillofacial Surgery	Alveoplasty - Preparation of Ridge	D7310	✓	✓	✓	Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$281	
Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7911				Complicated Suture - Up to 5 cm	\$440	
Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7912				Complicated Suture - Greater than 5 cm	\$686	
Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7471				Removal of Lateral Exostosis (Maxilla or Mandible)	\$643	
Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7472	✓	✓	✓	Removal of Torus Palatinus	\$796	
Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7473	✓	✓	✓	Removal of Torus Mandibularis	\$732	

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Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7441				Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm	\$1,166	
Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7450				Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$565	
Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7451				Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	\$742	
Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7460				Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$524	
Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7461				Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	\$808	
Oral and Maxillofacial Surgery	Excision of Intra-Osseous Lesions	D7440				Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm	\$656	
Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions (Includes Non- Odontogenic Cysts)	D7410				Excision of Benign Lesion Up to 1.25 cm	\$385	

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Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions (includes Non- Odontogenic Cysts)	D7411				Excision of Benign Lesion Greater than 1.25 cm	\$571	
Oral and Maxillofacial Surgery	Excision of Soft Tissue Lesions (includes Non- Odontogenic Cysts)	D7412				Excision of Benign Lesion, Complicated	\$769	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7111	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Extraction, Coronal Remnants - Primary Tooth	\$126	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7140	✓	✓	✓	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$172	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7210	✓	✓	✓	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$264	

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Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7220	✓	✓	✓	Removal of Impacted Tooth - Soft Tissue	\$303	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7230	✓	✓	✓	Removal of Impacted Tooth - Partially Bony	\$380	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7240	✓	✓	✓	Removal of Impacted Tooth - Completely Bony	\$454	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7241	✓	✓	✓	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$533	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing if needed, and Routine Postoperative Care)	D7250	✓	✓	✓	Removal of Residual Tooth Roots (Cutting Procedure)	\$285	

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Oral and Maxillofacial Surgery	Other Repair Procedures	D7970	✓	✓	✓	Excision of Hyperplastic Tissue - Per Arch	\$454	
Oral and Maxillofacial Surgery	Other Surgical Procedures	D7270	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Tooth Re-implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$524	
Oral and Maxillofacial Surgery	Repair of Traumatic Wounds	D7910				Suture of Recent Small Wounds Up to 5 cm	\$281	Excludes closure of surgical incisions.

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Oral and Maxillofacial Surgery	Surgical Incision	D7510	✓	✓	✓	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$229	
Oral and Maxillofacial Surgery	Surgical Incision	D7520	✓	✓	✓	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$413	
Oral and Maxillofacial Surgery	Surgical Incision	D7530				Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$330	
Oral and Maxillofacial Surgery	Surgical Incision	D7550				Partial Ostectomy/Sequestrectomy for Removal of Non-Vital Bone	\$509	
Periodontics	Non-Surgical Periodontal Service	D4320				Provisional Splinting - Intracoronal	\$472	
Periodontics	Non-Surgical Periodontal Service	D4321				Provisional Splinting - Extracoronal	\$436	

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Periodontics	Non-Surgical Periodontal Service	D4341	✓ (FL Medicaid yes; but appears to be 0-20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$244	
Periodontics	Non-Surgical Periodontal Service	D4342	✓ (FL Medicaid yes; but appears to be 0-20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$178	
Periodontics	Non-Surgical Periodontal Service	D4346	✓ (21+ years)	✓ (21+ years)	✓	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$139	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA/CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Periodontics	Non-Surgical Periodontal Service	D4355	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$174	
Periodontics	Other Periodontal Services	D4910				Periodontal Maintenance	\$131	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4210	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$582	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4211	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$281	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4240	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$684	

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			(accessed 2/4/2019; subject to change based on annual review)					
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4241	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$570	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4249				Clinical Crown Lengthening - Hard Tissue	\$714	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4260	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$985	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4273				Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$1,020	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4277				Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$901	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4278				Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	\$540	Used in conjunction with D4277
Preventive	Dental Prophylaxis	D1110	✓ (12 years and older)	✓	✓ (12 years and older)	Prophylaxis - Adult	\$86	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
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Preventive	Dental Prophylaxis	D1120	✓ (0 to 11 years only)	✓ (0-20 yrs old only)	✓ (0 to 11 years only)	Prophylaxis - Child	\$64	
Preventive	Other Preventive Services	D1310				Nutritional Counseling for Control of Dental [Oral] Disease	\$59	This procedure is limited to twice per year.
Preventive	Other Preventive Services	D1320				Tobacco Counseling for the Control and Prevention of Oral Disease	\$68	NOTE This procedure is limited to twice per year. Providers must adhere to the established, local Ryan White Program Tobacco Cessation Counseling Protocol when providing this procedure. Contact Miami-Dade County Ryan White Program for a copy of the protocol or visit http://www.miamidade.gov/grants/ryan-white-program.asp#Oral to obtain a copy. The Protocol for this procedure is effective 9/13/10.
Preventive	Other Preventive Services	D1330	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Oral Hygiene Instructions	\$49	Procedure D1330 may be provided a <u>maximum of twice per year</u> (once every six months).

