

Mississippi Division of Medicaid
DENTAL FEE SCHEDULE
COVER SHEET



Additional References:

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

| Note Number | Column Title | Details |
|--------------------|--------------------------|---|
| 1 | Code | <ul style="list-style-type: none"> • Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code |
| 2 | Description | <ul style="list-style-type: none"> • Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description |
| 3 | Prior Authorization (PA) | <ul style="list-style-type: none"> • This column identifies the codes that require prior authorization before the service is performed. • Priced by PA (prior authorization) - require a prior authorization with the invoice submittal to Fiscal Agent for approval prior to service(s) rendered. |
| 4 | Min Age | <ul style="list-style-type: none"> • This column is the covered minimum age for the service. |
| 5 | Max Age | <ul style="list-style-type: none"> • This column is the covered maximum age for the service. |
| 6 | Begin Date | <ul style="list-style-type: none"> • This column represents the begin date of which the fee in columns I and J became effective. |
| 7 | End Date | <ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns I and J. |
| 8 | Max Units | <ul style="list-style-type: none"> • This column represents the maximum units Division of Medicaid covers for the service. |
| 9 | Fee | <ul style="list-style-type: none"> • This column is the maximum amount that Division of Medicaid will pay for each unit. • When the maximum fee is listed as 0.00, the provider must obtain a prior authorization and/or submit a By Report claim as identified on the fee schedules. • NC - Non Covered Service |
| 10 | Fee Reduced | <ul style="list-style-type: none"> • This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for each unit. • When the maximum fee is listed as 0.00, the provider must obtain a prior authorization and/or submit a By Report claim as identified on the fee schedules. • NC - Non Covered Service |

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 Print Date: APRIL 6, 2021



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|-------|-------------|
| D0120 | PERIODIC ORAL EXAM ESTABLISHED PATIENT | NO | 0 | 20 | 2/1/2018 | 12/31/9999 | 1 | 27.14 | 25.78 |
| D0140 | LIMIT ORAL EVAL PROBLM FOCUS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 40.73 | 38.69 |
| D0145 | ORAL EVAL <3 YRS | NO | 0 | 2 | 7/1/2014 | 12/31/9999 | 1 | 37.87 | 35.98 |
| D0150 | COMPREHENSVE ORAL EVALUATION | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 42.87 | 40.73 |
| D0160 | EXTENSV ORAL EVAL PROB FOCUS | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D0170 | RE-EVAL,EST PT,PROBLEM FOCUS | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D0171 | RE-EVAL POST -OP VISIT | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D0180 | COMP PERIODONTAL EVALUATION | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D0190 | SCREENING OF A PATIENT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0191 | ASSESSMENT OF A PATIENT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0210 | INTRAORAL COMPLT SERIES IMAGE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 66.32 | 63.00 |
| D0220 | INTRAORAL/PERIAPICAL 1ST IMAGE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 13.26 | 12.60 |
| D0230 | INTRAORAL/PERIAPICAL EA ADDL IMAGE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 13 | 11.94 | 11.34 |
| D0240 | INTRAORAL/OCCLUSAL IMAGE | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D0250 | EXTRA-ORAL 2D PROJ IMAGE | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D0251 | EXTRA-ORAL POSTERIOR IMAGE | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D0270 | BITEWING-SNGL IMAGE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 13.36 | 12.69 |
| D0272 | BITEWINGS 2 IMAGES | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 21.37 | 20.30 |
| D0273 | BITEWINGS 3 IMAGES | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 26.05 | 24.75 |
| D0274 | BITEWINGS 4 IMAGES | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 30.06 | 28.56 |
| D0277 | VERTI BITEWINGS 7-8 IMAGES | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D0310 | SIALOGRAPHY | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D0320 | TEMP/MANDIB JNT ARTHRGRM, INCL INJ | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D0321 | OTH TEMPOROMANDIB JNT IMAGE | YES - Priced by PA | 0 | 999 | 12/1/2008 | 12/31/9999 | 2 | 0.00 | 0.00 |
| D0322 | TOMOGRAPHIC SURVEY | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D0330 | PANORAMIC IMAGE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 54.52 | 51.79 |
| D0340 | 2D CELPHALOMETRIC IMAGE | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 61.56 | 58.48 |
| D0350 | 2D ORAL/FACIAL PHOTO | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 29.32 | 27.85 |
| D0351 | 3D PHOTO IMAGE | NO | 0 | 20 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D0364 | CONE BEAM CT<1WHOLE JAW+INTERP LMTD VIEW | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0365 | CONE BEAM CT MANDIBL+INT FULL VIEW | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0366 | CONE BEAM CT-MAXILLA, W/ OR W/OUT CRANIU | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0367 | CONE BEAM CT BOTH JAWS W/ OR W/OUT CRANI | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0368 | CONE BEAM CT TMJ 2 OR MORE EXPOSURES+IN | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0369 | MAXILLOFACIAL MRI+INTERP | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0370 | MAXILLOFACIAL ULTRASOUND+INTERP | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0371 | SIALOENDOSCOPY+INTERP | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0380 | CONE BEAM CT LMTD VIEW <1 WHOLE JAW IMG | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0381 | CONE BEAM CT W/ VIEW OF 1 FULL DENTAL MA | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0382 | CONE BEAM CT ONE FULL ARCH-MAXILLA W/ OR | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0383 | CONE BEAM CT BOTH JAWS, W/OR W/OUT CRAMI | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0384 | CONE BEAM CT IMAGE ONLY TMJ 2 OR MORE E | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0385 | MAXILLOFACIAL MRI IMAGE ONLY | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0386 | MAXILLOFACIAL ULTRASOUND IMAGE ONLY | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0391 | INTERP OF IMG BY PRAC NOT ASSOC W/ CAPT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D0393 | TRTMENT SIMULATION USING 3D IMAGE | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D0394 | DGTL SUBTRACT OF TEO OR MORE IMGs | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D0395 | FUSIN OF2/MRE 3D IMG VLM OF1/MRE MDLTIS | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D0411 | HBA1C IN-OFFICE POS TESTING | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | 11.99 | 11.39 |
| D0412 | BLOOD GLUCOSE TEST | NO | 0 | 999 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D0414 | LAB MICRO INCL CULTURE STUDY PREP & RPT | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D0415 | COLLECTION OF MICROORGANISMS | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D0416 | VIRAL CULTURE | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0417 | COLL / PREP SALIVA DIAG TEST | NO | 0 | 999 | 1/1/2009 | 12/31/9999 | 1 | NC | NC |

