

**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 became effective.
7	End Date	<ul style="list-style-type: none"> • This column represents the end date of the fee segment in columns I.
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

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0120	PERIODIC ORAL EXAM ESTABLISHED PATIENT	No	0	20	7/1/2021	12/31/9999	1	28.50
D0140	LIMIT ORAL EVAL PROBLM FOCUS	No	0	999	7/1/2021	12/31/9999	1	42.77
D0145	ORAL EVAL <3 YRS	No	0	2	7/1/2021	12/31/9999	1	39.76
D0150	COMPREHENSVE ORAL EVALUATION	No	0	20	7/1/2021	12/31/9999	1	45.01
D0160	EXTENSV ORAL EVAL PROB FOCUS	No	0	999	1/1/1996	12/31/9999	1	NC
D0170	RE-EVAL,EST PT,PROBLEM FOCUS	No	0	999	1/1/2000	12/31/9999	1	NC
D0171	RE-EVAL POST -OP VISIT	No	0	999	1/1/2015	12/31/9999	1	NC
D0180	COMP PERIODONTAL EVALUATION	No	0	999	1/1/2003	12/31/9999	1	NC
D0190	SCREENING OF A PATIENT	No	0	999	1/1/2013	12/31/9999	1	NC
D0191	ASSESSMENT OF A PATIENT	No	0	999	1/1/2013	12/31/9999	1	NC
D0210	INTRAORAL COMPLT SERIES IMAGE	No	0	999	7/1/2021	12/31/9999	1	69.64
D0220	INTRAORAL/PERIAPICAL 1ST IMAGE	No	0	999	7/1/2021	12/31/9999	1	13.92
D0230	INTRAORAL/PERIAPICAL EA ADDL IMAGE	No	0	999	7/1/2021	12/31/9999	13	12.54
D0240	INTRAORAL/OCCLUSAL IMAGE	No	0	999	7/1/1983	12/31/9999	1	NC
D0250	EXTRA-ORAL 2D PROJ IMAGE	No	0	999	7/1/1983	12/31/9999	1	NC
D0251	EXTRA-ORAL POSTERIOR IMAGE	No	0	999	1/1/2016	12/31/9999	1	NC
D0270	BITEWING-SNGL IMAGE	No	0	999	7/1/2021	12/31/9999	1	14.03
D0272	BITEWINGS 2 IMAGES	No	0	999	7/1/2021	12/31/9999	1	22.44
D0273	BITEWINGS 3 IMAGES	No	0	999	7/1/2021	12/31/9999	1	27.35
D0274	BITEWINGS 4 IMAGES	No	0	999	7/1/2021	12/31/9999	1	31.56
D0277	VERTI BITEWINGS 7-8 IMAGES	No	0	999	1/1/2000	12/31/9999	1	NC
D0310	SIALOGRAPHY	No	0	999	7/1/1983	12/31/9999	1	NC
D0320	TEMP/MANDIB JNT ARTHRGRM, INCL INJ	No	0	999	12/10/1991	12/31/9999	99,999	NC
D0321	OTH TEMPOROMANDIB JNT IMAGE	YES - Priced by PA	0	999	12/1/2008	12/31/9999	2	0.00
D0322	TOMOGRAPHIC SURVEY	No	0	999	12/1/1992	12/31/9999	9,999	NC
D0330	PANORAMIC IMAGE	No	0	999	7/1/2021	12/31/9999	1	57.25
D0340	2D CELPHALOMETRIC IMAGE	No	0	20	7/1/2021	12/31/9999	1	64.64
D0350	2D ORAL/FACIAL PHOTO	No	0	20	7/1/2021	12/31/9999	1	30.79
D0351	3D PHOTO IMAGE	No	0	20	1/1/2015	12/31/9999	1	NC
D0364	CONE BEAM CT<1WHOLE JAW+INTERP LMTD VIEW	No	0	999	1/1/2013	12/31/9999	1	NC
D0365	CONE BEAM CT MANDIBL+INT FULL VIEW	No	0	999	1/1/2013	12/31/9999	1	NC
D0366	CONE BEAM CT-MAXILLA, W/ OR W/OUT CRANIU	No	0	999	1/1/2013	12/31/9999	1	NC
D0367	CONE BEAM CT BOTH JAWS W/ OR W/OUT CRANI	No	0	999	1/1/2013	12/31/9999	1	NC
D0368	CONE BEAM CT TMJ 2 OR MORE EXPOSURES+IN	No	0	999	1/1/2013	12/31/9999	1	NC
D0369	MAXILLOFACIAL MRI+INTERP	No	0	999	1/1/2013	12/31/9999	1	NC
D0370	MAXILLOFACIAL ULTRASOUND+INTERP	No	0	999	1/1/2013	12/31/9999	1	NC
D0371	SIALOENDOSCOPY+INTERP	No	0	999	1/1/2013	12/31/9999	1	NC
D0380	CONE BEAM CT LMTD VIEW <1 WHOLE JAW IMG	No	0	999	1/1/2013	12/31/9999	1	NC
D0381	CONE BEAM CT W/ VIEW OF 1 FULL DENTAL MA	No	0	999	1/1/2013	12/31/9999	1	NC
D0382	CONE BEAM CT ONE FULL ARCH-MAXILLA W/ OR	No	0	999	1/1/2013	12/31/9999	1	NC
D0383	CONE BEAM CT BOTH JAWS, W/OR W/OUT CRAMI	No	0	999	1/1/2013	12/31/9999	1	NC
D0384	CONE BEAM CT IMAGE ONLY TMJ 2 OR MORE E	No	0	999	1/1/2013	12/31/9999	1	NC
D0385	MAXILLOFACIAL MRI IMAGE ONLY	No	0	999	1/1/2013	12/31/9999	1	NC
D0386	MAXILLOFACIAL ULTRASOUND IMAGE ONLY	No	0	999	1/1/2013	12/31/9999	1	NC
D0391	INTERP OF IMG BY PRAC NOT ASSOC W/ CAPT	No	0	999	1/1/2013	12/31/9999	1	NC
D0393	TRTMNT SIMULATION USING 3D IMAGE	No	0	999	1/1/2014	12/31/9999	1	NC
D0394	DGTL SUBTRACT OF TEO OR MORE IMGs	No	0	999	1/1/2014	12/31/9999	1	NC
D0395	FUSIN OF2/MRE 3D IMG VLM OF1/MRE MDLTIS	No	0	999	1/1/2014	12/31/9999	1	NC
D0411	HBA1C IN-OFFICE POS TESTING	No	0	999	7/1/2021	12/31/9999	1	12.59
D0412	BLOOD GLUCOSE TEST	No	0	999	1/1/2019	12/31/9999	1	NC
D0414	LAB MICRO INCL CULTURE STUDY PREP & RPT	No	0	999	1/1/2017	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D0415	COLLECTION OF MICROORGANISMS	No	0	999	12/1/1992	12/31/9999	9,999	NC
D0416	VIRAL CULTURE	No	0	999	1/1/2005	12/31/9999	1	NC
D0417	COLL / PREP SALIVA DIAG TEST	No	0	999	1/1/2009	12/31/9999	1	NC
D0418	ANALYSIS SALIVA SAMPLE	No	0	999	1/1/2009	12/31/9999	1	NC
D0419	ASSESS OF SALIVARY FLOW	No	0	999	1/1/2020	12/31/9999	1	NC
D0422	COLL/PREP GENETIC SAMPLE	No	0	999	1/1/2016	12/31/9999	1	NC
D0423	GENETIC TEST - SPECIMEN ANALYSIS	No	0	999	1/1/2016	12/31/9999	1	NC
D0425	CARIES SUSCEPTIBILITY TESTS	No	0	999	12/1/1992	12/31/9999	9,999	NC
D0431	DIAG TST DETECT MUCOS ABNORM	No	0	999	1/1/2005	12/31/9999	1	NC
D0460	PULP VITALITY TESTS	No	0	999	1/1/1970	12/31/9999	1	NC
D0470	DIAGNOSTIC CASTS	No	0	20	7/1/2021	12/31/9999	1	69.04
D0472	GROSS EXAM, PREP & REPORT	No	0	999	1/1/2000	12/31/9999	1	NC
D0473	MICRO EXAM, PREP & REPORT	No	0	999	1/1/2000	12/31/9999	1	NC
D0474	MICRO W EXAM OF SURG MARGINS	No	0	999	1/1/2000	12/31/9999	1	NC
D0475	DECALCIFICATION PROCEDURE	No	0	999	1/1/2005	12/31/9999	1	NC
D0476	SPEC STAINS FOR MICROORGANIS	No	0	999	1/1/2005	12/31/9999	1	NC
D0477	SPEC STAINS NOT FOR MICROORG	No	0	999	1/1/2005	12/31/9999	1	NC
D0478	IMMUNOHISTOCHEMICAL STAINS	No	0	999	1/1/2005	12/31/9999	1	NC
D0479	TISSUE IN-SITUHYBRIDIZATION	No	0	999	1/1/2005	12/31/9999	1	NC
D0480	ACC EXFOL CYT SMEARS MICRO EXAM	No	0	999	1/1/2000	12/31/9999	1	NC
D0481	ELECTRON MICROSCOPY DIAGNOST	No	0	999	1/1/2005	12/31/9999	1	NC
D0482	DIRECT IMMUNOFLUORESCENCE	No	0	999	1/1/2005	12/31/9999	1	NC
D0483	INDIRECT IMMUNOFLUORESCENCE	No	0	999	1/1/2005	12/31/9999	1	NC
D0484	CONSULT SLIDES PREP ELSEWHERE	No	0	999	1/1/2005	12/31/9999	1	NC
D0485	CONSULT INC PRE OF SLIDES	No	0	999	1/1/2005	12/31/9999	1	NC
D0486	ACC TRANSEPIHELIAL CYTLGY	No	0	999	1/1/2007	12/31/9999	1	NC
D0502	OTHR ORAL PATH PROCED, BY REPORT	No	0	999	12/10/1991	12/31/9999	99,999	NC
D0600	DIAG REC CHG ENAM DENTIN CEMENTUM	No	0	999	1/1/2017	12/31/9999	1	NC
D0601	CARIES RSK ASSESS/DOC W/FINDINGS LOW RSK	No	0	999	1/1/2014	12/31/9999	1	NC
D0602	CARIES RSK ASSESS/DOC W/FINDINGS MOD RSK	No	0	999	1/1/2014	12/31/9999	1	NC
D0603	CARIES RSK ASSESS/DOC W/FNDGS HIGH RSK	No	0	999	1/1/2014	12/31/9999	1	NC
D0604	ANTIGEN TEST PUB HLTH PATHOG	No	0	999	1/1/2021	12/31/9999	1	NC
D0605	ANTIBODY TEST PUB HLTH PATH	No	0	999	1/1/2021	12/31/9999	1	NC
D0701	PANO RADIO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0702	2D CEPHAL RADIO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0703	2D ORAL/FACIAL PHOTO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0704	3D PHOTO IMAGE CAPTURE ONLY	No	0	999	1/1/2021	12/31/9999	1	NC
D0705	EXTRA ORAL POST RADIO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0706	INTRAORAL OCCLUS RADIO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0707	INTRAORAL PERIAP RADIO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0708	INTRAORAL BITE RADIO IMAGE	No	0	999	1/1/2021	12/31/9999	1	NC