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Preventive	Other Preventive Services	D1351	<p align="center">✓</p> <p>(FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)</p>	<p align="center">✓</p>	<p align="center">✓</p>	Sealant - Per Tooth	\$53	
Preventive	Topical Fluoride Treatment (Office Procedure)	D1206	<p align="center">✓</p> <p>(FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)</p>	<p align="center">✓</p>	<p align="center">✓</p>	Topical Application of Fluoride Varnish	\$37	

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Preventive	Topical Fluoride Treatment (Office Procedure)	D1208	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Topical Application of Fluoride - Excluding Varnish	\$35	
Prosthodontics (removable)	Adjustments to Dentures	D5410	✓	✓	✓	Adjust Complete Denture - Maxillary	\$83	
Prosthodontics (removable)	Adjustments to Dentures	D5411	✓	✓	✓	Adjust Complete Denture - Mandibular	\$82	
Prosthodontics (removable)	Adjustments to Dentures	D5421	✓	✓	✓	Adjust Partial Denture - Maxillary	\$83	
Prosthodontics (removable)	Adjustments to Dentures	D5422	✓	✓	✓	Adjust Partial Denture - Mandibular	\$82	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
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Prosthodontics (removable)	Complete Dentures (Including Routine Post- Delivery Care)	D5110	✓	✓	✓	Complete Denture - Maxillary	\$1,621	Procedure D5110 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. RULE DISCONTINUED 12/01/2019.
Prosthodontics (removable)	Complete Dentures (Including Routine Post- Delivery Care)	D5120	✓	✓	✓	Complete Denture - Mandibular	\$1,627	Procedure D5120 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. RULE DISCONTINUED 12/01/2019.
Prosthodontics (removable)	Complete Dentures (Including Routine Post- Delivery Care)	D5130				Immediate Denture - Maxillary	\$1,710	Includes limited follow-up care only; does not include required future rebasing/relining procedure(s). Restricted by planning council to one administration per lifetime.
Prosthodontics (removable)	Complete Dentures (Including Routine Post- Delivery Care)	D5140				Immediate Denture - Mandibular	\$1,718	Includes limited follow-up care only; does not include required future rebasing/relining procedure(s). Restricted by planning council to one administration per lifetime.
Prosthodontics (removable)	Denture Rebase Procedures	D5710				Rebase Complete Maxillary Denture	\$566	
Prosthodontics (removable)	Denture Rebase Procedures	D5711				Rebase Complete Mandibular Denture	\$570	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA/CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
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Prosthodontics (removable)	Denture Rebase Procedures	D5720				Rebase Maxillary Partial Denture	\$540	
Prosthodontics (removable)	Denture Rebase Procedures	D5721				Rebase Mandibular Partial Denture	\$539	
Prosthodontics (removable)	Denture Reline Procedures	D5730	✓	✓	✓	Reline Complete Maxillary Denture (Chairside)	\$353	
Prosthodontics (removable)	Denture Reline Procedures	D5731	✓	✓	✓	Reline Complete Mandibular Denture (Chairside)	\$353	
Prosthodontics (removable)	Denture Reline Procedures	D5740	✓	✓	✓	Reline Maxillary Partial Denture (Chairside)	\$345	
Prosthodontics (removable)	Denture Reline Procedures	D5741	✓	✓	✓	Reline Mandibular Partial Denture (Chairside)	\$352	
Prosthodontics (removable)	Denture Reline Procedures	D5750	✓	✓	✓	Reline Complete Maxillary Denture (Laboratory)	\$450	

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Prosthodontics (removable)	Denture Reline Procedures	D5751	✓	✓	✓	Reline Complete Mandibular Denture (Laboratory)	\$451	
Prosthodontics (removable)	Denture Reline Procedures	D5760	✓	✓	✓	Reline Maxillary Partial Denture (Laboratory)	\$448	
Prosthodontics (removable)	Denture Reline Procedures	D5761	✓	✓	✓	Reline Mandibular Partial Denture (Laboratory)	\$448	
Prosthodontics (removable)	Interim Prosthesis	D5820	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Interim Partial Denture (Maxillary)	\$647	
Prosthodontics (removable)	Interim Prosthesis	D5821	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Interim Partial Denture (Mandibular)	\$642	
Prosthodontics (removable)	Other Removable Prosthetic Services	D5850				Tissue Conditioning, Maxillary	\$194	
Prosthodontics (removable)	Other Removable Prosthetic Services	D5851				Tissue Conditioning, Mandibular	\$194	

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Prosthodontics (removable)	Other Removable Prosthetic Services	D5862				Precision Attachment, by Report	\$656	
Prosthodontics (removable)	Other Removable Prosthetic Services	D5899			✓ (0-20 yrs old only)	Unspecified Removable Prosthodontic Procedure, by Report	\$562	
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5211	✓	✓	✓	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$1,256	Procedure D5211 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. RULE DISCONTINUED 12/01/2019.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5212	✓	✓	✓	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$1,258	Procedure D5212 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. RULE DISCONTINUED.