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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|--------|-------------|
| D0418 | ANALYSIS SALIVA SAMPLE | NO | 0 | 999 | 1/1/2009 | 12/31/9999 | 1 | NC | NC |
| D0419 | ASSESS OF SALIVARY FLOW | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D0422 | COLL/PREP GENETIC SAMPLE | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D0423 | GENETIC TEST - SPECIMEN ANALYSIS | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D0425 | CARIES SUSCEPTIBILITY TESTS | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D0431 | DIAG TST DETECT MUCOS ABNORM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0460 | PULP VITALITY TESTS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D0470 | DIAGNOSTIC CASTS | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 65.75 | 62.46 |
| D0472 | GROSS EXAM, PREP & REPORT | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D0473 | MICRO EXAM, PREP & REPORT | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D0474 | MICRO W EXAM OF SURG MARGINS | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D0475 | DECALCIFICATION PROCEDURE | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0476 | SPEC STAINS FOR MICROORGANIS | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0477 | SPEC STAINS NOT FOR MICROORG | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0478 | IMMUNOHISTOCHEMICAL STAINS | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0479 | TISSUE IN-SITUHYBRIDIZATION | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0480 | ACC EXFOL CYT SMEARS MICRO EXAM | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D0481 | ELECTRON MICROSCOPY DIAGNOST | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0482 | DIRECT IMMUNOFLUORESCENCE | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0483 | INDIRECT IMMUNOFLUORESCENCE | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0484 | CONSULT SLIDES PREP ELSEWHER | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0485 | CONSULT INC PRE OF SLIDES | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D0486 | ACC TRANSEPIHELIAL CYTLGY | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D0502 | OTHR ORAL PATH PROCED, BY REPORT | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D0600 | DIAG REC CHG ENAM DENTIN CEMENTUM | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D0601 | CARIES RSK ASSESS/DOC W/FINDINGS LOW RSK | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D0602 | CARIES RSK ASSESS/DOC W/FINDINGS MOD RSK | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D0603 | CARIES RSK ASSESS/DOC W/FNDGS HIGH RSK | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D0604 | ANTIGEN TEST PUB HLTH PATHOG | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0605 | ANTIBODY TEST PUB HLTH PATH | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0701 | PANO RADIO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0702 | 2D CEPHAL RADIO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0703 | 2D ORAL/FACIAL PHOTO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0704 | 3D PHOTO IMAGE CAPTURE ONLY | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0705 | EXTRA ORAL POST RADIO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0706 | INTRAORAL OCCLUS RADIO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0707 | INTRAORAL PERIAP RADIO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0708 | INTRAORAL BITE RADIO IMAGE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0709 | INTRAORAL CMPLT RADIO IMAGES | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D0999 | UNSPECIFIED DIAGNOSTIC PROCED | YES - Priced by PA | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D1110 | PROPHYLAXIS, ADULTS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D1120 | PROPHYLAXIS, CHILDREN | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 30.11 | 28.60 |
| D1206 | TOPICAL APPL/FLUORIDE VARNISH | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 25.05 | 23.80 |
| D1208 | TOPICAL APPL OF FLUORIDE | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 16.70 | 15.87 |
| D1310 | NUTRITIONAL COUNSELING FOR THE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D1320 | TOBACCO COUNSELING | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D1321 | COUNS FOR HIGH RISK SUB USE | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D1330 | ORAL HYGIENE INSTRUCTION | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D1351 | SEALANT PER TOOTH | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 28.39 | 26.97 |
| D1352 | RESIN RESTORE PERM TOOTH | NO | 0 | 999 | 1/1/2011 | 12/31/9999 | 1 | NC | NC |
| D1353 | SEALANT REPAIR | NO | 0 | 20 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D1354 | INTERIM CARIES APP PER TOOTH | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D1355 | CARIES MED APP PER TOOTH | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D1510 | SPACE MAINTAINER FXD UNILAT | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 4 | 179.20 | 170.24 |
| D1516 | SPACE MAINT FIXED BILAT MAX | NO | 0 | 20 | 1/1/2019 | 12/31/9999 | 2 | 250.88 | 238.34 |
| D1517 | SPACE MAINT FIXED BILAT MAND | NO | 0 | 20 | 7/1/2020 | 12/31/9999 | 1 | 250.88 | 238.34 |
| D1520 | REMOVE UNILAT SPACE MAINTAIN | NO | 0 | 20 | 7/1/2020 | 12/31/9999 | 2 | 197.12 | 187.26 |
| D1526 | SPACE MAINT FIXED BILAT MAX | NO | 0 | 20 | 7/1/2020 | 12/31/9999 | 1 | 304.64 | 289.41 |
| D1527 | SPACE MAINT FIXED BILAT MAND | NO | 0 | 20 | 7/1/2020 | 12/31/9999 | 1 | 304.64 | 289.41 |
| D1551 | RECEMENT/REBOND BL SPACE MAINT-MAXILLARY | NO | 0 | 20 | 1/1/2020 | 12/31/9999 | 2 | 38.71 | 36.77 |
| D1552 | RECEMENT/REBOND BL SPACE MAINT-MANDIBULA | NO | 0 | 20 | 1/1/2020 | 12/31/9999 | 2 | 38.71 | 36.77 |
| D1553 | RECEMENT/REBOND UL SPACE MAINTAINER- PER | NO | 0 | 20 | 1/1/2020 | 12/31/9999 | 4 | 38.71 | 36.77 |

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|-------|--|-----|---------|---------|------------|------------|-----------|--------|-------------|
| D1556 | R/O FIXED UL SPACE MAINTAIN-PER QUAD | NO | 0 | 20 | 1/1/2020 | 12/31/9999 | 4 | 37.27 | 35.41 |
| D1557 | R/O FIXED BL SPACE MAINT-MAXILLARY | NO | 0 | 20 | 1/1/2020 | 12/31/9999 | 1 | 37.27 | 35.41 |
| D1558 | R/O FIXED BL SPACE MAINT-MANDIBULAR | NO | 0 | 20 | 1/1/2020 | 12/31/9999 | 1 | 37.27 | 35.41 |
| D1575 | DIST SPACE MAINT, FIXED UNIL | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D1999 | UNSPEC PREV PROCEDURE | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D2140 | AMALGAM ONE SURFACE PERMANEN | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 69.58 | 66.10 |
| D2150 | AMALGAM TWO SURFACES PERMANE | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 90.05 | 85.55 |
| D2160 | AMALGAM THREE SURFACES PERMA | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 108.87 | 103.43 |
| D2161 | AMALGAM 4 OR > SURFACES PERM | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 132.61 | 125.98 |
| D2330 | RESIN-ONE SURFACE, ANTERIOR | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 72.89 | 69.25 |
| D2331 | RESIN-TWO SURFACES, ANTERIOR | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 93.03 | 88.38 |
| D2332 | RESIN-THREE SURFACES, ANTERIOR | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 113.85 | 108.16 |
| D2335 | RESIN-FOUR OR MORE SURFACES ON | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 134.68 | 127.95 |
| D2390 | ANT RESIN-BASED CMPST CROWN | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 149.26 | 141.80 |
| D2391 | POST 1 SRFC RESINBASED CMPST | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 85.39 | 81.12 |
| D2392 | POST 2 SRFC RESINBASED CMPST | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 111.77 | 106.18 |
| D2393 | POST 3 SRFC RESINBASED CMPST | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 138.85 | 131.91 |
| D2394 | POST >=4SRFC RESINBASED CMPST | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 170.09 | 161.59 |
| D2410 | GOLD FOIL - ONE SURFACE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2420 | GOLD FOIL - TWO SURFACES | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2430 | GOLD FOIL - THREE SURFACES | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2510 | INLAY - GOLD, ONE SURFACE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2520 | INLAY - GOLD, TWO SURFACES | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2530 | INLAY - GOLD, THREE SURFACES | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2542 | DENTAL ONLAY METALLIC 2 SURF | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2543 | DENTAL ONLAY METALLIC 3 SURF | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2544 | DENTAL ONLAY METL 4/MORE SUR | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2610 | INLAY - PORCELAIN | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2620 | INLAY - PORCELAIN/CERAMIC-TWO SURFACES | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D2630 | INLAY - PORCELAIN/CERAMIC-THREE SURFACES | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D2642 | DENTAL ONLAY PORCELIN 2 SURF | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2643 | DENTAL ONLAY PORCELIN 3 SURF | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2644 | DENTAL ONLAY PORC 4/MORE SUR | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2650 | INLAY COMPOSITE/RESIN ONE SU | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D2651 | INLAY COMPOSITE/RESIN TWO SU | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D2652 | DENTAL INLAY RESIN 3/MRE SUR | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D2662 | DENTAL ONLAY RESIN 2 SURFACE | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2663 | DENTAL ONLAY RESIN 3 SURFACE | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2664 | DENTAL ONLAY RESIN 4/MRE SUR | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2710 | CROWN RESIN BSD COMP (INDIRECT) | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2712 | CROWN 3/4 RESIN-BASED COMPOS | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D2720 | PLASTIC WITH GOLD | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2721 | PLASTIC WITH NONPRECIOUS META | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2722 | PLASTIC WITH SEMIPRECIOUS MET | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2740 | CROWN-PROC/CER-SUBSTRATE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2750 | PORCELAIN WITH GOLD | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 549.74 | 522.25 |
| D2751 | CROWN-PROCELAIN FUSED TO PRED | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 511.89 | 486.30 |
| D2752 | PORCELAIN WITH SEMIPRECIOUS M | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 524.30 | 498.09 |
| D2753 | CROWN-PORC FUSED TO TITANIUM AND TITANIU | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D2780 | CROWN 3/4 CAST HI NOBLE MET | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2781 | CROWN 3/4 CAST BASE METAL | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2782 | CROWN 3/4 CAST NOBLE METAL | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2783 | CROWN 3/4 PORCELAIN/CERAMIC | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2790 | GOLD (FULL CAST) | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2791 | NONPRECIOUS METAL (FULL CAST) | NO | 0 | 999 | 9/1/1986 | 12/31/9999 | 99,999 | NC | NC |
| D2792 | SEMIPRECIOUS METAL (FULL CAS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2794 | CROWN-TITANIUM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D2799 | PROV CROWN- TRTMNT OF DIAG PRIOR TO FINA | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2910 | RECEMENT INLAY ONLAY OR PART | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2915 | RECEMENT CAST OR PREFAB POST | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D2920 | RECEMENT CROWNS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2921 | REATTACH TOOTH FRAG INCISAL EDGE/CUSP | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D2928 | PREFAB PORC/CER CROWN PERM | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: APRIL 6, 2021