D0709	INTRAORAL CMPLT RADIO IMAGES	No	0	999	1/1/2021	12/31/9999	1	NC
D0999	UNSPECIFIED DIAGNOSTIC PROCED	YES - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00
D1110	PROPHYLAXIS, ADULTS	No	0	999	1/1/1970	12/31/9999	1	NC
D1120	PROPHYLAXIS, CHILDREN	No	0	20	7/1/2021	12/31/9999	1	31.62
D1206	TOPICAL APPL/FLUORIDE VARNISH	No	0	20	7/1/2021	12/31/9999	1	26.30
D1208	TOPICAL APPL OF FLUORIDE	No	0	20	7/1/2021	12/31/9999	1	17.54
D1310	NUTRITIONAL COUNSELING FOR THE	No	0	999	1/1/1970	12/31/9999	1	NC
D1320	TOBACCO COUNSELING	No	0	999	1/1/1996	12/31/9999	1	NC
D1321	COUNS FOR HIGH RISK SUB USE	No	0	999	1/1/2021	12/31/9999	1	NC
D1330	ORAL HYGIENE INSTRUCTION	No	0	999	1/1/1970	12/31/9999	1	NC
D1351	SEALANT PER TOOTH	No	0	20	7/1/2021	12/31/9999	1	29.81
D1352	RESIN RESTORE PERM TOOTH	No	0	999	1/1/2011	12/31/9999	1	NC
D1353	SEALANT REPAIR	No	0	20	1/1/2015	12/31/9999	1	NC
D1354	INTERIM CARIES APP PER TOOTH	No	0	999	1/1/2016	12/31/9999	1	NC
D1355	CARIES MED APP PER TOOTH	No	0	999	1/1/2021	12/31/9999	1	NC
D1510	SPACE MAINTAINER FXD UNILAT	No	0	20	7/1/2021	12/31/9999	4	188.16
D1516	SPACE MAINT FIXED BILAT MAX	No	0	20	7/1/2021	12/31/9999	2	263.42
D1517	SPACE MAINT FIXED BILAT MAND	No	0	20	7/1/2021	12/31/9999	1	263.42
D1520	REMOVE UNILAT SPACE MAINTAIN	No	0	20	7/1/2021	12/31/9999	2	206.98
D1526	SPACE MAINT FIXED BILAT MAX	No	0	20	7/1/2021	12/31/9999	1	319.87
D1527	SPACE MAINT FIXED BILAT MAND	No	0	20	7/1/2021	12/31/9999	1	319.87
D1551	RECEMENT/REBOND BL SPACE MAINT-MAXILLARY	No	0	20	7/1/2021	12/31/9999	2	40.65

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D1552	RECEMENT/REBOND BL SPACE MAINT-MANDIBULA	No	0	20	7/1/2021	12/31/9999	2	40.65
D1553	RECEMENT/REBOND UL SPACE MAINTAINER- PER	No	0	20	7/1/2021	12/31/9999	4	40.65
D1556	R/O FIXED UL SPACE MAINTAIN-PER QUAD	No	0	20	7/1/2021	12/31/9999	4	39.13
D1557	R/O FIXED BL SPACE MAINT-MAXILLARY	No	0	20	7/1/2021	12/31/9999	1	39.13
D1558	R/O FIXED BL SPACE MAINT-MANDIBULAR	No	0	20	7/1/2021	12/31/9999	1	39.13
D1575	DIST SPACE MAINT, FIXED UNIL	No	0	999	1/1/2017	12/31/9999	1	NC
D1999	UNSPEC PREV PROCEDURE	No	0	999	1/1/2014	12/31/9999	1	NC
D2140	AMALGAM ONE SURFACE PERMANEN	No	0	20	7/1/2014	12/31/9999	1	69.58
D2150	AMALGAM TWO SURFACES PERMANE	No	0	20	7/1/2014	12/31/9999	1	90.05
D2160	AMALGAM THREE SURFACES PERMA	No	0	20	7/1/2014	12/31/9999	1	108.87
D2161	AMALGAM 4 OR > SURFACES PERM	No	0	20	7/1/2014	12/31/9999	1	132.61
D2330	RESIN-ONE SURFACE, ANTERIOR	No	0	20	7/1/2014	12/31/9999	1	72.89
D2331	RESIN-TWO SURFACES, ANTERIOR	No	0	20	7/1/2014	12/31/9999	1	93.03
D2332	RESIN-THREE SURFACES, ANTERIOR	No	0	20	7/1/2014	12/31/9999	1	113.85
D2335	RESIN-FOUR OR MORE SURFACES ON	No	0	20	7/1/2014	12/31/9999	1	134.68
D2390	ANT RESIN-BASED CMPST CROWN	No	0	20	7/1/2014	12/31/9999	1	149.26
D2391	POST 1 SRFC RESINBASED CMPST	No	0	20	7/1/2014	12/31/9999	1	85.39
D2392	POST 2 SRFC RESINBASED CMPST	No	0	20	7/1/2014	12/31/9999	1	111.77
D2393	POST 3 SRFC RESINBASED CMPST	No	0	20	7/1/2014	12/31/9999	1	138.85
D2394	POST >=4SRFC RESINBASED CMPST	No	0	20	7/1/2014	12/31/9999	1	170.09
D2410	GOLD FOIL - ONE SURFACE	No	0	999	1/1/1970	12/31/9999	1	NC
D2420	GOLD FOIL - TWO SURFACES	No	0	999	1/1/1970	12/31/9999	1	NC
D2430	GOLD FOIL - THREE SURFACES	No	0	999	1/1/1970	12/31/9999	1	NC
D2510	INLAY - GOLD, ONE SURFACE	No	0	999	1/1/1970	12/31/9999	1	NC
D2520	INLAY - GOLD, TWO SURFACES	No	0	999	1/1/1970	12/31/9999	1	NC
D2530	INLAY - GOLD, THREE SURFACES	No	0	999	1/1/1970	12/31/9999	1	NC
D2542	DENTAL ONLAY METALLIC 2 SURF	No	0	999	1/1/2000	12/31/9999	1	NC
D2543	DENTAL ONLAY METALLIC 3 SURF	No	0	999	1/1/1996	12/31/9999	1	NC
D2544	DENTAL ONLAY METL 4/MORE SUR	No	0	999	1/1/1996	12/31/9999	1	NC
D2610	INLAY - PORCELAIN	No	0	999	1/1/1970	12/31/9999	1	NC
D2620	INLAY - PORCELAIN/CERAMIC-TWO SURFACES	No	0	999	12/10/1991	12/31/9999	99,999	NC
D2630	INLAY - PORCELAIN/CERAMIC-THREE SURFACES	No	0	999	12/10/1991	12/31/9999	99,999	NC
D2642	DENTAL ONLAY PORCELIN 2 SURF	No	0	999	1/1/1996	12/31/9999	1	NC
D2643	DENTAL ONLAY PORCELIN 3 SURF	No	0	999	1/1/1996	12/31/9999	1	NC
D2644	DENTAL ONLAY PORC 4/MORE SUR	No	0	999	1/1/1996	12/31/9999	1	NC
D2650	INLAY COMPOSITE/RESIN ONE SU	No	0	999	12/1/1992	12/31/9999	9,999	NC
D2651	INLAY COMPOSITE/RESIN TWO SU	No	0	999	12/1/1992	12/31/9999	9,999	NC
D2652	DENTAL INLAY RESIN 3/MRE SUR	No	0	999	12/1/1992	12/31/9999	9,999	NC
D2662	DENTAL ONLAY RESIN 2 SURFACE	No	0	999	1/1/1996	12/31/9999	1	NC
D2663	DENTAL ONLAY RESIN 3 SURFACE	No	0	999	1/1/1996	12/31/9999	1	NC
D2664	DENTAL ONLAY RESIN 4/MRE SUR	No	0	999	1/1/1996	12/31/9999	1	NC
D2710	CROWN RESIN BSD COMP (INDIRECT)	No	0	999	1/1/1970	12/31/9999	1	NC
D2712	CROWN 3/4 RESIN-BASED COMPOS	No	0	999	1/1/2005	12/31/9999	1	NC
D2720	PLASTIC WITH GOLD	No	0	999	1/1/1970	12/31/9999	1	NC
D2721	PLASTIC WITH NONPRECIOUS META	No	0	999	1/1/1970	12/31/9999	1	NC
D2722	PLASTIC WITH SEMIPRECIOUS MET	No	0	999	1/1/1970	12/31/9999	1	NC
D2740	CROWN-PROC/CER-SUBSTRATE	No	0	999	1/1/1970	12/31/9999	1	NC
D2750	PORCELAIN WITH GOLD	Yes	0	20	7/1/2014	12/31/9999	1	549.74
D2751	CROWN-PORCELAIN FUSED TO PREDO	Yes	0	20	7/1/2014	12/31/9999	1	511.89
D2752	PORCELAIN WITH SEMIPRECIOUS M	Yes	0	20	7/1/2014	12/31/9999	1	524.30
D2753	CROWN-PORC FUSED TO TITANIUM AND TITANIUM	No	0	999	1/1/2020	12/31/9999	1	NC
D2780	CROWN 3/4 CAST HI NOBLE MET	No	0	999	1/1/2000	12/31/9999	1	NC
D2781	CROWN 3/4 CAST BASE METAL	No	0	999	1/1/2000	12/31/9999	1	NC
D2782	CROWN 3/4 CAST NOBLE METAL	No	0	999	1/1/2000	12/31/9999	1	NC
D2783	CROWN 3/4 PORCELAIN/CERAMIC	No	0	999	1/1/2000	12/31/9999	1	NC
D2790	GOLD (FULL CAST)	No	0	999	1/1/1970	12/31/9999	1	NC
D2791	NONPRECIOUS METAL (FULL CAST)	No	0	999	9/1/1986	12/31/9999	99,999	NC
D2792	SEMIPRECIOUS METAL (FULL CAS	No	0	999	1/1/1970	12/31/9999	1	NC
D2794	CROWN-TITANIUM	No	0	999	1/1/2005	12/31/9999	1	NC
D2799	PROV CROWN- TRTMENT OF DIAG PRIOR TO FINA	No	0	999	1/1/2000	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D2910	RECEMENT INLAY ONLAY OR PART	No	0	999	1/1/1970	12/31/9999	1	NC
D2915	RECEMENT CAST OR PREFAB POST	No	0	999	1/1/2005	12/31/9999	1	NC
D2920	RECEMENT CROWNS	No	0	999	1/1/1970	12/31/9999	1	NC
D2921	REATTACH TOOTH FRAG INCISAL EDGE/CUSP	No	0	999	1/1/2014	12/31/9999	1	NC
D2928	PREFAB PORC/CER CROWN PERM	No	0	999	1/1/2021	12/31/9999	1	NC
D2929	PREFAB PORCELAIN/CERAMIC CROWN- PRIMARY T	No	0	999	1/1/2013	12/31/9999	1	NC
D2930	PREFABRICATED STAINLESS STEEL	No	0	20	7/1/2014	12/31/9999	1	134.79
D2931	PREFABRICATED STAINLESS STEEL	No	0	20	7/1/2014	12/31/9999	1	152.40
D2932	PREFABRICATED RESIN CROWN	No	0	999	12/10/1991	12/31/9999	99,999	NC
D2933	PREFABRICATED STAINLESS STEEL	No	0	20	7/1/2014	12/31/9999	1	186.27
D2934	PREFAB STEEL CROWN PRIMARY	No	0	20	7/1/2014	12/31/9999	1	186.27
D2940	PROTECTIVE RESTORATION	Yes	0	20	7/1/2014	12/31/9999	1	51.48
D2941	INTERIM THERAP RESTORA-PRIM DENITITION	No	0	999	1/1/2014	12/31/9999	1	NC
