

Maryland Medicaid Adult Dental Pilot Fee Schedule

Code	Description	Fee
Diagnostic codes		
D0120	Periodic oral evaluation - established patient	\$29.08
D0140	Limited oral evaluation	\$43.20
D0150	Comprehensive oral evaluation - new or established patient	\$51.50
	Note: Limit one (1) D0120 or D0150 per patient per 6 month period.	
	Note: Limit one (1) D0140 per patient per 12 month period.	
	Note: Limit one (1) D0150 per patient per 36 month period.	
Diagnostic Imaging		
D0270	Bitewing- Single Radiographic Image	\$9.00
D0272	Bitewings- Two Radiographic Images	\$15.00
D0273	Bitewings- Three Radiographic Images	\$18.00
D0274	Bitewings- Four Radiographic Images	\$22.00
	Note: Limit one (1) per patient per 12 months period for D0270, D0272, D0273, and D0274.	
D0210	Intraoral - Complete Series of Radiographic Images	\$57.00
D0220	Intraoral – Periapical First Radiographic Image	\$9.00
D0230	Intraoral – Periapical Each Additional Radiographic Image	\$6.00
D0330	Panoramic Radiographic Image	\$42.00
	Note: Limit six (6) per patient per 12 month period for D0230.	
	Note: Limit one (1) per patient per 36 month period for D0210 and D0330.	
Preventive Care		
D1110	Prophylaxis – Adult (Permanent Dentition)	\$58.15
	Note: Limit one (1) D1110 per Patient per 6 month period.	
Restorative Care		
D2140	Amalgam – One Surface, Permanent	\$70.00
D2150	Amalgam – Two Surfaces, Permanent	\$88.00
D2160	Amalgam – Three Surfaces, Permanent	\$104.00
D2161	Amalgam – Four or More Surfaces, Permanent	\$104.00
D2330	Resin-Based Composite - One Surface, Anterior	\$84.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$102.00
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$125.00
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$151.00
D2391	Resin-Based Composite – One Surface, Posterior	\$93.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$120.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$150.00
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$150.00
	Note: Limit one (1) restoration per patient per tooth per surface per 36 months.	

	Non-Surgical Periodontal Service	
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis On a Subsequent Visit	\$100.00
	Note: Limit one (1) full mouth dedbridement per patient per twenty four (24) month period	
	Oral Surgery	
D7140	Extraction, Erupted Tooth Or Exposed Root	\$103.01
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$103.01
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$18.00

*** These fees are consistent with the fees on the current Maryland Medicaid Dental Fee Schedule**