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|--------|-------------|
| D2929 | PREFAB PORCELAIN/CERAMIC CROWN-PRIMARY T | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D2930 | PREFABRICATED STAINLESS STEEL | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 134.79 | 128.05 |
| D2931 | PREFABRICATED STAINLESS STEEL | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 152.40 | 144.78 |
| D2932 | PREFABRICATED RESIN CROWN | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D2933 | PREFABRICATED STAINLESS STEEL | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 186.27 | 176.96 |
| D2934 | PREFAB STEEL CROWN PRIMARY | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 186.27 | 176.96 |
| D2940 | PROTECTIVE RESTORATION | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 51.48 | 48.91 |
| D2941 | INTERIM THERAP RESTORA-PRIM DENITITION | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D2949 | RESTOR FOUNDATION/INDIRECT RESTOR | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D2950 | CORE BUILDUP INCL PINS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D2951 | PIN RETENTION - PER TOOTH IN A | NO | 0 | 20 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D2952 | POST & CORE IN ADD CROWN INDIR FAB | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 203.21 | 193.05 |
| D2953 | CROWN EA ADD FAB POST - SAME TOOTH | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2954 | PREFAB POST AND CORE IN ADD TO CROWN | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D2955 | POST REMOVAL | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D2957 | EACH ADDTNL PREFAB POST | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D2960 | LABIAL VENEER RESIN DIRECT | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D2961 | LABIAL VENEER RESIN INDIRECT | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D2962 | LABIAL VENEER PORC INDIRECT | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D2971 | ADD PROC CONSTRUCT NEW CROWN | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D2975 | COPING | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D2980 | CROWN REPAIR MATERIAL FAILURE | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D2981 | INLAY REPAIR -MATERIAL FAILURE | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D2982 | ONLAY REPAIR MATERIAL FAILURE | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D2983 | VENEER REPAIR MATERIAL FAILURE | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D2990 | RESIN INFILTRATE OF INCIPIENT LOSION | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D2999 | UNSPECIFIED RESTORATIVE PROCED | YES - Priced by PA | 0 | 20 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D3110 | PULP CAP - DIRECT (EXCLUDING | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D3120 | PULP CAP (INDIRECT) | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D3220 | THERAPEUTIC PULPOTOMY | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 97.28 | 92.42 |
| D3221 | GROSS PULPAL DEBRIDEMENT | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D3222 | PART PULPOTOMY APEXOGENESIS | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 98.86 | 93.92 |
| D3230 | PULPAL THERAPY ANTERIOR PRIM | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D3240 | PULPAL THERAPY POSTERIOR PRI | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D3310 | END THXPY, ANTERIOR TOOTH | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 372.43 | 353.81 |
| D3320 | ENDODONTIC THERAPY PREMOLAR BICUS | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 456.41 | 433.59 |
| D3330 | ENDODONTIC THERAPY MOLAR | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 565.95 | 537.65 |
| D3331 | NON-SURG TX ROOT CANAL OBS | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D3332 | INCOMPLETE ENDODONTIC TX | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D3333 | INTERNAL ROOT REPAIR | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D3346 | RETREATMENT-ANTERIOR, BY REPOR | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 496.58 | 471.75 |
| D3347 | RETREAT PREV ROOT CANAL THERAPY | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 584.21 | 555.00 |
| D3348 | RETREATMENT-MOLAR, BY REPORT | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 722.96 | 686.81 |
| D3351 | APEXIFICATION/RECALCIFICATN-INIT VISIT | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3352 | APEX/RECALC-INTERIM MED REPLAC | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3353 | APEXIFICATION/RECALCIFICATION- | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3355 | PULPAL REGENERATION- INITIAL VISIT | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D3356 | PULPAL REGEN-INTERIM MEDICATION RPLCMNT | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D3357 | PULPAL REGENERATION-CMPLTION OF TRTMNT | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D3410 | APICOECTOMY- ANTERIOR | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D3421 | APICOECTOMY-BICUSPID PREMOLAR | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3425 | APICOECTOMY MOLAR-FIRST ROOT | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3426 | APICOECTOMY EA ADDL ROOT | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3428 | BONE GRAFT W/PERIRDCULAR SURG PER TOOTH | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D3429 | BONE GRAFT W/PERIRDCULAR SURG-EACH ADDL | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D3430 | RETROGRADE FILLING | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D3431 | BIO MATERIAL AID OSSEOUS TISSUE REGEN | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: **APRIL 6, 2021**



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|--------|-------------|
| D3432 | TISSUE REGEN/RESORB BARRIER PER SITE | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D3450 | ROOT RESECTION | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D3460 | ENDODONTIC IMPLANTS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D3470 | INTENTIONAL REPLANTATION (INCL | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D3471 | SURG REP ROOT RES ANTERIOR | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D3472 | SURG REP ROOT RES PREMOLAR | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D3473 | SURG REP ROOT RES MOLAR | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D3501 | SURG EXP ROOT SURF ANTERIOR | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D3502 | SURG EXP ROOT SURF PREMOLAR | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D3503 | SURG EXP ROOT SURF MOLAR | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D3910 | SURGICAL PROCEDURE FOR ISOLAT | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D3920 | HEMISECTION | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D3950 | CANAL PREPARATION AND FITTING | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D3999 | UNSPECIFIED ENDODONTIC PROCED | YES - Priced by PA | 0 | 20 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D4210 | GINGIVECTOMY/GINGIVOPLASTY 4+ | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 329.17 | 312.71 |
| D4211 | GINGIVECTOMY/GINGIVOPLASTY 1-3 | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 146.30 | 138.99 |
| D4212 | GINGIVITMY/GINGPLATY PER TOOTH | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D4230 | CROWN EXP 4+ CONTIG TEETH/QUAD | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D4231 | CROWN EXP 1-3 TEETH/QUAD | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D4240 | GINGIVAL FLAP 4+ TEETH | NO | 10 | 20 | 7/1/2014 | 12/31/9999 | 4 | 416.96 | 396.11 |
| D4241 | GINGIVAL FLAP 1-3 TEETH | NO | 10 | 20 | 7/1/2014 | 12/31/9999 | 4 | 241.40 | 229.33 |
| D4245 | APICALLY POSITIONED FLAP | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D4249 | CROWN LENGTHENING-HARD AND SOF | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D4260 | OSSEOUS SURGERY 4+ | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 694.93 | 660.18 |
| D4261 | OSSEOUS SURGERY 1-3 | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 373.06 | 354.41 |
| D4263 | BONE GRAFT FIRST TOOTH | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4264 | BONE GRAFT ADDITIONAL TOOTH | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4265 | BIO MTRLS TO AID SOFT/OS REG | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D4266 | GUIDED TISS REGEN REABSORB PER SITE | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4267 | GUIDED TISS REGEN- NON RESORB PER SITE | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4268 | SURGICAL REVISION PROCEDURE | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D4270 | PEDICLE SOFT TISSUE GRAFTS | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D4273 | AUTOGENOUS TISS GRAFT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4274 | MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TO | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4275 | NON-AUTOGENOUS TISS GRAFT | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D4276 | CON TISSUE W DBLE PED GRAFT | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D4277 | FREE SOFT TISS GRAFT 1ST | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D4278 | FREE SOFT TISS GRAFT EA ADD | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D4283 | AUTOGENOUS TISS GRAFT EA ADD | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D4285 | NON-AUTOGEN TISS GRAFT EA ADD | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D4320 | CROWN EXPOSURE 4+ PER QUAD | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D4321 | PROVISIONAL SPLINTING, EXTRAC | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D4341 | PERIODONTAL SCALING & ROOT | NO | 10 | 20 | 7/1/2014 | 12/31/9999 | 4 | 110.54 | 105.01 |
| D4342 | PERIODONTAL SCALING 1-3TEETH | NO | 10 | 20 | 7/1/2014 | 12/31/9999 | 4 | 64.00 | 60.80 |
| D4346 | SCALING GINGIVAL INFLAM FULL MOUTH | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D4355 | FULL MOUTH DEBRIDE FOR SUBSQ VISIT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4381 | LOCAL DELIV OF ANTIMICROBIAL AGENTS | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D4910 | PERIODONTAL MAINT PROCEDURES | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D4920 | UNSCHEDULED DRESSING CHANGE (| NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D4921 | GINGIVAL IRRIGATION- PER QUAD | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 4 | NC | NC |
| D4999 | UNSPECIFIED PERIODONTAL SERVI | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D5110 | COMPLETE UPPER | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 678.44 | 644.52 |
| D5120 | COMPLETE LOWER | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 678.44 | 644.52 |
| D5130 | IMMEDIATE UPPER | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5140 | IMMEDIATE LOWER | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5211 | MAXILLARY PARTIAL DENTURE-RESIN | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 572.59 | 543.96 |
| D5212 | MANDIBULAR PARTIAL DENTURE-RESIN | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 665.44 | 632.17 |
| D5213 | DENTURES MAXILL PART METAL | NO | 0 | 999 | 8/4/1986 | 12/31/9999 | 1 | NC | NC |
| D5214 | DENTURES MANDIBL PART METAL | NO | 0 | 999 | 8/4/1986 | 12/31/9999 | 1 | NC | NC |
| D5221 | IMMED MAX PART DENTURE RESIN | YES | 0 | 20 | 1/1/2016 | 12/31/9999 | 1 | 572.59 | 543.96 |
| D5222 | IMMED MAN PART DENTURE RESIN | YES | 0 | 20 | 1/1/2016 | 12/31/9999 | 1 | 665.44 | 632.17 |
| D5223 | IMMED MAX PART DENT METAL | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: APRIL 6, 2021