D2949	RESTOR FOUNDATION/INDIRECT RESTOR	No	0	999	1/1/2014	12/31/9999	1	NC
D2950	CORE BUILDUP INCL PINS	No	0	999	1/1/1970	12/31/9999	1	NC
D2951	PIN RETENTION - PER TOOTH IN A	No	0	20	12/10/1991	12/31/9999	99,999	NC
D2952	POST & CORE IN ADD CROWN INDIR FAB	Yes	0	20	7/1/2014	12/31/9999	1	203.21
D2953	CROWN EA ADD FAB POST - SAME TOOTH	No	0	999	1/1/2000	12/31/9999	1	NC
D2954	PREFAB POST AND CORE IN ADD TO CROWN	No	0	999	12/10/1991	12/31/9999	99,999	NC
D2955	POST REMOVAL	No	0	999	1/1/1996	12/31/9999	1	NC
D2957	EACH ADDTNL PREFAB POST	No	0	999	1/1/2000	12/31/9999	1	NC
D2960	LABIAL VENEER RESIN DIRECT	No	0	999	7/28/1986	12/31/9999	1	NC
D2961	LABIAL VENEER RESIN INDIRECT	No	0	999	12/1/1992	12/31/9999	9,999	NC
D2962	LABIAL VENEER PORC INDIRECT	No	0	999	12/1/1992	12/31/9999	9,999	NC
D2971	ADD PROC CONSTRUCT NEW CROWN	No	0	999	1/1/2005	12/31/9999	1	NC
D2975	COPING	No	0	999	1/1/2005	12/31/9999	1	NC
D2980	CROWN REPAIR MATERIAL FAILURE	No	0	999	12/10/1991	12/31/9999	99,999	NC
D2981	INLAY REPAIR -MATERIAL FAILURE	No	0	999	1/1/2013	12/31/9999	1	NC
D2982	ONLAY REPAIR MATERIAL FAILURE	No	0	999	1/1/2013	12/31/9999	1	NC
D2983	VENEER REPAIR MATERIAL FAILURE	No	0	999	1/1/2013	12/31/9999	1	NC
D2990	RESIN INFILTRATE OF INCIPIENT LOSION	No	0	999	1/1/2013	12/31/9999	1	NC
D2999	UNSPECIFIED RESTORATIVE PROCED	YES - Priced by PA	0	20	10/1/2003	12/31/9999	1	0.00
D3110	PULP CAP - DIRECT (EXCLUDING	No	0	999	1/1/1970	12/31/9999	1	NC
D3120	PULP CAP (INDIRECT)	No	0	999	1/1/1970	12/31/9999	1	NC
D3220	THERAPEUTIC PULPOTOMY	No	0	20	7/1/2014	12/31/9999	1	97.28
D3221	GROSS PULPAL DEBRIDEMENT	No	0	999	1/1/2000	12/31/9999	1	NC
D3222	PART PULPOTOMY APEXOGENESIS	No	0	20	7/1/2014	12/31/9999	1	98.86
D3230	PULPAL THERAPY ANTERIOR PRIM	No	0	999	1/1/1996	12/31/9999	1	NC
D3240	PULPAL THERAPY POSTERIOR PRI	No	0	999	1/1/1996	12/31/9999	1	NC
D3310	END THXPY, ANTERIOR TOOTH	No	0	20	7/1/2014	12/31/9999	1	372.43
D3320	ENDODONTIC THERAPY PREMOLAR BICUS	No	0	20	7/1/2014	12/31/9999	1	456.41
D3330	ENDODONTIC THERAPY MOLAR	No	0	20	7/1/2014	12/31/9999	1	565.95
D3331	NON-SURG TX ROOT CANAL OBS	No	0	999	1/1/2000	12/31/9999	1	NC
D3332	INCOMPLETE ENDODONTIC TX	No	0	999	1/1/2000	12/31/9999	1	NC
D3333	INTERNAL ROOT REPAIR	No	0	999	1/1/2000	12/31/9999	1	NC
D3346	RETREATMENT-ANTERIOR, BY REPOR	Yes	0	20	7/1/2014	12/31/9999	1	496.58
D3347	RETREAT PREV ROOT CANAL THERAPY	Yes	0	20	7/1/2014	12/31/9999	1	584.21
D3348	RETREATMENT-MOLAR, BY REPORT	Yes	0	20	7/1/2014	12/31/9999	1	722.96
D3351	APEXIFICATION/RECALCIFICATN-INIT VISIT	No	0	999	12/1/1992	12/31/9999	9,999	NC
D3352	APEX/RECALC-INTERIM MED REPLAC	No	0	999	12/1/1992	12/31/9999	9,999	NC
D3353	APEXIFICATION/RECALCIFICATION-	No	0	999	12/1/1992	12/31/9999	9,999	NC
D3355	PULPAL REGENERATION- INITIAL VISIT	No	0	999	1/1/2014	12/31/9999	1	NC
D3356	PULPAL REGEN-INTERIM MEDICATION RPLCMNT	No	0	999	1/1/2014	12/31/9999	1	NC
D3357	PULPAL REGENERATION-CMPLTION OF TRTMNT	No	0	999	1/1/2014	12/31/9999	1	NC
D3410	APICOECTOMY- ANTERIOR	No	0	999	7/1/1983	12/31/9999	1	NC
D3421	APICOECTOMY-BICUSPID PREMOLAR	No	0	999	12/1/1992	12/31/9999	9,999	NC
D3425	APICOECTOMY MOLAR-FIRST ROOT	No	0	999	12/1/1992	12/31/9999	9,999	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D3426	APICOECTOMY EA ADDL ROOT	No	0	999	12/1/1992	12/31/9999	9,999	NC
D3428	BONE GRAFT W/PERIRDCULAR SURG PER TOOTH	No	0	999	1/1/2014	12/31/9999	1	NC
D3429	BONE GRAFT W/PERIRDCULAR SURG-EACH ADDL	No	0	999	1/1/2014	12/31/9999	1	NC
D3430	RETROGRADE FILLING	No	0	999	7/1/1983	12/31/9999	1	NC
D3431	BIO MATERIAL AID OSSEOUS TISSUE REGEN	No	0	999	1/1/2014	12/31/9999	1	NC
D3432	TISSUE REGEN/RESORB BARRIER PER STE	No	0	999	1/1/2014	12/31/9999	1	NC
D3450	ROOT RESECTION	No	0	999	7/1/1983	12/31/9999	1	NC
D3460	ENDODONTIC IMPLANTS	No	0	999	1/1/1970	12/31/9999	1	NC
D3470	INTENTIONAL REPLANTATION (INCL	No	0	999	12/1/1992	12/31/9999	9,999	NC
D3471	SURG REP ROOT RES ANTERIOR	No	0	999	1/1/2021	12/31/9999	1	NC
D3472	SURG REP ROOT RES PREMOLAR	No	0	999	1/1/2021	12/31/9999	1	NC
D3473	SURG REP ROOT RES MOLAR	No	0	999	1/1/2021	12/31/9999	1	NC
D3501	SURG EXP ROOT SURF ANTERIOR	No	0	999	1/1/2021	12/31/9999	1	NC
D3502	SURG EXP ROOT SURF PREMOLAR	No	0	999	1/1/2021	12/31/9999	1	NC
D3503	SURG EXP ROOT SURF MOLAR	No	0	999	1/1/2021	12/31/9999	1	NC
D3910	SURGICAL PROCEDURE FOR ISOLAT	No	0	999	1/1/1970	12/31/9999	1	NC
D3920	HEMISECTION	No	0	999	1/1/1970	12/31/9999	1	NC
D3950	CANAL PREPARATION AND FITTING	No	0	999	1/1/1970	12/31/9999	1	NC
D3999	UNSPECIFIED ENDODONTIC PROCED	YES - Priced by PA	0	20	10/1/2003	12/31/9999	1	0.00
D4210	GINGIVECTOMY/GINGIVOPLASTY 4+	No	0	999	7/1/2014	12/31/9999	4	329.17
D4211	GINGIVECTOMY/GINGIVOPLASTY 1-3	No	0	999	7/1/2014	12/31/9999	4	146.30
D4212	GINGIVITMY/GINGPLATY PER TOOTH	No	0	999	1/1/2013	12/31/9999	1	NC
D4230	CROWN EXP 4+ CONTIG TEETH/QUAD	No	0	999	1/1/2007	12/31/9999	1	NC
D4231	CROWN EXP 1-3 TEETH/QUAD	No	0	999	1/1/2007	12/31/9999	1	NC
D4240	GINGIVAL FLAP 4+ TEETH	No	10	20	7/1/2014	12/31/9999	4	416.96
D4241	GINGIVAL FLAP 1-3 TEETH	No	10	20	7/1/2014	12/31/9999	4	241.40
D4245	APICALLY POSITIONED FLAP	No	0	999	1/1/2000	12/31/9999	1	NC
D4249	CROWN LENGTHENING-HARD AND SOF	No	0	999	12/1/1992	12/31/9999	9,999	NC
D4260	OSSEOUS SURGERY 4+	No	0	999	7/1/2014	12/31/9999	4	694.93
D4261	OSSEOUS SURGERY 1-3	No	0	999	7/1/2014	12/31/9999	4	373.06
D4263	BONE GRAFT FIRST TOOTH	No	0	999	1/1/1996	12/31/9999	1	NC
D4264	BONE GRAFT ADDITIONAL TOOTH	No	0	999	1/1/1996	12/31/9999	1	NC
D4265	BIO MTRLS TO AID SOFT/OS REG	No	0	999	1/1/2003	12/31/9999	1	NC
D4266	GUIDED TISS REGEN REABSORB PER SITE	No	0	999	1/1/1996	12/31/9999	1	NC
D4267	GUIDED TISS REGEN- NON RESORB PER SITE	No	0	999	1/1/1996	12/31/9999	1	NC
D4268	SURGICAL REVISION PROCEDURE	No	0	999	1/1/2000	12/31/9999	1	NC
D4270	PEDICLE SOFT TISSUE GRAFTS	No	0	999	7/1/1983	12/31/9999	1	NC
D4273	AUTOGENOUS TISS GRAFT	No	0	999	1/1/1996	12/31/9999	1	NC
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TO	No	0	999	1/1/1996	12/31/9999	1	NC
D4275	NON-AUTOGENOUS TISS GRAFT	No	0	999	1/1/2003	12/31/9999	1	NC
D4276	CON TISSUE W DBLE PED GRAFT	No	0	999	1/1/2003	12/31/9999	1	NC
D4277	FREE SOFT TISS GRAFT 1ST	No	0	999	1/1/2013	12/31/9999	1	NC
D4278	FREE SOFT TISS GRAFT EA ADD	No	0	999	1/1/2013	12/31/9999	1	NC
D4283	AUTOGENOUS TISS GRAFT EA ADD	No	0	999	1/1/2016	12/31/9999	1	NC
D4285	NON-AUTOGEN TISS GRAFT EA ADD	No	0	999	1/1/2016	12/31/9999	1	NC
D4320	CROWN EXPOSURE 4+ PER QUAD	No	0	999	7/1/1983	12/31/9999	1	NC
D4321	PROVISIONAL SPLINTING, EXTRAC	No	0	999	7/1/1983	12/31/9999	1	NC
D4341	PERIODONTAL SCALING & ROOT	No	10	20	7/1/2014	12/31/9999	4	110.54
D4342	PERIODONTAL SCALING 1-3TEETH	No	10	20	7/1/2014	12/31/9999	4	64.00
D4346	SCALING GINGIVAL INFLAM FULL MOUTH	No	0	999	1/1/2017	12/31/9999	1	NC
D4355	FULL MOUTH DEBRIDE FOR SUBSQ VISIT	No	0	999	1/1/1996	12/31/9999	1	NC
D4381	LOCAL DELIV OF ANTIMICROBIAL AGENTS	No	0	999	1/1/1996	12/31/9999	1	NC