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Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5213	✓	✓	✓	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$1,671	Procedure D5213 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. RULE DISCONTINUED 12/01/2019.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5214	✓	✓	✓	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$1,674	Procedure D5214 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction. RULE DISCONTINUED 12/01/2019.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5225				Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$1,499	

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Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5226				Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,487	
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5282				Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$899	Replaced D5281.
Prosthodontics (removable)	Partial Dentures (Including Routine Post-Delivery Care)	D5283				Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$872	Replaced D5281.
Prosthodontics (removable)	Repairs to Complete Dentures	D5511	✓	✓	✓	Repair Broken Complete Denture Base, Mandibular	\$144	Replaced D5510; effective April 16, 2018. No new rate.
Prosthodontics (removable)	Repairs to Complete Dentures	D5512	✓	✓	✓	Repair Broken Complete Denture Base, Maxillary	\$144	Replaced D5510; effective April 16, 2018. No new rate.

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Prosthodontics (removable)	Repairs to Complete Dentures	D5520	✓	✓	✓	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$178	
Prosthodontics (removable)	Repairs to Partial Dentures	D5611	✓	✓	✓	Repair Resin Partial Denture Base, Mandibular	\$141	Replaced D5610; effective April 16, 2018. No new rate.
Prosthodontics (removable)	Repairs to Partial Dentures	D5612	✓	✓	✓	Repair Resin Partial Denture Base, Maxillary	\$141	Replaced D5610; effective April 16, 2018. No new rate.
Prosthodontics (removable)	Repairs to Partial Dentures	D5621	✓	✓	✓	Repair Cast Partial Framework, Mandibular	\$197	Replaced D5620; effective April 16, 2018. No new rate.
Prosthodontics (removable)	Repairs to Partial Dentures	D5622	✓	✓	✓	Repair Cast Partial Framework, Maxillary	\$197	Replaced D5620; effective April 16, 2018. No new rate.
Prosthodontics (removable)	Repairs to Partial Dentures	D5630	✓	✓	✓	Repair or Replace Broken Clasp - Per Tooth	\$254	
Prosthodontics (removable)	Repairs to Partial Dentures	D5640	✓	✓	✓	Replace Broken Teeth - Per Tooth	\$181	

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Prosthodontics (removable)	Repairs to Partial Dentures	D5650	✓	✓	✓	Add Tooth to Existing Partial Denture	\$216	
Prosthodontics (removable)	Repairs to Partial Dentures	D5660	✓	✓	✓	Add Clasp to Existing Partial Denture - Per Tooth	\$258	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6240				Pontic - Porcelain Fused to High Noble Metal	\$1,085	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6241				Pontic - Porcelain Fused to Predominantly Base Metal	\$995	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6245				Pontic - Porcelain/Ceramic	\$1,079	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6251				Pontic - Resin with Predominantly Base Metal	\$995	
Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6740				Retainer Crown - Porcelain/Ceramic	\$1,086	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA/CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6750				Retainer Crown - Porcelain Fused to High Noble Metal	\$1,086	
Prosthodontics, fixed	Fixed Partial Denture Retainers - Crowns	D6751				Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$995	
Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6545				Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$774	
Prosthodontics, fixed	Other Fixed Partial Denture Services	D6930				Re-cement or Re-bond Fixed Partial Denture	\$163	
Restorative	Amalgam Restorations (Including Polishing)	D2140	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Amalgam - One Surface, Primary or Permanent	\$134	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Restorative	Amalgam Restorations (Including Polishing)	D2150	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Amalgam - Two Surfaces, Primary or Permanent	\$170	
Restorative	Amalgam Restorations (Including Polishing)	D2160	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Amalgam - Three Surfaces, Primary or Permanent	\$206	
Restorative	Amalgam Restorations (Including Polishing)	D2161	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Amalgam - Four or More Surfaces, Primary or Permanent	\$246	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA/CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Restorative	Crowns - Single Restorations Only	D2740	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Crown - Porcelain/Ceramic	\$1,076	
Restorative	Crowns - Single Restorations Only	D2751	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Crown - Porcelain Fused to Predominantly Base Metal	\$980	
Restorative	Crowns - Single Restorations Only	D2799				Provisional Crown - Further Treatment or Completion of Diagnosis Necessary Prior to Final Impression	\$398	Not to be used as a Temporary Crown For a Routine Prosthetic Restoration
Restorative	Other Restorative Services	D2910				Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$105	
Restorative	Other Restorative Services	D2920	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Re-cement or Re-bond Crown	\$106	
Restorative	Other Restorative Services	D2930	✓ (0-11 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Prefabricated Stainless Steel Crown - Primary Tooth	\$256	
Restorative	Other Restorative Services	D2932	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Prefabricated Resin Crown	\$329	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA/CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
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Restorative	Other Restorative Services	D2940	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Protective Restoration	\$114	
Restorative	Other Restorative Services	D2950	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Core Buildup, Including Any Pins When Required	\$258	
Restorative	Other Restorative Services	D2951	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Pin Retention - Per Tooth, In Addition to Restoration	\$68	
Restorative	Other Restorative Services	D2952				Post and Core In Addition to Crown, Indirectly Fabricated	\$386	
Restorative	Other Restorative Services	D2954	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	✓ (0-20 yrs old only)	Prefabricated Post and Core In Addition to Crown	\$325	
Restorative	Other Restorative Services	D2955				Post Removal	\$270	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Restorative	Resin-based Composite Restorations - Direct	D2330	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Resin-based Composite - One Surface, Anterior	\$158	
Restorative	Resin-based Composite Restorations - Direct	D2331	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Resin-based Composite - Two Surfaces, Anterior	\$190	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Restorative	Resin-based Composite Restorations - Direct	D2332	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Resin-based Composite - Three Surfaces, Anterior	\$234	
Restorative	Resin-based Composite Restorations - Direct	D2335	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Resin-based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$291	