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|-----|---------|---------|------------|------------|-----------|-----|-------------|
| D5224 | IMMED MAND PART DENT METAL | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D5225 | MAXILLARY PART DENTURE FLEX | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D5226 | MANDIBULAR PART DENTURE FLEX | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D5282 | REMOVE UNIL PART DENTURE,MAX | YES | 14 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D5283 | REMOVE UNIL PART DENTURE,MAN | YES | 14 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D5284 | REM UNILAT DENT FLEX BASE | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D5286 | REM UNILAT DENT 1 PC RESIN | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D5410 | COMPLETE DENTURE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5411 | ADJUST COMPLETE DENTURE - LOWER | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5421 | PARTIAL DENTURE (UPPER) | NO | 0 | 20 | 10/1/2003 | 12/31/9999 | 1 | NC | NC |
| D5422 | PARTIAL DENTURE (LOWER) | NO | 0 | 20 | 10/1/2003 | 12/31/9999 | 1 | NC | NC |
| D5511 | REP BROKEN CMPLT DENTURE MANDIB | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D5512 | REP BROKEN CMPLT DENTURE MAXILL | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D5520 | REPL MISS/BROKE TEETH-COMPL DENT ECH TOO | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5611 | REP RESIN PARTIAL DENT BASE MANDIB | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D5612 | REP RESIN PARTIAL DENT BASE MAXILL | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D5621 | REP CAST PARTIAL FRMWRK MANDIB | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D5622 | REP CAST PART FRMWRK MAX | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D5630 | REPAIR/REPLACE BROKEN MATERIAL/TOOTH | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5640 | REPLACE BROKEN TOOTH ON DENTU | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5650 | ADDING TOOTH TO PARTIAL DENTU | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5660 | ADD CLASP EXISTING DENT | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5670 | REPLC TTH&ACRLC ON MTL FRMWRK | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5671 | REPLC TTH&ACRLC MANDIBULAR | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D5710 | DUPLICATE UPPER OR LOWER COMP | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5711 | REBASE COMPLETE LOWER DENTURE | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5720 | DUPLICATE UPPER OR LOWER PART | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5721 | REBASE LOWER PARTIAL DENTURE | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5730 | DENTURE RELN CMPLT MAX DIR | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5731 | DENTURE RELN CMPLT MAND DIR | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5740 | DENTURE RELN PART MAX DIR | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5741 | DENTURE RELN PART MAND DIR | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5750 | DENTURE RELN CMPLT MAX INDIR | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5751 | DENTURE RELN CMPLT MAND IND | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5760 | DENTURE RELN PART MAX INDIR | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5761 | DENTURE RELN PART MAND INDIR | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5810 | INTERIM COMPLETE DENTURE (UPPE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5811 | INTERIM COMPLETE DENTURE (LOWE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5820 | DENTURE INTERM PART MAXILL | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5821 | DENTURE INTERM PART MANDBL | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5850 | TISSUE CONDITIONING, UPPER-PER | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D5851 | TISSUE CONDITIONING, LOWER-PER | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D5862 | PRECISION ATTACHMENT, BY REPORT | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5863 | OVERDENTURE- CMPLT MAXILLARY | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D5864 | OVERDENTURE- PART MAXILLARY | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D5865 | OVERDENTURE - CMPLT MANDIBULAR | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D5866 | OVERDENTURE- PART MANDIBULAR | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D5867 | REPLACEMENT OF PRECISION ATT | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D5875 | PROSTHESIS MODIFICATION | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D5876 | ADD METAL SUBSTRUCT TO ACRYLIC DENTURE | NO | 0 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D5899 | UNSPEC REMOV PROSTDNTIC PROC BY REPT | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D5911 | FACIAL MOULAGE (SECTIONAL) | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5912 | FACIAL MOULAGE (COMPLETE) | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5913 | NASAL PROSTHESIS | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5914 | AURICULAR PROSTHESIS | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5915 | ORBITAL PROSTHESIS | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5916 | OCULAR PROSTHESIS | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5919 | FACIAL PROSTHESIS | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5922 | NASAL SEPTAL PROSTHESIS | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5923 | OCULAR PROSTHESIS, INTERIM | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5924 | CRANIAL PROSTHESIS | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5925 | FACIAL AUGMENTATION IMPLANT PR | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5926 | NASAL PROSTHESIS REPLACEMENT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5927 | AURICULAR PROSTHESIS, REPLACEM | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5928 | ORBITAL PROSTHESIS REPLACEMENT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: APRIL 6, 2021



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All services and maximums allowed quantities are subject to NCCI procedure-to-procedure or medically unlikely editing even if prior authorized.