D4910	PERIODONTAL MAINT PROCEDURES	No	0	999	1/1/1970	12/31/9999	1	NC
D4920	UNSCHEDULED DRESSING CHANGE (No	0	999	1/1/1970	12/31/9999	1	NC
D4921	GINGIVAL IRRIGATION- PER QUAD	No	0	999	1/1/2014	12/31/9999	4	NC
D4999	UNSPECIFIED PERIODONTAL SERVI	No	0	999	7/1/1983	12/31/9999	1	NC
D5110	COMPLETE UPPER	Yes	0	20	7/1/2014	12/31/9999	1	678.44
D5120	COMPLETE LOWER	Yes	0	20	7/1/2014	12/31/9999	1	678.44
D5130	IMMEDIATE UPPER	No	0	999	1/1/1970	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5140	IMMEDIATE LOWER	No	0	999	1/1/1970	12/31/9999	1	NC
D5211	MAXILLARY PARTIAL DENTURE-RESIN	Yes	0	20	7/1/2014	12/31/9999	1	572.59
D5212	MANDIBULAR PARTIAL DENTURE-RESIN	Yes	0	20	7/1/2014	12/31/9999	1	665.44
D5213	DENTURES MAXILL PART METAL	No	0	999	8/4/1986	12/31/9999	1	NC
D5214	DENTURES MANDIBL PART METAL	No	0	999	8/4/1986	12/31/9999	1	NC
D5221	IMMED MAX PART DENTURE RESIN	Yes	0	20	1/1/2016	12/31/9999	1	572.59
D5222	IMMED MAN PART DENTURE RESIN	Yes	0	20	1/1/2016	12/31/9999	1	665.44
D5223	IMMED MAX PART DENT METAL	No	0	999	1/1/2016	12/31/9999	1	NC
D5224	IMMED MAND PART DENT METAL	No	0	999	1/1/2016	12/31/9999	1	NC
D5225	MAXILLARY PART DENTURE FLEX	No	0	999	1/1/2005	12/31/9999	1	NC
D5226	MANDIBULAR PART DENTURE FLEX	No	0	999	1/1/2005	12/31/9999	1	NC
D5282	REMOVE UNIL PART DENTURE,MAX	Yes	14	20	1/1/2019	12/31/9999	1	NC
D5283	REMOVE UNIL PART DENTURE,MAN	Yes	14	20	1/1/2019	12/31/9999	1	NC
D5284	REM UNILAT DENT FLEX BASE	No	0	999	1/1/2020	12/31/9999	1	NC
D5286	REM UNILAT DENT 1 PC RESIN	No	0	999	1/1/2020	12/31/9999	1	NC
D5410	COMPLETE DENTURE	No	0	999	1/1/1970	12/31/9999	1	NC
D5411	ADJUST COMPLETE DENTURE - LOWER	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5421	PARTIAL DENTURE (UPPER)	No	0	20	10/1/2003	12/31/9999	1	NC
D5422	PARTIAL DENTURE (LOWER)	No	0	20	10/1/2003	12/31/9999	1	NC
D5511	REP BROKEN CMPLT DENTURE MANDIB	No	0	999	1/1/2018	12/31/9999	1	NC
D5512	REP BROKEN CMPLT DENTURE MAXILL	No	0	999	1/1/2018	12/31/9999	1	NC
D5520	REPL MISS/BROKE TEETH-COMPL DENT ECH TOO	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5611	REP RESIN PARTIAL DENT BASE MANDIB	No	0	999	1/1/2018	12/31/9999	1	NC
D5612	REP RESIN PARTIAL DENT BASE MAXILL	No	0	999	1/1/2018	12/31/9999	1	NC
D5621	REP CAST PARTIAL FRMWRK MANDIB	No	0	999	1/1/2018	12/31/9999	1	NC
D5622	REP CAST PART FRMWRK MAX	No	0	999	1/1/2018	12/31/9999	1	NC
D5630	REPAIR/REPLACE BROKEN MATERIAL/TOOTH	No	0	999	1/1/1970	12/31/9999	1	NC
D5640	REPLACE BROKEN TOOTH ON DENTU	No	0	999	1/1/1970	12/31/9999	1	NC
D5650	ADDING TOOTH TO PARTIAL DENTU	No	0	999	1/1/1970	12/31/9999	1	NC
D5660	ADD CLASP EXISTING DENT	No	0	999	1/1/1970	12/31/9999	1	NC
D5670	REPLC TTH&ACRLC ON MTL FRMWRK	No	0	999	1/1/1970	12/31/9999	1	NC
D5671	REPLC TTH&ACRLC MANDIBULAR	No	0	999	1/1/2003	12/31/9999	1	NC
D5710	DUPLICATE UPPER OR LOWER COMP	No	0	999	1/1/1970	12/31/9999	1	NC
D5711	REBASE COMPLETE LOWER DENTURE	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5720	DUPLICATE UPPER OR LOWER PART	No	0	999	1/1/1970	12/31/9999	1	NC
D5721	REBASE LOWER PARTIAL DENTURE	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5730	DENTURE RELN CMPLT MAX DIR	No	0	999	1/1/1970	12/31/9999	1	NC
D5731	DENTURE RELN CMPLT MAND DIR	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5740	DENTURE RELN PART MAX DIR	No	0	999	1/1/1970	12/31/9999	1	NC
D5741	DENTURE RELN PART MAND DIR	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5750	DENTURE RELN CMPLT MAX INDIR	No	0	999	1/1/1970	12/31/9999	1	NC
D5751	DENTURE RELN CMPLT MAND IND	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5760	DENTURE RELN PART MAX INDIR	No	0	999	1/1/1970	12/31/9999	1	NC
D5761	DENTURE RELN PART MAND INDIR	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5810	INTERIM COMPLETE DENTURE (UPPE	No	0	999	1/1/1970	12/31/9999	1	NC
D5811	INTERIM COMPLETE DENTURE (LOWE	No	0	999	1/1/1970	12/31/9999	1	NC
D5820	DENTURE INTERM PART MAXILL	No	0	999	1/1/1970	12/31/9999	1	NC
D5821	DENTURE INTERM PART MANDBL	No	0	999	1/1/1970	12/31/9999	1	NC
D5850	TISSUE CONDITIONING, UPPER-PER	No	0	999	1/1/1970	12/31/9999	1	NC
D5851	TISSUE CONDITIONING, LOWER-PER	No	0	999	12/1/1992	12/31/9999	9,999	NC
D5862	PRECISION ATTACHMENT, BY REPORT	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5863	OVERDENTURE- CMPLT MAXILLARY	No	0	999	1/1/2014	12/31/9999	1	NC
D5864	OVERDENTURE- PART MAXILLARY	No	0	999	1/1/2014	12/31/9999	1	NC
D5865	OVERDENTURE - CMPLT MANDIBULAR	No	0	999	1/1/2014	12/31/9999	1	NC
D5866	OVERDENTURE- PART MANDIBULAR	No	0	999	1/1/2014	12/31/9999	1	NC
D5867	REPLACEMENT OF PRECISION ATT	No	0	999	1/1/2000	12/31/9999	1	NC
D5875	PROSTHESIS MODIFICATION	No	0	999	1/1/2000	12/31/9999	1	NC
D5876	ADD METAL SUBSTRUCT TO ACRYLIC DENTURE	No	0	20	1/1/2019	12/31/9999	1	NC
D5899	UNSPEC REMOV PROSTHDNTIC PROC BY REPT	No	0	999	12/10/1991	12/31/9999	99,999	NC
D5911	FACIAL MOULAGE (SECTIONAL)	No	0	999	7/28/1986	12/31/9999	1	NC
D5912	FACIAL MOULAGE (COMPLETE)	No	0	999	7/28/1986	12/31/9999	1	NC
D5913	NASAL PROSTHESIS	No	0	999	7/28/1986	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D5914	AURICULAR PROSTHESIS	No	0	999	7/28/1986	12/31/9999	1	NC
D5915	ORBITAL PROSTHESIS	No	0	999	7/28/1986	12/31/9999	1	NC
D5916	OCULAR PROSTHESIS	No	0	999	7/28/1986	12/31/9999	1	NC
D5919	FACIAL PROSTHESIS	No	0	999	7/28/1986	12/31/9999	1	NC
D5922	NASAL SEPTAL PROSTHESIS	No	0	999	10/19/1994	12/31/9999	1	NC
D5923	OCULAR PROSTHESIS, INTERIM	No	0	999	10/19/1994	12/31/9999	1	NC
D5924	CRANIAL PROSTHESIS	No	0	999	10/19/1994	12/31/9999	1	NC
D5925	FACIAL AUGMENTATION IMPLANT PR	No	0	999	10/19/1994	12/31/9999	1	NC
D5926	NASAL PROSTHESIS REPLACEMENT	No	0	999	10/19/1994	12/31/9999	1	NC
D5927	AURICULAR PROSTHESIS, REPLACEM	No	0	999	10/19/1994	12/31/9999	1	NC
D5928	ORBITAL PROSTHESIS REPLACEMENT	No	0	999	10/19/1994	12/31/9999	1	NC
D5929	FACIAL PROSTHESIS, REPLACEMENT	No	0	999	10/19/1994	12/31/9999	1	NC
D5931	OBTURATOR PROSTHESIS, SURGICAL	No	0	999	7/28/1986	12/31/9999	1	NC
D5932	OBTURATOR PROSTHESIS, DEFINITI	No	0	999	7/28/1986	12/31/9999	1	NC
D5933	OBTURATOR PROSTHESIS, MODIFICA	No	0	999	7/28/1986	12/31/9999	1	NC
D5934	MANDIBULAR RESECTION PROSTHESI	No	0	999	7/28/1986	12/31/9999	1	NC
D5935	MANDIBULAR RESECTION PROSTHESI	No	0	999	7/28/1986	12/31/9999	1	NC
D5936	OBTURATOR/PROSTHESIS, INTERIM	No	0	999	10/19/1994	12/31/9999	1	NC
D5937	TRISMUS APPLIANCE (NOT FOR TMD	No	0	999	12/1/1992	12/31/9999	9,999	NC
D5951	FEEDING AID	No	0	999	8/1/1986	12/31/9999	1	NC
D5952	SPEECH AID PROSTHESIS, PEDIATR	No	0	999	7/28/1986	12/31/9999	1	NC
D5953	SPEECH AID PROSTHESIS, ADULT	No	0	999	7/28/1986	12/31/9999	1	NC
D5954	PALATAL AUGMENTATION PROSTHESI	No	0	999	7/28/1986	12/31/9999	1	NC
D5955	PALATAL LIFT PROSTHESIS, DEFIN	Yes	0	20	7/1/2014	12/31/9999	1	2,807.22
D5958	PALATAL LIFT PROSTHESIS, INTER	No	0	999	10/19/1994	12/31/9999	1	NC
D5959	PALATAL LIFT PROSTHESIS, MODIF	No	0	999	10/19/1994	12/31/9999	1	NC