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Restorative	Resin-based Composite Restorations - Direct	D2391	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Resin-based Composite - One Surface, Posterior	\$174	Procedure D2391 may not be used solely for cosmetic purposes.
Restorative	Resin-based Composite Restorations - Direct	D2392	✓ (FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)	✓	✓	Resin-based Composite - Two Surfaces, Posterior	\$220	Procedure D2392 may not be used solely for cosmetic purposes.

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT - 2019)	DentaQuest ²	LIBERTY Dental ³	MCNA Dental ⁴	ORAL HEALTH CARE PROCEDURE	FLAT FEE REIMBURSEMENT RATE	COMMENT / NOTATION
			(accessed 2/4/2019; subject to change based on annual review)					
Restorative	Resin-based Composite Restorations - Direct	D2393	<p align="center">✓</p> <p>(FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)</p>	<p align="center">✓</p>	<p align="center">✓</p>	Resin-based Composite - Three Surfaces, Posterior	\$270	Procedure D2393 may not be used solely for cosmetic purposes.
Restorative	Resin-based Composite Restorations - Direct	D2394	<p align="center">✓</p> <p>(FL Medicaid yes; but appears to be 0- 20 years only for MMA and LTC plans - proof that this is not available is required)</p>	<p align="center">✓</p> <p>(0-20 yrs old only)</p>	<p align="center">✓</p> <p>(0-20 yrs old only)</p>	Resin-based Composite - Four or More Surfaces, Posterior	\$322	Procedure D2394 may not be used solely for cosmetic purposes.

NOTES:

¹ American Dental Association/Current Dental Terminology 2018 ©

Medicaid MMA Dental Benefits Information:

² DentaQuest Office Reference Manual - Florida Statewide Medicaid Dental Health Program (SMDHP): <http://www.dentaquest.com/state-plans/regions/florida/fl-dentist-page/> (dated 1/7/2019; accessed 2/4/2019; see pages 63-141); and DentaQuest of Florida, Inc. Medicaid and CHIP Office Reference Manual (including Clear Health Alliance) (dated 1/7/2019; accessed 2/4/2019; see pages 117-171)

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			(accessed 2/4/2019; subject to change based on annual review)				□	

³Liberty Dental Manual and List of Benefits: <https://client.libertydentalplan.com/FLMedicaid/Provider/FAQ> (accessed 2/4/2019; see EXPANDED BENEFITS, pages 23-25); COVERED SERVICES include, with several limitations: Dental Exams, Dental Screenings, Dental X-rays, Teeth Cleanings, Fluoride, Sealants, Oral Health Instruction, Fillings, Periodontics, Dental Consultation, Prosthodontics (Dentures), Extractions (if medically necessary), Sedation, (proof of non-covered or max-ed out service is required in order to access Ryan White Program dental assistance.

⁴MCNA Dental Manual and List of Benefits: <http://docs.mcna.net/manuals/florida> (accessed 2/4/2019; see pages 76-103)