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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|-----|---------|---------|------------|------------|-----------|----------|-------------|
| D5929 | FACIAL PROSTHESIS, REPLACEMENT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5931 | OBTURATOR PROSTHESIS, SURGICAL | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5932 | OBTURATOR PROSTHESIS, DEFINITI | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5933 | OBTURATOR PROSTHESIS, MODIFICA | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5934 | MANDIBULAR RESECTION PROSTHESI | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5935 | MANDIBULAR RESECTION PROSTHESI | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5936 | OBTURATOR/PROSTHESIS, INTERIM | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5937 | TRISMUS APPLIANCE (NOT FOR TMD | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D5951 | FEEDING AID | NO | 0 | 999 | 8/1/1986 | 12/31/9999 | 1 | NC | NC |
| D5952 | SPEECH AID PROSTHESIS, PEDIATR | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5953 | SPEECH AID PROSTHESIS, ADULT | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5954 | PALATAL AUGMENTATION PROSTHESI | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5955 | PALATAL LIFT PROSTHESIS, DEFIN | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 2,807.22 | 2,666.86 |
| D5958 | PALATAL LIFT PROSTHESIS, INTER | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5959 | PALATAL LIFT PROSTHESIS, MODIF | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5960 | SPEECH AID PROSTHESIS, MODIFIC | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D5982 | SURGICAL STENT | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5983 | RADIATION CARRIER | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5984 | RADIATION SHIELD | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5985 | RADIATION CONE LOCATOR | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5986 | FLUORIDE GEL CARRIER | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5987 | COMMISSURE SPLINT | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5988 | SURIGAL SPLINT | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D5991 | VESICULOBULLOUS DISEASE MED CARR | NO | 0 | 999 | 1/1/2009 | 12/31/9999 | 1 | NC | NC |
| D5992 | ADULT PROSTHETIC | NO | 0 | 999 | 1/1/2011 | 12/31/9999 | 1 | NC | NC |
| D5993 | MAINT MAXIL PROSTH | NO | 0 | 999 | 1/1/2011 | 12/31/9999 | 1 | NC | NC |
| D5995 | PERI MEDICAMENT W/SEAL, MAX | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D5996 | PERI MEDICAMENT W/SEAL, MAND | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D5999 | UNSPEC MAXILLFAC PROSTH, BY REPT | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D6010 | ODONTICS ENDOSTEAL IMPLANT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D6011 | SECOND STAGE IMPLANT SURGERY | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D6012 | SURG PLACE INTERIM IMPLANT BODY | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D6013 | SURGICAL PLACEMENT OF MINI INPLANT | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D6040 | SUBPERIOSTEAL IMPLANT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D6050 | TRANSASSEOUS IMPLANT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D6051 | INTERIM ABUTMENT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D6055 | CONNECTING BAR | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D6056 | PREFAB ABUTMENT INCL MOD/PLACE | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6057 | CSTM FAB ABUTMNT INCL PLACMNT | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6058 | ABUTMENT SUPPORTED CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6059 | ABUTMENT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6060 | ABUTMENT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6061 | ABUTMENT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6062 | ABUTMENT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6063 | ABUTMENT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6064 | ABUTMENT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6065 | IMPLANT SUPPORTED CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6066 | IMPLANT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6067 | IMPLANT SUPPORTED MTL CROWN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6068 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6069 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6070 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6071 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6072 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6073 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6074 | ABUTMENT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6075 | IMPLANT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6076 | IMPLANT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6077 | IMPLANT SUPPORTED RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6080 | IMPLANT MAINTENANCE PROC | NO | 0 | 999 | 12/1/1992 | 12/31/9999 | 9,999 | NC | NC |
| D6081 | SCALING/DEBRIDEMENT INFLAMM OR MUCOSITIS | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D6082 | IMPLANT SUPPORT CROWN-PORC FSD TO BASE A | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6083 | IMPLANT SUPPORT CROWN-PORC FSD TO BASE A | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6084 | IMPL SUPRT CROWN-PORC FUSED TO TITANIUM | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6085 | PROVISIONAL IMPLANT CROWN | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: APRIL 6, 2021



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|---|----|---------|---------|------------|------------|-----------|-----|-------------|
| D6086 | IMPL SUPRT CROWN-PREDOM BASE ALLOY | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6087 | IMPL SUPRT CROWN- NOBLE ALLOYS | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6088 | IMPL SUPRT CROWN- TITANIUM | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6090 | REPAIR IMPLANT, BY REPORT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D6091 | REPL SEMI/PRECISION ATTACH | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D6092 | RECEMENT IMPLANT/CROWN | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D6093 | RECEMENT IMPLANT/FIXED PARTIAL | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D6094 | ABUT SUPPORT CROWN TITANIUM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6095 | ODONTICS REPR ABUTMENT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D6096 | REM BROKE IMPLANT RETAIN SCREW | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D6097 | ABUTMENT SUPPORT CROWN-PORC FUSED TO TIT | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6098 | IMPLT SUPPORT RETAINER-PORC FSED TO PRED | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6099 | IMPLANT SUPPORT RETAINER FOR FPD-PORC FS | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6100 | IMPLANT REMOVAL, BY REPORT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D6101 | DEBRIDE OF PERIIMPLANT DEFECT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D6102 | DEBRIDE & OSSEOUS CONTOUR OR PERIIMPLANT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D6103 | BONE GRAFT PER-IMPLANT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D6104 | BONE GRFT @ TIME OF IMPLANT PLCEMENT | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D6110 | IMPLANT REMOV ARCH MAX | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6111 | IMPLANT REMOV ARCH MAN | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6112 | IMPLANT REMOV PART ARCH MAX | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6113 | IMPLANT REMOV PART ARCH MAN | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6114 | IMPLANT FIXED ARCH MAX | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6115 | IMPLANT FIXED ARCH MAN | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6116 | IMPLANT FIXED PART ARCH MAX | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6117 | IMPLANT FIXED PART ARCH MAN | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6118 | IMPL/ABUT INTERIM FIXED DENT MANDIB | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D6119 | IMPL/ABUT INTERIM FIXED DENT MAXILL | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D6120 | IMPLT SUPPORT RETAINER-PORC FSED TO TITA | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6121 | IMPLT SUPPORT RETAINER FOR METAL-ALLOY | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6122 | IMPLT SUPPORTED RETAINER FOR METAL FPD-A | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6123 | IMPLT SUPPT RETAINER FOR METAL - NOBLE AL | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6190 | RADIO/SURGICAL IMPLANT INDEX | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6191 | SEMI PRECISION ABUTMENT | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D6192 | SEMI PRECISION ATTACHMENT | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D6194 | ABUT SUPPORT RETAINER TITANI | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6195 | ABUTMENT SUPPORT RETAINER-PORCE TO TITAN | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6199 | UNSPECIFIED IMPLANT PROCEDURE | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D6205 | PONTIC - INDIRECT RESIN BASED | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6210 | CAST GOLD | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6211 | CAST NONPRECIOUS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6212 | CAST SEMI-PRECIOUS | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6214 | PONTIC TITANIUM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6240 | PORCELAIN FUSED TO GOLD | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6241 | PORCELAIN FUSED TO NON-PRECIO | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6242 | PORCELAIN FUSED TO SEMI-PRECI | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6243 | PONTIC-PORC FSD TO TITANIUM | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6245 | BRIDGE PORCELAIN/CERAMIC | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6250 | PLASTIC PROCESSED TO GOLD | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6251 | PLASTIC PROCESSED TO NONPRECI | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6252 | PLASTIC PROCESSED TO SEMIPREC | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6253 | PROVISNAL PONTIC | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6545 | RETAINER-CAST METAL FOR ACID E | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D6548 | PORCELAIN/CERAMIC RETAINER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6549 | RESIN RETAINER PROSTHESIS | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D6600 | RETAINER INLAY-PORC/CER 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6601 | RETAINER INLAY-PORC/CER 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6602 | RETAINER INLAY-CHNM 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6603 | RETAINER INLAY-CHNM 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: APRIL 6, 2021