D5960	SPEECH AID PROSTHESIS, MODIFIC	No	0	999	10/19/1994	12/31/9999	1	NC
D5982	SURGICAL STENT	No	0	999	7/28/1986	12/31/9999	1	NC
D5983	RADIATION CARRIER	No	0	999	7/28/1986	12/31/9999	1	NC
D5984	RADIATION SHIELD	No	0	999	7/28/1986	12/31/9999	1	NC
D5985	RADIATION CONE LOCATOR	No	0	999	7/28/1986	12/31/9999	1	NC
D5986	FLUORIDE GEL CARRIER	No	0	999	7/28/1986	12/31/9999	1	NC
D5987	COMMISSURE SPLINT	No	0	999	7/28/1986	12/31/9999	1	NC
D5988	SURIGAL SPLINT	No	0	999	7/28/1986	12/31/9999	1	NC
D5991	VESICULOBULLOUS DISEASE MED CARR	No	0	999	1/1/2009	12/31/9999	1	NC
D5992	ADULT PROSTHETIC	No	0	999	1/1/2011	12/31/9999	1	NC
D5993	MAINT MAXIL PROSTH	No	0	999	1/1/2011	12/31/9999	1	NC
D5995	PERI MEDICAMENT W/SEAL, MAX	No	0	999	1/1/2021	12/31/9999	1	NC
D5996	PERI MEDICAMENT W/SEAL, MAND	No	0	999	1/1/2021	12/31/9999	1	NC
D5999	UNSPEC MAXILLFAC PROSTH, BY REPT	No	0	999	12/10/1991	12/31/9999	99,999	NC
D6010	ODONTICS ENDOSTEAL IMPLANT	No	0	999	1/1/1996	12/31/9999	1	NC
D6011	SECOND STAGE IMPLANT SURGERY	No	0	999	1/1/2014	12/31/9999	1	NC
D6012	SURG PLACE INTERIM IMPLANT BODY	No	0	999	1/1/2007	12/31/9999	1	NC
D6013	SURGICAL PLACEMENT OF MINI INPLANT	No	0	999	1/1/2014	12/31/9999	1	NC
D6040	SUBPERIOSTEAL IMPLANT	No	0	999	10/19/1994	12/31/9999	1	NC
D6050	TRANSASSEOUS IMPLANT	No	0	999	10/19/1994	12/31/9999	1	NC
D6051	INTERIM ABUTMENT	No	0	999	1/1/2013	12/31/9999	1	NC
D6055	CONNECTING BAR	No	0	999	12/1/1992	12/31/9999	9,999	NC
D6056	PREFAB ABUTMENT INCL MOD/PLACE	No	0	999	1/1/2000	12/31/9999	1	NC
D6057	CSTM FAB ABUTMNT INCL PLACMNT	No	0	999	1/1/2000	12/31/9999	1	NC
D6058	ABUTMENT SUPPORTED CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6059	ABUTMENT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6060	ABUTMENT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6061	ABUTMENT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6062	ABUTMENT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6063	ABUTMENT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6064	ABUTMENT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6065	IMPLANT SUPPORTED CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6066	IMPLANT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6067	IMPLANT SUPPORTED MTL CROWN	No	0	999	1/1/2000	12/31/9999	1	NC
D6068	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6069	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6070	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6071	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6072	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6073	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6074	ABUTMENT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6075	IMPLANT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6076	IMPLANT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6077	IMPLANT SUPPORTED RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6080	IMPLANT MAINTENANCE PROC	No	0	999	12/1/1992	12/31/9999	9,999	NC
D6081	SCALING/DEBRIDEMENT INFLAMM OR MUCOSITIS	No	0	999	1/1/2017	12/31/9999	1	NC
D6082	IMPLANT SUPPORT CROWN-PORC FSD TO BASE A	No	0	999	1/1/2020	12/31/9999	1	NC
D6083	IMPLANT SUPPORT CROWN-PORC FSD TO BASE A	No	0	999	1/1/2020	12/31/9999	1	NC
D6084	IMPL SUPRT CROWN-PORC FUSED TO TITANIUM	No	0	999	1/1/2020	12/31/9999	1	NC
D6085	PROVISIONAL IMPLANT CROWN	No	0	999	1/1/2017	12/31/9999	1	NC
D6086	IMPL SUPRT CROWN-PREDOM BASE ALLOY	No	0	999	1/1/2020	12/31/9999	1	NC
D6087	IMPL SUPRT CROWN- NOBLE ALLOYS	No	0	999	1/1/2020	12/31/9999	1	NC
D6088	IMPL SUPRT CROWN- TITANIUM	No	0	999	1/1/2020	12/31/9999	1	NC
D6090	REPAIR IMPLANT, BY REPORT	No	0	999	10/19/1994	12/31/9999	1	NC
D6091	REPL SEMI/PRECISION ATTACH	No	0	999	1/1/2007	12/31/9999	1	NC
D6092	RECEMENT IMPLANT/CROWN	No	0	999	1/1/2007	12/31/9999	1	NC
D6093	RECEMENT IMPLANT/FIXED PARTIAL	No	0	999	1/1/2007	12/31/9999	1	NC
D6094	ABUT SUPPORT CROWN TITANIUM	No	0	999	1/1/2005	12/31/9999	1	NC
D6095	ODONTICS REPR ABUTMENT	No	0	999	1/1/1996	12/31/9999	1	NC
D6096	REM BROKE IMPLANT RETAIN SCREW	No	0	999	1/1/2018	12/31/9999	1	NC
D6097	ABUTMENT SUPPORT CROWN-PORC FUSED TO TIT	No	0	999	1/1/2020	12/31/9999	1	NC
D6098	IMPLT SUPPORT RETAINER-PORC FSED TO PRED	No	0	999	1/1/2020	12/31/9999	1	NC
D6099	IMPLANT SUPPORT RETAINER FOR FPD-PORC FS	No	0	999	1/1/2020	12/31/9999	1	NC
D6100	IMPLANT REMOVAL, BY REPORT	No	0	999	10/19/1994	12/31/9999	1	NC
D6101	DEBRIDE OF PERIIMPLANT DEFECT	No	0	999	1/1/2013	12/31/9999	1	NC
D6102	DEBRIDE & OSSEOUS CONTOUR OR PERIIMPLANT	No	0	999	1/1/2013	12/31/9999	1	NC
D6103	BONE GRAFT PER-IMPLANT	No	0	999	1/1/2013	12/31/9999	1	NC
D6104	BONE GRFT @ TIME OF IMPLANT PLCEMENT	No	0	999	1/1/2013	12/31/9999	1	NC
D6110	IMPLANT REMOV ARCH MAX	No	0	999	1/1/2015	12/31/9999	1	NC
D6111	IMPLANT REMOV ARCH MAN	No	0	999	1/1/2015	12/31/9999	1	NC
D6112	IMPLANT REMOV PART ARCH MAX	No	0	999	1/1/2015	12/31/9999	1	NC
D6113	IMPLANT REMOV PART ARCH MAN	No	0	999	1/1/2015	12/31/9999	1	NC
D6114	IMPLANT FIXED ARCH MAX	No	0	999	1/1/2015	12/31/9999	1	NC
D6115	IMPLANT FIXED ARCH MAN	No	0	999	1/1/2015	12/31/9999	1	NC
D6116	IMPLANT FIXED PART ARCH MAX	No	0	999	1/1/2015	12/31/9999	1	NC
D6117	IMPLANT FIXED PART ARCH MAN	No	0	999	1/1/2015	12/31/9999	1	NC
D6118	IMPL/ABUT INTERIM FIXED DENT MANDIB	No	0	999	1/1/2018	12/31/9999	1	NC
D6119	IMPL/ABUT INTERIM FIXED DENT MAXILL	No	0	999	1/1/2018	12/31/9999	1	NC
D6120	IMPLT SUPPORT RETAINER-PORC FSED TO TITA	No	0	999	1/1/2020	12/31/9999	1	NC
D6121	IMPLT SUPPORT RETAINER FOR METAL-ALLOY	No	0	999	1/1/2020	12/31/9999	1	NC
D6122	IMPLT SUPPORTED RETAINER FOR METAL FPD-A	No	0	999	1/1/2020	12/31/9999	1	NC
D6123	IMPLT SUPPT RETAINER FOR METAL - NOBLE AL	No	0	999	1/1/2020	12/31/9999	1	NC
D6190	RADIO/SURGICAL IMPLANT INDEX	No	0	999	1/1/2005	12/31/9999	1	NC
D6191	SEMI PRECISION ABUTMENT	No	0	999	1/1/2021	12/31/9999	1	NC
D6192	SEMI PRECISION ATTACHMENT	No	0	999	1/1/2021	12/31/9999	1	NC
D6194	ABUT SUPPORT RETAINER TITANI	No	0	999	1/1/2005	12/31/9999	1	NC
D6195	ABUTMENT SUPPORT RETAINER-PORCE TO TITAN	No	0	999	1/1/2020	12/31/9999	1	NC
D6199	UNSPECIFIED IMPLANT PROCEDURE	No	0	999	10/19/1994	12/31/9999	1	NC
D6205	PONTIC - INDIRECT RESIN BASED	No	0	999	1/1/2005	12/31/9999	1	NC
D6210	CAST GOLD	No	0	999	1/1/1970	12/31/9999	1	NC
D6211	CAST NONPRECIOUS	No	0	999	1/1/1970	12/31/9999	1	NC
D6212	CAST SEMI-PRECIOUS	No	0	999	1/1/1970	12/31/9999	1	NC
D6214	PONTIC TITANIUM	No	0	999	1/1/2005	12/31/9999	1	NC
D6240	PORCELAIN FUSED TO GOLD	No	0	999	1/1/1970	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D6241	PORCELAIN FUSED TO NON-PRECIO	No	0	999	1/1/1970	12/31/9999	1	NC
D6242	PORCELAIN FUSED TO SEMI-PRECI	No	0	999	1/1/1970	12/31/9999	1	NC
D6243	PONTIC-PORC FSD TO TITANIUM	No	0	999	1/1/2020	12/31/9999	1	NC
D6245	BRIDGE PORCELAIN/CERAMIC	No	0	999	1/1/2000	12/31/9999	1	NC
D6250	PLASTIC PROCESSED TO GOLD	No	0	999	1/1/1970	12/31/9999	1	NC