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|----------|-------------|
| D6604 | RETAINER INLAY-CPBM 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6605 | RETAINER INLAY-CPBM 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6606 | RETAINER INLAY-CNM 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6607 | RETAINER INLAY-CNM 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6608 | RETAINER ONLAY-PORC/CER 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6609 | RETAINER ONLAY-PORC/CER 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6610 | RETAINER ONLAY-CHNM 2 SURF | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6611 | RETAINER ONLAY-CHNM 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6612 | RETAINER ONLAY-CPBM 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6613 | RETAINER ONLAY-CPBM 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6614 | RETAINER ONLAY-CNM 2 SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6615 | RETAINER ONLAY-CNM 3+ SURF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6624 | RETAINER INLAY-TITANIUM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6634 | RETAINER ONLAY-TITANIUM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6710 | RETAINER CROWN-IRBC | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6720 | RETAINER CROWN-RESIN W/HNM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6721 | RETAINER CROWN-RESIN W/PBM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6722 | RETAINER CROWN-RESIN W/NM | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D6740 | RETAINER CROWN-PROC/CER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6750 | RETAINER CROWN-PROC W/HNM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6751 | RETAINER CROWN-PROC W/PBM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6752 | RETAINER CROWN-PORC W/NM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6753 | RETAINER CROWN-PORC FUSED TO TITANIUM | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6780 | RETAINER CROWN-3/4 CHNM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6781 | RETAINER CROWN-3/4 CPBM | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6782 | RETAINER CROWN-3/4 CNM | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6783 | RETAINER CROWN-3/4 PROC/CER | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D6784 | RETAINER CROWN 3/4-TITANIUM | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D6790 | RETAINER CROWN-FULL CHNM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6791 | RETAINER CROWN-FULL CPBM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6792 | RETAINER CROWN-FULL CNM | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6793 | PROVISNAL RETAINER CRWN | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6794 | CROWN TITANIUM | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D6920 | DENTAL CONNECTOR BAR | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D6930 | RECEMENT BRIDGE | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6940 | STRESS BREAKER | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6950 | PRECISION ATTCHMNT | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D6980 | FXD PARTIAL DENTURE REPAIR | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D6985 | PEDIATRIC PARTIAL DENTURE FX | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D6999 | UNSPECIFIED PROSTHETIC SERVIC | YES - Priced by PA | 0 | 20 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D7111 | EXTRACT COR REMNT PRIMARY TOOTH | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7140 | EXTRACTION ERUPTED TOOTH/EXR | NO | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 82.91 | 78.76 |
| D7210 | EXTRACT ERUPTED TOOTH INCL BONE | NO | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 125.40 | 119.13 |
| D7220 | IMPACITION THAT REQUIRES INCIS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 157.24 | 149.38 |
| D7230 | IMPACITION THAT REQUIRES INCIS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 209.22 | 198.76 |
| D7240 | IMPACITION THAT REQUIRES INCIS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 245.61 | 233.33 |
| D7241 | REM. TOOTH, COMPLETELY BONY, W | NO | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 308.64 | 293.21 |
| D7250 | REMOVE TOOTH ROOTS | NO | 0 | 999 | 7/1/2020 | 12/31/9999 | 1 | 132.55 | 125.92 |
| D7251 | CORONECTOMY | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 259.91 | 246.91 |
| D7260 | ORAL ANTRAL FISTULA CLOSURE | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | 1,032.00 | 980.40 |
| D7261 | PRIMARY CLOSURE SINUS PERF | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7270 | TOOTH REIMPLANTATION | NO | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 429.38 | 407.91 |
| D7272 | TOOTH TRANSPLANTATION | YES | 0 | 20 | 7/1/2014 | 12/31/9999 | 1 | 572.50 | 543.88 |
| D7280 | EXPOSURE UNERUPTED TOOTH | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 400.75 | 380.71 |
| D7282 | MOBILIZE ERUPTED/MALPOS TOOT | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7283 | PLACE DEVICE IMPACTED TOOTH | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D7285 | BIOPSY ORAL HARD BONE/ TOOTH | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 5 | 408.00 | 387.60 |
| D7286 | BIOPSY ORAL TISSUE- SOFT | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 5 | 313.00 | 297.35 |
| D7287 | EXFOLIATIVE CYTOLOG COLLECT | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7288 | BRUSH BIOPSY | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 9,999 | 137.40 | 130.53 |
| D7290 | SURGICAL REPOSITIONING OF TEE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 343.50 | 326.33 |
| D7291 | TRANSSEPTAL FIBEROTOMY | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D7292 | PLACE TEMP ANCHOR DEV SCREW RETAIN PLATE | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D7293 | PLACE TEMP ANCHOR DEV WITH FLAP | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D7294 | PLACE TEMP ANCHOR DEV NO FLAP | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D7295 | HARVEST BONE GRAFT | NO | 0 | 999 | 1/1/2011 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|-----|---------|---------|------------|------------|-----------|----------|-------------|
| D7296 | CORTICOTOMY 1-3 TEETH PER QUAD | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 4 | 171.08 | 162.53 |
| D7297 | CORTICOTOMY 4+ TEETH PER QUAD | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 4 | 202.19 | 192.08 |
| D7310 | ALVEO W/EXTRACT 4+ TOOTH SP PER QUAD | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 124.42 | 118.20 |
| D7311 | ALVEOLOPLASY W/EXTRACT 1-3 | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 108.87 | 103.43 |
| D7320 | ALVEO W/O EXTRACT 4+ TOOTH SP PER QUAD | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 202.19 | 192.08 |
| D7321 | ALVEOLOPLASTY NOT W/EXTRACTS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 4 | 171.08 | 162.53 |
| D7340 | VESTIBULOPLASTY - RIDGE EXTENS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 855.41 | 812.64 |
| D7350 | STOMATOPLASTY, PER ARCH, PLIC | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | 2,113.00 | 2,007.35 |
| D7410 | RAD EXC LESION UP TO 1.25 CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 373.27 | 354.61 |
| D7411 | EXCISION BENIGN LESION>1.25C | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | 571.00 | 542.45 |
| D7412 | EXCISION BENIGN LESION COMPL | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7413 | EXCISION MALIG LESION<=1.25C | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 435.48 | 413.71 |
| D7414 | EXCISION MALIG LESION>1.25CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 653.22 | 620.56 |
| D7415 | EXCISION MALIG LES COMPLICAT | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7440 | EXC MAL TUMOR <= 1.25 CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 591.01 | 561.46 |
| D7441 | EXC MAL TUMOR DIA>1.25 CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 870.97 | 827.42 |
| D7450 | REM ODONTOGEN CYST TO 1.25CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 373.27 | 354.61 |
| D7451 | REM ODONTOGEN CYST > 1.25 CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 510.14 | 484.63 |
| D7460 | REM NONODONTO CYST TO 1.25CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 373.27 | 354.61 |
| D7461 | REM NONODONTO CYST > 1.25 CM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 510.14 | 484.63 |
| D7465 | DESTRUCTION OF LESIONS BY PHY | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 202.19 | 192.08 |
| D7471 | REM EXOSTOSIS ANY SITE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 462.23 | 439.12 |
| D7472 | REMOVAL OF TORUS PALATINUS | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7473 | REMOVE TORUS MANDIBULARIS | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7485 | REDUCTION OSSESOUS TUBEROSITY | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7490 | MAXILLA OR MANDIBLE RESECTIO | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,732.71 | 3,546.07 |
| D7510 | INCISION AND DRAINAGE OF ABSC | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 133.76 | 127.07 |
| D7511 | INCISION/DRAIN ABSCESS INTRA | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D7520 | INCISION AND DRAINAGE OF ABSC | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | 433.00 | 411.35 |
| D7521 | INCISION/DRAIN ABSCESS EXTRA | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D7530 | REMOVAL FB SKIN/AREOLAR TISS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 229.56 | 218.08 |
| D7540 | REMOVAL OF REACTION-PRODUCING | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 254.45 | 241.73 |
| D7550 | REMOVAL OF SLOUGHED OFF BONE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 158.64 | 150.71 |
| D7560 | MAXILLARY SINUSOTOMY FOR REMO | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,259.79 | 1,196.80 |
| D7610 | MAXILLA - OPEN REDUCTION, TEE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 2,037.44 | 1,935.57 |
| D7620 | MAXILLA - CLOSED REDUCTION, T | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,527.92 | 1,451.52 |
| D7630 | MANDIBLE - OPEN REDUCTION, TE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 2,648.98 | 2,516.53 |
| D7640 | MANDIBLE - CLOSED REDUCTION, | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,680.96 | 1,596.91 |
| D7650 | MALAR AND/OR ZYGOMATIC ARCH O | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,273.48 | 1,209.81 |
| D7660 | MALAR AND/OR ZYGOMATIC ARCH C | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 750.90 | 713.36 |
| D7670 | CLOSD RDUCTN SPLINT ALVEOLUS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 586.04 | 556.74 |
| D7671 | ALVEOLUS OPEN REDUCTION | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,104.26 | 1,049.05 |
| D7680 | FACIAL BONES - COMPLICATED RE | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,820.42 | 3,629.40 |
| D7710 | MAXILLA - OPEN REDUCTION, COM | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 2,394.53 | 2,274.80 |
| D7720 | MAXILLA - CLOSED REDUCTION, C | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,680.96 | 1,596.91 |
| D7730 | MANDIBLE - OPEN REDUCTION, CO | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,463.95 | 3,290.75 |
| D7740 | MANDIBLE - CLOSED REDUCTION, | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,713.93 | 1,628.23 |
| D7750 | MALAR AND/OR ZYGOMATIC ARCH, | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 2,179.90 | 2,070.91 |
| D7760 | MALAR AND/OR ZYGOMATIC ARCH, | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 874.70 | 830.97 |
| D7770 | OPEN REDUC COMPD ALVEOLUS FX | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,185.13 | 1,125.87 |
| D7771 | ALVEOLUS CLSD REDUC STBLZ TE | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7780 | FACIAL BONES REDUCTION W/ FIXATION | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 5,093.90 | 4,839.21 |
| D7810 | OPEN REDUCTION OF DISLOCATION | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 2,240.87 | 2,128.83 |
| D7820 | CLOSED REDUCTION OF DISLOCATI | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 367.05 | 348.70 |
| D7830 | MANIPULATION UNDER ANESTHESIA | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 210.28 | 199.77 |
| D7840 | CONDYLECTOMY | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,054.60 | 2,901.87 |
| D7850 | SURGICAL DISCECTOMY, WITH/WITH | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 2,637.78 | 2,505.89 |
| D7852 | DISC REPAIR | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7854 | SYNOVECTOMY | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7856 | MYOTOMY | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7858 | JOINT RECONSTRUCTION | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7860 | ARTHROTOMY | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 2 | 2,686.93 | 2,552.58 |
| D7865 | ARTHROPLASTY | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7870 | ARTHROCENTESIS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 143.09 | 135.94 |
| D7871 | LYSIS + LAVAGE W CATHETERS | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D7872 | ARTHRSCOPY, DIAGNOSIS, WITH OR | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |

Mississippi Division of Medicaid
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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|----------|-------------|
| D7873 | ARTHROSCOPY LAVAGE AND LYSIS OF ADHESION | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7874 | ARTHROSCOPY DISC REPOSITION/STABILIZE | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7875 | ARTHROSCOPY SYNOVECTOMY | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7876 | ARTHROSCOPY DISCECTOMY | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7877 | ARTHROSCOPY DEBRIDEMENT | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7880 | OCCLUSAL ORTHOTIC APPLIANCE | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D7881 | OCCLUSAL ORTH DEVICE ADJ | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D7899 | UNSPECIFIED TMD THERAPY, BY RE | NO | 0 | 999 | 10/19/1994 | 12/31/9999 | 1 | NC | NC |
| D7910 | SIMPLE SUTURE OF RECENT SMALL | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 204.06 | 193.86 |
| D7911 | COMPLICATED SUTURE- UP TO 5CM | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 5 | 461.00 | 437.95 |
| D7912 | COMPLICATED SUTURE- GREATER TH | YES | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | 739.00 | 702.05 |
| D7920 | SKIN GRAFTS (IDENTIFY DEFECT | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,502.42 | 1,427.30 |
| D7921 | COLLECT/APPLIC OF AUTOLOGOUS BLOOD | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D7922 | PLACEMENT OF INTRA-SOCKET BIOLOG DRESS T | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D7940 | OSTEOPLASTY FOR ORTHOGNATHIC | YES - Priced by PA | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D7941 | BONE CUTTING RAMUS CLOSED | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,826.02 | 3,634.72 |
| D7943 | CUTTING RAMUS OPEN W/GRAFT | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,514.97 | 3,339.22 |
| D7944 | OSTEOTOMY - SEGMENTED OR SUBAPICAL | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 3,132.36 | 2,975.74 |
| D7945 | OSTEOTOMY, BODY OF MANDIBLE | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 4,168.19 | 3,959.78 |
| D7946 | MAXILLA, TOTAL (LE FORT I) | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 5,163.58 | 4,905.40 |
| D7947 | MAXILLA, SEGMENTED | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 4,342.38 | 4,125.26 |
| D7948 | OSTEOPLASTY OF MAXILLA AND/OR | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 5,636.39 | 5,354.57 |
| D7949 | OSTEOPLASTY OF MAXILLA WITH BO | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 7,340.99 | 6,973.94 |
| D7950 | OSSEOUS OSTEOPER OR CARTILAGE GRAFT | YES - Priced by PA | 0 | 999 | 12/1/2008 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D7951 | SINUS AUGMENTATION | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D7952 | SINUS AUGUMENT VIA VERTICAL APPROACH | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D7953 | BONE REPLACEMENT | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D7955 | REPAIR MAXILLOFACIAL DEFECTS | YES - Priced by PA | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D7961 | BUCCAL/LABIAL FRENECTOMY | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | 171.08 | 162.53 |
| D7962 | LINGUAL FRENECTOMY | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | 171.08 | 162.53 |
| D7963 | FRENULOPLASY | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D7970 | EXCISION OF HYPERPLASTIC TISS | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 248.85 | 236.41 |
| D7971 | EXCISION OF PERICORONAL GINGIV | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D7972 | SURG REDCT FIBROUS TUBEROSIT | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D7979 | NON-SURGICAL SIALOLITHOTOMY | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | 152.00 | 144.40 |
| D7980 | SURGICAL SIALOLITHOTOMY | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 391.93 | 372.33 |
| D7981 | EXCISION OF SALIVARY GLAND | YES - Priced by PA | 0 | 999 | 7/1/2008 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D7982 | SIALDDOCHOPLASTY | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 926.95 | 880.60 |
| D7983 | CLOSURE OF SALIVARY FISTULA | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 889.63 | 845.15 |
| D7990 | EMERGENCY TRACHEOTOMY | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 765.21 | 726.95 |
| D7991 | CORONOIDECTOMY | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 1,866.35 | 1,773.03 |
| D7993 | SURG PLACE CRANIOFACIAL IMPL | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D7994 | SURG PLACE ZYGOMATIC IMPL | NO | 0 | 999 | 1/1/2021 | 12/31/9999 | 1 | NC | NC |
| D7995 | SYNTHETIC GRAFT FACIAL BONES | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D7996 | IMPLANT MANDIBLE FOR AUGMENT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D7997 | APPLIANCE REMOVAL | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D7998 | INTRAORAL PLACE FIX DEVICE | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D7999 | UNSPECIFIED ORAL SURGICAL PRO | YES - Priced by PA | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D8010 | LIMITED DENTAL TX PRIMARY | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8020 | LIMITED DENTAL TX TRANSITION | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8030 | LIMITED DENTAL TX ADOLESCENT | YES | 0 | 20 | 7/1/2007 | 12/31/9999 | 1 | NC | NC |
| D8040 | LIMITED DENTAL TX ADULT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8050 | INTERCEP DENTAL TX PRIMARY | YES | 0 | 20 | 3/1/2014 | 12/31/9999 | 1 | 1,200.00 | 1,140.00 |
| D8060 | INTERCEP DENTAL TX TRANSITN | YES | 0 | 20 | 3/1/2014 | 12/31/9999 | 1 | 1,200.00 | 1,140.00 |
| D8070 | COMPRE DENTAL TX TRANSITION | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8080 | COMPRE DENTAL TX ADOLESCENT | YES | 0 | 20 | 7/1/2007 | 12/31/9999 | 1 | 1,200.00 | 1,140.00 |
| D8090 | COMPRE DENTAL TX ADULT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8210 | REMOVABLE APPLIANCE THERAPY | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D8220 | FIXED OR CEMENTED APPLIANCE T | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D8660 | PREORTHODONTIC TX VISIT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8670 | PERIODIC OTHRO TRMT VISIT | YES | 0 | 20 | 7/1/2007 | 12/31/9999 | 1 | 125.00 | 118.75 |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: APRIL 6, 2021