D6251	PLASTIC PROCESSED TO NONPRECI	No	0	999	1/1/1970	12/31/9999	1	NC
D6252	PLASTIC PROCESSED TO SEMIPREC	No	0	999	1/1/1970	12/31/9999	1	NC
D6253	PROVISNAL PONTIC	No	0	999	1/1/2003	12/31/9999	1	NC
D6545	RETAINER-CAST METAL FOR ACID E	No	0	999	7/28/1986	12/31/9999	1	NC
D6548	PORCELAIN/CERAMIC RETAINER	No	0	999	1/1/2000	12/31/9999	1	NC
D6549	RESIN RETAINER PROSTHESIS	No	0	999	1/1/2015	12/31/9999	1	NC
D6600	RETAINER INLAY-PORC/CER 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6601	RETAINER INLAY-PORC/CER 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6602	RETAINER INLAY-CHNM 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6603	RETAINER INLAY-CHNM 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6604	RETAINER INLAY-CPBM 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6605	RETAINER INLAY-CPBM 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6606	RETAINER INLAY-CNM 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6607	RETAINER INLAY-CNM 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6608	RETAINER ONLAY-PORC/CER 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6609	RETAINER ONLAY-PORC/CER 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6610	RETAINER ONLAY-CHNM 2 SURF	No	0	999	1/1/1970	12/31/9999	1	NC
D6611	RETAINER ONLAY-CHNM 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6612	RETAINER ONLAY-CPBM 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6613	RETAINER ONLAY-CPBM 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6614	RETAINER ONLAY-CNM 2 SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6615	RETAINER ONLAY-CNM 3+ SURF	No	0	999	1/1/2003	12/31/9999	1	NC
D6624	RETAINER INLAY-TITANIUM	No	0	999	1/1/2005	12/31/9999	1	NC
D6634	RETAINER ONLAY-TITANIUM	No	0	999	1/1/2005	12/31/9999	1	NC
D6710	RETAINER CROWN-IRBC	No	0	999	1/1/2005	12/31/9999	1	NC
D6720	RETAINER CROWN-RESIN W/HNM	No	0	999	1/1/1970	12/31/9999	1	NC
D6721	RETAINER CROWN-RESIN W/PBM	No	0	999	1/1/1970	12/31/9999	1	NC
D6722	RETAINER CROWN-RESIN W/NM	No	0	999	10/19/1994	12/31/9999	1	NC
D6740	RETAINER CROWN-PROC/CER	No	0	999	1/1/2000	12/31/9999	1	NC
D6750	RETAINER CROWN-PROC W/HNM	No	0	999	1/1/1970	12/31/9999	1	NC
D6751	RETAINER CROWN-PROC W/PBM	No	0	999	1/1/1970	12/31/9999	1	NC
D6752	RETAINER CROWN-PORC W/NM	No	0	999	1/1/1970	12/31/9999	1	NC
D6753	RETAINER CROWN-PORC FUSED TO TITANIUM	No	0	999	1/1/2020	12/31/9999	1	NC
D6780	RETAINER CROWN-3/4 CHNM	No	0	999	1/1/1970	12/31/9999	1	NC
D6781	RETAINER CROWN-3/4 CPBM	No	0	999	1/1/2000	12/31/9999	1	NC
D6782	RETAINER CROWN-3/4 CNM	No	0	999	1/1/2000	12/31/9999	1	NC
D6783	RETAINER CROWN-3/4 PROC/CER	No	0	999	1/1/2000	12/31/9999	1	NC
D6784	RETAINER CROWN 3/4-TITANIUM	No	0	999	1/1/2020	12/31/9999	1	NC
D6790	RETAINER CROWN-FULL CHNM	No	0	999	1/1/1970	12/31/9999	1	NC
D6791	RETAINER CROWN-FULL CPBM	No	0	999	1/1/1970	12/31/9999	1	NC
D6792	RETAINER CROWN-FULL CNM	No	0	999	1/1/1970	12/31/9999	1	NC
D6793	PROVISNAL RETAINER CRWN	No	0	999	1/1/2003	12/31/9999	1	NC
D6794	CROWN TITANIUM	No	0	999	1/1/2005	12/31/9999	1	NC
D6920	DENTAL CONNECTOR BAR	No	0	999	1/1/1996	12/31/9999	1	NC
D6930	RECEMENT BRIDGE	No	0	999	1/1/1970	12/31/9999	1	NC
D6940	STRESS BREAKER	No	0	999	1/1/1970	12/31/9999	1	NC
D6950	PRECISION ATTCMNT	No	0	999	1/1/1970	12/31/9999	1	NC
D6980	FXD PARTIAL DENTURE REPAIR	No	0	999	12/10/1991	12/31/9999	99,999	NC
D6985	PEDIATRIC PARTIAL DENTURE FX	No	0	999	1/1/2003	12/31/9999	1	NC
D6999	UNSPECIFIED PROSTHETIC SERVIC	YES - Priced by PA	0	20	10/1/2003	12/31/9999	1	0.00
D7111	EXTRACT COR REMNT PRIMARY TOOTH	No	0	999	1/1/2003	12/31/9999	1	NC
D7140	EXTRACTION ERUPTED TOOTH/EXR	No	0	999	7/1/2020	12/31/9999	1	82.91
D7210	EXTRACT ERUPTED TOOTH INCL BONE	No	0	999	7/1/2020	12/31/9999	1	125.40
D7220	IMPACTION THAT REQUIRES INCIS	No	0	999	7/1/2014	12/31/9999	1	157.24
D7230	IMPACTION THAT REQUIRES INCIS	No	0	999	7/1/2014	12/31/9999	1	209.22
D7240	IMPACTION THAT REQUIRES INCIS	No	0	999	7/1/2014	12/31/9999	1	245.61
D7241	REM. TOOTH, COMPLETELY BONY, W	No	0	999	7/1/2020	12/31/9999	1	308.64
D7250	REMOVE TOOTH ROOTS	No	0	999	7/1/2020	12/31/9999	1	132.55
D7251	CORONECTOMY	Yes	0	999	7/1/2014	12/31/9999	1	259.91
D7260	ORAL ANTRAL FISTULA CLOSURE	No	0	999	3/1/2019	12/31/9999	1	1,032.00

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7261	PRIMARY CLOSURE SINUS PERF	No	0	999	1/1/2003	12/31/9999	1	NC
D7270	TOOTH REIMPLANTATION	No	0	20	7/1/2014	12/31/9999	1	429.38
D7272	TOOTH TRANSPLANTATION	Yes	0	20	7/1/2014	12/31/9999	1	572.50
D7280	EXPOSURE UNERUPTED TOOTH	Yes	0	999	7/1/2014	12/31/9999	1	400.75
D7282	MOBILIZE ERUPTED/MALPOS TOOT	No	0	999	1/1/2003	12/31/9999	1	NC
D7283	PLACE DEVICE IMPACTED TOOTH	No	0	999	1/1/2005	12/31/9999	1	NC
D7285	BIOPSY ORAL HARD BONE/ TOOTH	No	0	999	3/1/2019	12/31/9999	5	408.00
D7286	BIOPSY ORAL TISSUE- SOFT	No	0	999	3/1/2019	12/31/9999	5	313.00
D7287	EXFOLIATIVE CYTOLOG COLLECT	No	0	999	1/1/2003	12/31/9999	1	NC
D7288	BRUSH BIOPSY	Yes	0	999	7/1/2014	12/31/9999	9,999	137.40
D7290	SURGICAL REPOSITIONING OF TEE	No	0	999	7/1/2014	12/31/9999	1	343.50
D7291	TRANSSEPTAL FIBEROTOMY	No	0	999	12/10/1991	12/31/9999	99,999	NC
D7292	PLACE TEMP ANCHOR DEV SCREW RETAIN PLATE	No	0	999	1/1/2007	12/31/9999	1	NC
D7293	PLACE TEMP ANCHOR DEV WITH FLAP	No	0	999	1/1/2007	12/31/9999	1	NC
D7294	PLACE TEMP ANCHOR DEV NO FLAP	No	0	999	1/1/2007	12/31/9999	1	NC
D7295	HARVEST BONE GRAFT	No	0	999	1/1/2011	12/31/9999	1	NC
D7296	CORTICOTOMY 1-3 TEETH PER QUAD	No	0	999	1/1/2018	12/31/9999	4	171.08
D7297	CORTICOTOMY 4+ TEETH PER QUAD	No	0	999	1/1/2018	12/31/9999	4	202.19
D7310	ALVEO W/EXTRACT 4+ TOOTH SP PER QUAD	No	0	999	7/1/2014	12/31/9999	4	124.42
D7311	ALVEOLOPLASY W/EXTRACT 1-3	No	0	999	7/1/2014	12/31/9999	4	108.87
D7320	ALVEO W/O EXTRACT 4+ TOOTH SP PER QUAD	No	0	999	7/1/2014	12/31/9999	4	202.19
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	No	0	999	7/1/2014	12/31/9999	4	171.08
D7340	VESTIBULOPLASTY - RIDGE EXTENS	No	0	999	7/1/2014	12/31/9999	1	855.41
D7350	STOMATOPLASTY, PER ARCH, PLIC	No	0	999	3/1/2019	12/31/9999	1	2,113.00
D7410	RAD EXC LESION UP TO 1.25 CM	No	0	999	7/1/2014	12/31/9999	1	373.27
D7411	EXCISION BENIGN LESION>1.25C	No	0	999	3/1/2019	12/31/9999	1	571.00
D7412	EXCISION BENIGN LESION COMPL	No	0	999	1/1/2003	12/31/9999	1	NC
D7413	EXCISION MALIG LESION<=1.25C	No	0	999	7/1/2014	12/31/9999	1	435.48
D7414	EXCISION MALIG LESION>1.25CM	No	0	999	7/1/2014	12/31/9999	1	653.22
D7415	EXCISION MALIG LES COMPLICAT	No	0	999	1/1/2003	12/31/9999	1	NC
D7440	EXC MAL TUMOR <= 1.25 CM	No	0	999	7/1/2014	12/31/9999	1	591.01
D7441	EXC MAL TUMOR DIA>1.25 CM	No	0	999	7/1/2014	12/31/9999	1	870.97
D7450	REM ODONTOGEN CYST TO 1.25CM	No	0	999	7/1/2014	12/31/9999	1	373.27
D7451	REM ODONTOGEN CYST > 1.25 CM	No	0	999	7/1/2014	12/31/9999	1	510.14
D7460	REM NONODONTO CYST TO 1.25CM	No	0	999	7/1/2014	12/31/9999	1	373.27
D7461	REM NONODONTO CYST > 1.25 CM	No	0	999	7/1/2014	12/31/9999	1	510.14