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|---|--------------------|---------|---------|------------|------------|-----------|--------|-------------|
| D8680 | ORTHODONTIC RETENTION | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8681 | REMOV ORTHOD RETAINER ADJ | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D8690 | ORTHODONTIC TREATMENT | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D8695 | REM FIXED ORTH APPL TRMT NOT CMLPT | NO | 0 | 999 | 1/1/2018 | 12/31/9999 | 1 | NC | NC |
| D8696 | RPR OF ORTHODON APPL-MAX | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D8697 | RPR OF ORTHODON APPL-MANDIBULAR | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D8698 | RE-CEMENT OF REBOND FXD RTNR-MAX | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D8699 | RECEMENT OF REBOND FXD RTNR-MANDIB | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D8701 | RPR OF FXD RTNR-MAX | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D8702 | RPR OF FXD RTNR-MAND | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D8703 | REPLACE OF LST OF BRKN RETAINER-MAX | YES | 0 | 20 | 1/1/2020 | 12/31/9999 | 1 | 172.00 | 163.40 |
| D8704 | REPLACE OF LST OF BRKN RETAINER-MAND | YES | 0 | 20 | 1/1/2020 | 12/31/9999 | 1 | 172.00 | 163.40 |
| D8999 | UNSPECIFIED ORTHODONTIC TREAT | YES - Priced by PA | 0 | 20 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |
| D9110 | PALLIATIVE (EMERGENCY) TREATM | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 35.29 | 33.53 |
| D9120 | RIXED PARTIAL SECTIONING | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D9130 | MANDIBULAR JOINT DYSFUNC-THERAPIES | NO | 0 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D9210 | LOCAL (NOT IN CONJUNCTION WIT | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9211 | REGIONAL BLOCK ANESTHESIA | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9212 | TRIGEMINAL DIVISION BLOCK | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9215 | LOCAL ANESTHESIA | NO | 0 | 999 | 7/28/1986 | 12/31/9999 | 1 | NC | NC |
| D9219 | EVAL-MOD/DEEP SEDATION OR GEN ANESTH | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D9222 | DEEP SEDATION/GEN ANESTH FIRST 15 MIN | YES | 0 | 999 | 1/1/2019 | 12/31/9999 | 1 | 115.00 | 109.25 |
| D9223 | DEEP SEDATION EA SUB 15 MIN | YES | 0 | 999 | 4/1/2019 | 12/31/9999 | 1 | 115.00 | 109.25 |
| D9230 | INHAL NITROUS OXIDE | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 39.16 | 37.20 |
| D9239 | IV MOD CONCIOUS SEDAT FIRST 15 MIN | YES | 0 | 999 | 1/1/2019 | 12/31/9999 | 1 | 95.00 | 90.25 |
| D9243 | IV MOD CONCIOUS SEDAT EA SUB 15 MIN | YES | 0 | 999 | 9/1/2019 | 12/31/9999 | 1 | 95.00 | 90.25 |
| D9248 | NON-IV CONS SEDATION | YES | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 57.11 | 54.25 |
| D9310 | CONSULT DIAG NOT REQ DENTIST OR PHY | NO | 0 | 999 | 7/1/2014 | 12/31/9999 | 1 | 52.88 | 50.24 |
| D9311 | CONSULT MED HEALTH CARE PROF | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D9410 | DENTAL HOUSE CALL | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9420 | HOSP OR ASC CALL | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9430 | OFFICE VISIT DURING REGULARLY | NO | 0 | 999 | 9/1/1986 | 12/31/9999 | 1 | NC | NC |
| D9440 | OFFICE VISIT AFTER REGULARLY | NO | 0 | 999 | 9/1/1986 | 12/31/9999 | 1 | NC | NC |
| D9450 | CASE PRESENTATION TX PLAN | NO | 0 | 999 | 1/1/2003 | 12/31/9999 | 1 | NC | NC |
| D9610 | THERAP PARENTERAL DRUG SINGL ADMIN | NO | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | NC | NC |
| D9612 | THERAP DRUGS, 2+ ADMIN DIFF MEDS | NO | 0 | 999 | 1/1/2007 | 12/31/9999 | 1 | NC | NC |
| D9613 | INFILTRATION THERA DRUG SINGL/MULTI SITES | NO | 0 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D9630 | DRUGS/MEDICAMENTS DISPNSD HOME USE | NO | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | NC | NC |
| D9910 | APPLICATION OF DESENSITIZING | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9911 | APPL DESENSITIZING RESIN | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D9920 | BEHAVIOR MANAGEMENT, BY REPORT | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D9930 | COMPLICATIONS (POST SURGICAL | NO | 0 | 999 | 7/1/1983 | 12/31/9999 | 1 | NC | NC |
| D9932 | CLEAN/INSP COMPLT DENT MAX | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D9933 | CLEAN/INSP COMPLT DENT MAN | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D9934 | CLEAN/INSP PARTIAL DENT MAX | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D9935 | CLEAN/INSP PARTIAL DENT MAN | NO | 0 | 999 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D9941 | FABRICATION OF ATHLETIC MOUTHGUARDS | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D9942 | REPAIR/RELIN OCCLUSAL GUARD | NO | 0 | 999 | 1/1/2005 | 12/31/9999 | 1 | NC | NC |
| D9943 | OCCLUSAL GUARD ADJ | NO | 0 | 20 | 1/1/2016 | 12/31/9999 | 1 | NC | NC |
| D9944 | OCCLUSAL GUARD HARD-FULL ARCH | YES | 0 | 20 | 7/1/2020 | 12/31/9999 | 2 | 190.83 | 181.29 |
| D9945 | OCCLUSAL GUARD SOFT-FULL ARCH | YES | 0 | 20 | 7/1/2020 | 12/31/9999 | 2 | 190.83 | 181.29 |
| D9946 | OCCLUSAL GUARD HARD-PARTIAL ARCH | YES | 0 | 20 | 7/1/2020 | 12/31/9999 | 2 | 190.83 | 181.29 |
| D9950 | OCCLUSION ANALYSIS (MOUNTED C | NO | 0 | 999 | 1/1/1970 | 12/31/9999 | 1 | NC | NC |
| D9951 | OCCLUSAL ADJUSTMENT - LIMITED | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |
| D9952 | OCCLUSAL ADJUSTMENT - COMPLETE | NO | 0 | 999 | 12/10/1991 | 12/31/9999 | 99,999 | NC | NC |

Mississippi Division of Medicaid
DENTAL WEBSITE FEE SCHEDULE
 Print Date: **APRIL 6, 2021**



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| Code | Description | PA | Min Age | Max Age | Begin Date | End Date | Max Units | Fee | Fee Reduced |
|-------|--|--------------------|---------|---------|------------|------------|-----------|------|-------------|
| D9961 | DUPLICATE/COPY PATIENT RECORDS | NO | 0 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D9970 | ENAMEL MICROABRASION | NO | 0 | 999 | 1/1/1996 | 12/31/9999 | 1 | NC | NC |
| D9971 | ODONTOPLASTY PER TOOTH | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D9972 | EXTRNL BLEACHING PER ARCH | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D9973 | EXTRNL BLEACHING PER TOOTH | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D9974 | INTRNL BLEACHING PER TOOTH | NO | 0 | 999 | 1/1/2000 | 12/31/9999 | 1 | NC | NC |
| D9975 | EXT BLEACHING HOME PER ARCH | NO | 0 | 999 | 1/1/2013 | 12/31/9999 | 1 | NC | NC |
| D9985 | SALES TAX | NO | 0 | 999 | 1/1/2014 | 12/31/9999 | 1 | NC | NC |
| D9986 | MISSED APPT | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D9987 | CANCELLED APPT | NO | 0 | 999 | 1/1/2015 | 12/31/9999 | 1 | NC | NC |
| D9990 | CERT TRANSLATION/SIGN LANGUAGE/VISIT | NO | 0 | 20 | 1/1/2019 | 12/31/9999 | 1 | NC | NC |
| D9991 | CASE MGMT COMPLIANCE BARRIERS | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D9992 | CASE MGMT CARE COORDINATION | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D9993 | CASE MGMT MOTIVATIONAL INTERVIEW | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D9994 | CASE MGMT IMPROVE ORAL HLTH LITERACY | NO | 0 | 999 | 1/1/2017 | 12/31/9999 | 1 | NC | NC |
| D9995 | TELEDENISTRY - SYNCHRONOUS | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | NC | NC |
| D9996 | TELEDENISTRY - ASYNCHRONOUS | NO | 0 | 999 | 3/1/2019 | 12/31/9999 | 1 | NC | NC |
| D9997 | DENTAL CSE MANG- PATIENT W/ SPECIAL NEED | NO | 0 | 999 | 1/1/2020 | 12/31/9999 | 1 | NC | NC |
| D9998 | UNSPECIFIED MISCELLANEOUS SERV | NO | 0 | 999 | 11/1/1987 | 12/31/9999 | 99,999 | NC | NC |
| D9999 | UNSPECIFIED (BY REPORT TO BE | YES - Priced by PA | 0 | 999 | 10/1/2003 | 12/31/9999 | 1 | 0.00 | 0.00 |