D7465	DESTRUCTION OF LESIONS BY PHY	No	0	999	7/1/2014	12/31/9999	1	202.19
D7471	REM EXOSTOSIS ANY SITE	No	0	999	7/1/2014	12/31/9999	1	462.23
D7472	REMOVAL OF TORUS PALATINUS	No	0	999	1/1/2003	12/31/9999	1	NC
D7473	REMOVE TORUS MANDIBULARIS	No	0	999	1/1/2003	12/31/9999	1	NC
D7485	REDUCTION OSSESOUS TUBEROSITY	No	0	999	1/1/2003	12/31/9999	1	NC
D7490	MAXILLA OR MANDIBLE RESECTIO	Yes	0	999	7/1/2014	12/31/9999	1	3,732.71
D7510	INCISION AND DRAINAGE OF ABSC	No	0	999	7/1/2014	12/31/9999	1	133.76
D7511	INCISION/DRAIN ABSCESS INTRA	No	0	999	1/1/2005	12/31/9999	1	NC
D7520	INCISION AND DRAINAGE OF ABSC	No	0	999	3/1/2019	12/31/9999	1	433.00
D7521	INCISION/DRAIN ABSCESS EXTRA	No	0	999	1/1/2005	12/31/9999	1	NC
D7530	REMOVAL FB SKIN/AREOLAR TISS	No	0	999	7/1/2014	12/31/9999	1	229.56
D7540	REMOVAL OF REACTION-PRODUCING	No	0	999	7/1/2014	12/31/9999	1	254.45
D7550	REMOVAL OF SLOUGHED OFF BONE	No	0	999	7/1/2014	12/31/9999	1	158.64
D7560	MAXILLARY SINUSOTOMY FOR REMO	No	0	999	7/1/2014	12/31/9999	1	1,259.79
D7610	MAXILLA - OPEN REDUCTION, TEE	No	0	999	7/1/2014	12/31/9999	1	2,037.44
D7620	MAXILLA - CLOSED REDUCTION, T	No	0	999	7/1/2014	12/31/9999	1	1,527.92
D7630	MANDIBLE - OPEN REDUCTION, TE	No	0	999	7/1/2014	12/31/9999	1	2,648.98
D7640	MANDIBLE - CLOSED REDUCTION,	No	0	999	7/1/2014	12/31/9999	1	1,680.96
D7650	MALAR AND/OR ZYGOMATIC ARCH O	No	0	999	7/1/2014	12/31/9999	1	1,273.48
D7660	MALAR AND/OR ZYGOMATIC ARCH C	No	0	999	7/1/2014	12/31/9999	1	750.90
D7670	CLOSD RDUCTN SPLINT ALVEOLUS	No	0	999	7/1/2014	12/31/9999	1	586.04
D7671	ALVEOLUS OPEN REDUCTION	No	0	999	7/1/2014	12/31/9999	1	1,104.26
D7680	FACIAL BONES - COMPLICATED RE	No	0	999	7/1/2014	12/31/9999	1	3,820.42
D7710	MAXILLA - OPEN REDUCTION, COM	No	0	999	7/1/2014	12/31/9999	1	2,394.53
D7720	MAXILLA - CLOSED REDUCTION, C	No	0	999	7/1/2014	12/31/9999	1	1,680.96
D7730	MANDIBLE - OPEN REDUCTION, CO	No	0	999	7/1/2014	12/31/9999	1	3,463.95
D7740	MANDIBLE - CLOSED REDUCTION,	No	0	999	7/1/2014	12/31/9999	1	1,713.93
D7750	MALAR AND/OR ZYGOMATIC ARCH,	No	0	999	7/1/2014	12/31/9999	1	2,179.90
D7760	MALAR AND/OR ZYGOMATIC ARCH,	No	0	999	7/1/2014	12/31/9999	1	874.70

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7770	OPEN REDUC COMPD ALVEOLUS FX	No	0	999	7/1/2014	12/31/9999	1	1,185.13
D7771	ALVEOLUS CLSD REDUC STBLZ TE	No	0	999	1/1/2003	12/31/9999	1	NC
D7780	FACIAL BONES REDUCTION W/ FIXATION	No	0	999	7/1/2014	12/31/9999	1	5,093.90
D7810	OPEN REDUCTION OF DISLOCATION	No	0	999	7/1/2014	12/31/9999	1	2,240.87
D7820	CLOSED REDUCTION OF DISLOCATI	No	0	999	7/1/2014	12/31/9999	1	367.05
D7830	MANIPULATION UNDER ANESTHESIA	No	0	999	7/1/2014	12/31/9999	1	210.28
D7840	CONDYLECTOMY	No	0	999	7/1/2014	12/31/9999	1	3,054.60
D7850	SURGICAL DISCECTOMY, WITH/WITH	No	0	999	7/1/2014	12/31/9999	1	2,637.78
D7852	DISC REPAIR	No	0	999	10/19/1994	12/31/9999	1	NC
D7854	SYNOVECTOMY	No	0	999	10/19/1994	12/31/9999	1	NC
D7856	MYOTOMY	No	0	999	10/19/1994	12/31/9999	1	NC
D7858	JOINT RECONSTRUCTION	No	0	999	10/19/1994	12/31/9999	1	NC
D7860	ARTHROTOMY	Yes	0	999	7/1/2014	12/31/9999	2	2,686.93
D7865	ARTHROPLASTY	No	0	999	10/19/1994	12/31/9999	1	NC
D7870	ARTHROCENTESIS	No	0	999	7/1/2014	12/31/9999	1	143.09
D7871	LYSIS + LAVAGE W CATHETERS	No	0	999	1/1/2000	12/31/9999	1	NC
D7872	ARTHROSCOPY, DIAGNOSIS, WITH OR	No	0	999	10/19/1994	12/31/9999	1	NC
D7873	ARTHROSCOPY LAVAGE AND LYSIS OF ADHESION	No	0	999	10/19/1994	12/31/9999	1	NC
D7874	ARTHROSCOPY DISC REPOSITION/STABILIZE	No	0	999	10/19/1994	12/31/9999	1	NC
D7875	ARTHROSCOPY SYNOVECTOMY	No	0	999	10/19/1994	12/31/9999	1	NC
D7876	ARTHROSCOPY DISCECTOMY	No	0	999	10/19/1994	12/31/9999	1	NC
D7877	ARTHROSCOPY DEBRIDEMENT	No	0	999	10/19/1994	12/31/9999	1	NC
D7880	OCCLUSAL ORTHOTIC APPLIANCE	No	0	999	12/10/1991	12/31/9999	99,999	NC
D7881	OCCLUSAL ORTH DEVICE ADJ	No	0	999	1/1/2016	12/31/9999	1	NC
D7899	UNSPECIFIED TMD THERAPY, BY RE	No	0	999	10/19/1994	12/31/9999	1	NC
D7910	SIMPLE SUTURE OF RECENT SMALL	No	0	999	7/1/2014	12/31/9999	1	204.06
D7911	COMPLICATED SUTURE- UP TO 5CM	No	0	999	3/1/2019	12/31/9999	5	461.00
D7912	COMPLICATED SUTURE- GREATER TH	Yes	0	999	3/1/2019	12/31/9999	1	739.00
D7920	SKIN GRAFTS (IDENTIFY DEFECT	No	0	999	7/1/2014	12/31/9999	1	1,502.42
D7921	COLLECT/APPLIC OF AUTOLOGOUS BLOOD	No	0	999	1/1/2013	12/31/9999	1	NC
D7922	PLACEMENT OF INTRA-SOCKET BIOLOG DRESS T	No	0	999	1/1/2020	12/31/9999	1	NC
D7940	OSTEOPLASTY FOR ORTHOGNATHIC	YES - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00
D7941	BONE CUTTING RAMUS CLOSED	Yes	0	999	7/1/2014	12/31/9999	1	3,826.02
D7943	CUTTING RAMUS OPEN W/GRAFT	Yes	0	999	7/1/2014	12/31/9999	1	3,514.97
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	Yes	0	999	7/1/2014	12/31/9999	1	3,132.36
D7945	OSTEOTOMY, BODY OF MANDIBLE	Yes	0	999	7/1/2014	12/31/9999	1	4,168.19
D7946	MAXILLA, TOTAL (LE FORT I)	Yes	0	999	7/1/2014	12/31/9999	1	5,163.58
D7947	MAXILLA, SEGMENTED	Yes	0	999	7/1/2014	12/31/9999	1	4,342.38
D7948	OSTEOPLASTY OF MAXILLA AND/OR	Yes	0	999	7/1/2014	12/31/9999	1	5,636.39
D7949	OSTEOPLASTY OF MAXILLA WITH BO	Yes	0	999	7/1/2014	12/31/9999	1	7,340.99
D7950	OSSEOUS OSTEOPEL OR CARTILAGE GRAFT	YES - Priced by PA	0	999	12/1/2008	12/31/9999	1	0.00
D7951	SINUS AUGMENTATION	No	0	999	1/1/2007	12/31/9999	1	NC
D7952	SINUS AUGUMENT VIA VERTICAL APPROACH	No	0	999	1/1/2013	12/31/9999	1	NC
D7953	BONE REPLACEMENT	No	0	999	1/1/2005	12/31/9999	1	NC
D7955	REPAIR MAXILLOFACIAL DEFECTS	YES - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00
D7961	BUCCAL/LABIAL FRENECTOMY	No	0	999	1/1/2021	12/31/9999	1	171.08
D7962	LINGUAL FRENECTOMY	No	0	999	1/1/2021	12/31/9999	1	171.08
D7963	FRENULOPLASY	No	0	999	1/1/2005	12/31/9999	1	NC
D7970	EXCISION OF HYPERPLASTIC TISS	No	0	999	7/1/2014	12/31/9999	1	248.85
D7971	EXCISION OF PERICORONAL GINGIV	No	0	999	12/10/1991	12/31/9999	99,999	NC
D7972	SURG REDCT FIBROUS TUBEROSIT	No	0	999	1/1/2003	12/31/9999	1	NC
D7979	NON-SURGICAL SIALOLITHOTOMY	No	0	999	1/1/2018	12/31/9999	1	152.00
D7980	SURGICAL SIALOLITHOTOMY	No	0	999	7/1/2014	12/31/9999	1	391.93
D7981	EXCISION OF SALIVARY GLAND	YES - Priced by PA	0	999	7/1/2008	12/31/9999	1	0.00
D7982	SIALDOCHOPLASTY	No	0	999	7/1/2014	12/31/9999	1	926.95
D7983	CLOSURE OF SALIVARY FISTULA	Yes	0	999	7/1/2014	12/31/9999	1	889.63
D7990	EMERGENCY TRACHEOTOMY	No	0	999	7/1/2014	12/31/9999	1	765.21
D7991	CORONOIDECTOMY	Yes	0	999	7/1/2014	12/31/9999	1	1,866.35
D7993	SURG PLACE CRANIOFACIAL IMPL	No	0	999	1/1/2021	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



MISSISSIPPI DIVISION OF
MEDICAID

The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D7994	SURG PLACE ZYGOMATIC IMPL	No	0	999	1/1/2021	12/31/9999	1	NC
D7995	SYNTHETIC GRAFT FACIAL BONES	No	0	999	1/1/1996	12/31/9999	1	NC
D7996	IMPLANT MANDIBLE FOR AUGMENT	No	0	999	1/1/1996	12/31/9999	1	NC
D7997	APPLIANCE REMOVAL	No	0	999	1/1/2000	12/31/9999	1	NC
D7998	INTRAORAL PLACE FIX DEVICE	No	0	999	1/1/2007	12/31/9999	1	NC
D7999	UNSPECIFIED ORAL SURGICAL PRO	YES - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00
D8010	LIMITED DENTAL TX PRIMARY	No	0	999	1/1/1996	12/31/9999	1	NC
D8020	LIMITED DENTAL TX TRANSITION	No	0	999	1/1/1996	12/31/9999	1	NC
D8030	LIMITED DENTAL TX ADOLESCENT	Yes	0	20	7/1/2007	12/31/9999	1	NC
D8040	LIMITED DENTAL TX ADULT	No	0	999	1/1/1996	12/31/9999	1	NC
D8050	INTERCEP DENTAL TX PRIMARY	Yes	0	20	3/1/2014	12/31/9999	1	1,200.00
D8060	INTERCEP DENTAL TX TRANSITN	Yes	0	20	3/1/2014	12/31/9999	1	1,200.00
D8070	COMPRE DENTAL TX TRANSITION	No	0	999	1/1/1996	12/31/9999	1	NC
D8080	COMPRE DENTAL TX ADOLESCENT	Yes	0	20	7/1/2007	12/31/9999	1	1,200.00
D8090	COMPRE DENTAL TX ADULT	No	0	999	1/1/1996	12/31/9999	1	NC
D8210	REMOVABLE APPLIANCE THERAPY	No	0	999	1/1/1970	12/31/9999	1	NC
D8220	FIXED OR CEMENTED APPLIANCE T	No	0	999	1/1/1970	12/31/9999	1	NC
D8660	PREORTHODONTIC TX VISIT	No	0	999	1/1/1996	12/31/9999	1	NC
D8670	PERIODIC OTHRO TRMT VISIT	Yes	0	20	7/1/2007	12/31/9999	1	125.00
D8680	ORTHODONTIC RETENTION	No	0	999	1/1/1996	12/31/9999	1	NC
D8681	REMOV ORTHOD RETAINER ADJ	No	0	999	1/1/2016	12/31/9999	1	NC
D8690	ORTHODONTIC TREATMENT	No	0	999	1/1/1996	12/31/9999	1	NC
D8695	REM FIXED ORTH APPL TRMT NOT CMPLT	No	0	999	1/1/2018	12/31/9999	1	NC
D8696	RPR OF ORTHODON APPL-MAX	No	0	999	1/1/2020	12/31/9999	1	NC
D8697	RPR OF ORTHODON APPL-MANDIBULAR	No	0	999	1/1/2020	12/31/9999	1	NC
D8698	RE-CEMENT OF REBOND FXD RTNR-MAX	No	0	999	1/1/2020	12/31/9999	1	NC
D8699	RECEMENT OF REBOND FXD RTNR-MANDIB	No	0	999	1/1/2020	12/31/9999	1	NC
D8701	RPR OF FXD RTNR-MAX	No	0	999	1/1/2020	12/31/9999	1	NC
D8702	RPR OF FXD RTNR-MAND	No	0	999	1/1/2020	12/31/9999	1	NC
D8703	REPLACE OF LST OF BRKN RETAINER-MAX	Yes	0	20	1/1/2020	12/31/9999	1	172.00
D8704	REPLACE OF LST OF BRKN RETAINER-MAND	Yes	0	20	1/1/2020	12/31/9999	1	172.00
D8999	UNSPECIFIED ORTHODONTIC TREAT	YES - Priced by PA	0	20	10/1/2003	12/31/9999	1	0.00
D9110	PALLIATIVE (EMERGENCY) TREATM	Yes	0	999	7/1/2014	12/31/9999	1	35.29
D9120	RIXED PARTIAL SECTIONING	No	0	999	1/1/2007	12/31/9999	1	NC
D9130	MANDIBULAR JOINT DYSFUNC-THERAPIES	No	0	20	1/1/2019	12/31/9999	1	NC
D9210	LOCAL (NOT IN CONJUNCTION WIT	No	0	999	7/1/1983	12/31/9999	1	NC
D9211	REGIONAL BLOCK ANESTHESIA	No	0	999	7/1/1983	12/31/9999	1	NC
D9212	TRIGEMINAL DIVISION BLOCK	No	0	999	7/1/1983	12/31/9999	1	NC
D9215	LOCAL ANESTHESIA	No	0	999	7/28/1986	12/31/9999	1	NC
D9219	EVAL-MOD/DEEP SEDATION OR GEN ANESTH	No	0	999	1/1/2015	12/31/9999	1	NC
D9222	DEEP SEDATION/GEN ANESTH FIRST 15 MIN	Yes	0	999	1/1/2019	12/31/9999	1	115.00
D9223	DEEP SEDATION EA SUB 15 MIN	Yes	0	999	4/1/2019	12/31/9999	1	115.00
D9230	INHAL NITROUS OXIDE	Yes	0	999	7/1/2014	12/31/9999	1	39.16
D9239	IV MOD CONCIIOUS SEDAT FIRST 15 MIN	Yes	0	999	1/1/2019	12/31/9999	1	95.00
D9243	IV MOD CONCIIOUS SEDAT EA SUB 15 MIN	Yes	0	999	9/1/2019	12/31/9999	1	95.00
D9248	NON-IV CONS SEDATION	Yes	0	999	7/1/2014	12/31/9999	1	57.11
D9310	CONSULT DIAG NOT REQ DENTIST OR PHY	No	0	999	7/1/2014	12/31/9999	1	52.88
D9311	CONSULT MED HEALTH CARE PROF	No	0	999	1/1/2017	12/31/9999	1	NC
D9410	DENTAL HOUSE CALL	No	0	999	7/1/1983	12/31/9999	1	NC
D9420	HOSP OR ASC CALL	No	0	999	7/1/1983	12/31/9999	1	NC
D9430	OFFICE VISIT DURING REGULARLY	No	0	999	9/1/1986	12/31/9999	1	NC
D9440	OFFICE VISIT AFTER REGULARLY	No	0	999	9/1/1986	12/31/9999	1	NC
D9450	CASE PRESENTATION TX PLAN	No	0	999	1/1/2003	12/31/9999	1	NC
D9610	THERAP PARENTERAL DRUG SINGL ADMIN	No	0	999	10/1/2003	12/31/9999	1	NC
D9612	THERAP DRUGS, 2+ ADMIN DIFF MEDS	No	0	999	1/1/2007	12/31/9999	1	NC

Mississippi Division of Medicaid

DENTAL WEBSITE FEE SCHEDULE

Print Date: October 5, 2021



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are printed. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. Fee schedules are posted for informational purposes only and do not guarantee reimbursement. Fees are subject to the rules and requirements of the Division of Medicaid, Federal and State law.

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
D9613	INFILTRATION THERA DRUG SNGL/MULTI SITES	No	0	20	1/1/2019	12/31/9999	1	NC
D9630	DRUGS/MEDICAMENTS DISPNSD HOME USE	No	0	999	10/1/2003	12/31/9999	1	NC
D9910	APPLICATION OF DESENSITIZING	No	0	999	7/1/1983	12/31/9999	1	NC
D9911	APPL DESENSITIZING RESIN	No	0	999	1/1/2000	12/31/9999	1	NC
D9920	BEHAVIOR MANAGEMENT, BY REPORT	No	0	999	12/10/1991	12/31/9999	99,999	NC
D9930	COMPLICATIONS (POST SURGICAL	No	0	999	7/1/1983	12/31/9999	1	NC
D9932	CLEAN/INSP COMPLT DENT MAX	No	0	999	1/1/2016	12/31/9999	1	NC
D9933	CLEAN/INSP COMPLT DENT MAN	No	0	999	1/1/2016	12/31/9999	1	NC
D9934	CLEAN/INSP PARTIAL DENT MAX	No	0	999	1/1/2016	12/31/9999	1	NC
D9935	CLEAN/INSP PARTIAL DENT MAN	No	0	999	1/1/2016	12/31/9999	1	NC
D9941	FABRICATION OF ATHLETIC MOUTHGUARDS	No	0	999	12/10/1991	12/31/9999	99,999	NC
D9942	REPAIR/RELINE OCCLUSAL GUARD	No	0	999	1/1/2005	12/31/9999	1	NC
D9943	OCCLUSAL GUARD ADJ	No	0	20	1/1/2016	12/31/9999	1	NC
D9944	OCCLUSAL GUARD HARD-FULL ARCH	Yes	0	20	7/1/2020	12/31/9999	2	190.83
D9945	OCCLUSAL GUARD SOFT-FULL ARCH	Yes	0	20	7/1/2020	12/31/9999	2	190.83
D9946	OCCLUSAL GUARD HARD-PARTIAL ARCH	Yes	0	20	7/1/2020	12/31/9999	2	190.83
D9950	OCCLUSION ANALYSIS (MOUNTED C	No	0	999	1/1/1970	12/31/9999	1	NC
D9951	OCCLUSAL ADJUSTMENT - LIMITED	No	0	999	12/10/1991	12/31/9999	99,999	NC
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	No	0	999	12/10/1991	12/31/9999	99,999	NC
D9961	DUPLICATE/COPY PATIENT RECORDS	No	0	20	1/1/2019	12/31/9999	1	NC
D9970	ENAMEL MICROABRASION	No	0	999	1/1/1996	12/31/9999	1	NC
D9971	ODONTOPLASTY PER TOOTH	No	0	999	1/1/2000	12/31/9999	1	NC
D9972	EXTRNL BLEACHING PER ARCH	No	0	999	1/1/2000	12/31/9999	1	NC
D9973	EXTRNL BLEACHING PER TOOTH	No	0	999	1/1/2000	12/31/9999	1	NC
D9974	INTRNL BLEACHING PER TOOTH	No	0	999	1/1/2000	12/31/9999	1	NC
D9975	EXT BLEACHING HOME PER ARCH	No	0	999	1/1/2013	12/31/9999	1	NC
D9985	SALES TAX	No	0	999	1/1/2014	12/31/9999	1	NC
D9986	MISSED APPT	No	0	999	1/1/2015	12/31/9999	1	NC
D9987	CANCELLED APPT	No	0	999	1/1/2015	12/31/9999	1	NC
D9990	CERT TRANSLATION/SIGN LANGUAGE/VISIT	No	0	20	1/1/2019	12/31/9999	1	NC
D9991	CASE MGMT COMPLIANCE BARRIERS	No	0	999	1/1/2017	12/31/9999	1	NC
D9992	CASE MGMT CARE COORDINATION	No	0	999	1/1/2017	12/31/9999	1	NC
D9993	CASE MGMT MOTIVATIONAL INTERVIEW	No	0	999	1/1/2017	12/31/9999	1	NC
D9994	CASE MGMT IMPROVE ORAL HLTH LITERACY	No	0	999	1/1/2017	12/31/9999	1	NC
D9995	TELEDENISTRY - SYNCHRONOUS	No	0	999	3/1/2019	12/31/9999	1	NC
D9996	TELEDENISTRY - ASYNCHRONOUS	No	0	999	3/1/2019	12/31/9999	1	NC
D9997	DENTAL CSE MANG- PATIENT W/ SPECIAL NEED	No	0	999	1/1/2020	12/31/9999	1	NC
D9998	UNSPECIFIED MISCELLANEOUS SERV	No	0	999	11/1/1987	12/31/9999	99,999	NC
D9999	UNSPECIFIED (BY REPORT TO BE	YES - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00