

2024 MEDICARE ADVANTAGE GENERAL FEE SCHEDULE



D - Code	Description	Medicare Advantage General
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Evaluation - Established Patient	\$30
D0140	Limited Oral Evaluation - Problem Focused	\$39
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	\$28
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$42
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$56
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$49
DIAGNOSTIC IMAGING		
D0210	Intraoral - Comprehensive Series of Radiographic Images	\$94
D0220	Intraoral - Periapical First Radiographic Image	\$19
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$17
D0240	Intraoral - Occlusal Radiographic Image	\$25
D0250	Extra - Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, and Detector	\$47
D0270	Bitewing - Single Radiographic Image	\$19
D0272	Bitewings- Two Radiographic Images	\$29
D0273	Bitewings - Three Radiographic Images	\$31
D0274	Bitewings - Four Radiographic Images	\$37
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	\$62
D0330	Panoramic Radiographic Image	\$72
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$69
D0372	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images	NC
D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	NC
D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	NC
D0396	3D printing of a 3D dental surface scan	NC
TESTS AND EXAMINATIONS		
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions,Not To Include Cytology Or Biopsy Procedures	\$6
D0460	Pulp Vitality Tests	\$31
D0470	Diagnostic Casts	\$39
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - Adult	\$51
D1120	Prophylaxis - Child	\$37
TOPICAL FLUORIDE TREATMENT (Office Procedure)		
D1206	Topical Application of Fluoride Varnish	\$24
D1208	Topical Application of Fluoride - Excluding Varnish	\$23
OTHER PREVENTIVE SERVICES		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$42
D1351	Sealant - Per Tooth	\$31
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$31
D1353	Sealant Repair - Per Tooth	\$29
D1354	Application of caries arresting medicament - per tooth	\$24
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$176
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$259

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D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$259
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$259
D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$259
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$42
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$42
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$42
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$36
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$36
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$36
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$176
RESTORATIVE SERVICES		
D2140	Amalgam - One Surface, Primary or Permanent	\$74
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$85
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$104
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$122
D2330	Resin-Based Composite - One Surface, Anterior	\$87
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$108
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$124
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$161
D2390	Resin-Based Composite Crown, Anterior	\$171
D2391	Resin-Based Composite - One Surface, Posterior	\$104
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$132
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$159
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$176
D2510	Inlay - Metallic - One Surface	\$389
D2520	Inlay - Metallic - Two Surfaces	\$444
D2530	Inlay - Metallic - Three or More Surfaces	\$583
D2542	Onlay - Metallic - Two Surfaces	\$583
D2543	Onlay - Metallic - Three Surfaces	\$648
D2544	Onlay - Metallic - Four or More Surfaces	\$671
D2610	Inlay - Porcelain/Ceramic - One Surface	\$439
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$486
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$611
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$611
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$694
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$722
D2650	Inlay - Resin-Based Composite - One Surface	\$393
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$416
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$509
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$583
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$602
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$632
D2710	Crown - Resin-Based Composite (Indirect)	\$381
D2740	Crown - Porcelain/Ceramic	\$782
D2750	Crown - Porcelain Fused to High Noble Metal	\$746
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$680
D2752	Crown - Porcelain Fused to Noble Metal	\$720
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$735
D2780	Crown - 3/4 Cast High Noble Metal	\$740
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$671
D2782	Crown - 3/4 Cast Noble Metal	\$703
D2783	Crown -3/4 Porcelain/Ceramic	\$740

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D2790	Crown - Full Cast High Noble Metal	\$740
D2791	Crown - Full Cast Predominantly Base Metal	\$648
D2792	Crown - Full Cast Noble Metal	\$703
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$48
D2920	Re-Cement or Re-Bond Crown	\$49
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$194
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$153
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$167
D2932	Prefabricated Resin Crown	\$167
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$194
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$191
D2940	Protective Restoration	\$49
D2950	Core Buildup, Including Any Pins When Required	\$134
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$43
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$266
D2954	Prefabricated Post and Core in Addition to Crown	\$189
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$685
D2980	Crown Repair Necessitated by Restorative Material Failure	\$139
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$111
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$111
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$111
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$34
	ENDODONTICS	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$61
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$61
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$97
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$101
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$130
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$148
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$485
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$569
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$680
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$254
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$648
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$671
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$786
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$234
D3352	Apexification/Recalcification - Interim Medication Replacement	\$93
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$93
D3355	Pulpal Regeneration - Initial Visit	\$93
D3356	Pulpal Regeneration - Interim Medication Replacement	\$126
D3357	Pulpal Regeneration - Completion Of Treatment	\$126
D3410	Apicoectomy - Anterior	\$384
D3421	Apicoectomy - Premolar (First Root)	\$463
D3425	Apicoectomy - Molar (First Root)	\$555
D3426	Apicoectomy (Each Additional Root)	\$305
D3430	Retrograde Filling - Per Root	\$130
D3450	Root Amputation - Per Root	\$208

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D3471	Surgical Repair Of Root Resorption – Anterior	\$370
D3472	Surgical Repair Of Root Resorption – Premolar	\$370
D3473	Surgical Repair Of Root Resorption – Molar	\$370
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$370
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$370
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$370
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$250
D3921	Decoronation or Submergence of an Erupted Tooth	\$155
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$116
PERIODONTICS		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$301
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$120
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$120
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bound Spaces Per Quadrant	\$324
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bound Spaces Per Quadrant	\$208
D4249	Clinical Crown Lengthening - Hard Tissue	\$370
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$578
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$416
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$347
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$255
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, Per Site	\$352
D4267	Guided Tissue Regeneration, Natural Teeth - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$305
D4268	Surgical Revision Procedure, Per Tooth	\$416
D4270	Pedicle Soft Tissue Graft Procedure	\$426
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$486
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$444
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	\$537
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$532
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	\$259
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$93
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site and Donor Material) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$93
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$162

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D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$99
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$66
D4355	Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	\$101
D4910	Periodontal Maintenance	\$78
	PROSTHODONTICS, REMOVABLE	
D5110	Complete Denture - Maxillary	\$969
D5120	Complete Denture - Mandibular	\$969
D5130	Immediate Denture - Maxillary	\$1,055
D5140	Immediate Denture - Mandibular	\$1,055
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$701
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$701
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,080
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,080
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$601
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$601
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$967
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$967
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$981
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$981
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$601
D5228	Immediate Mandiblar Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$601
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$555
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$555
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$333
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$333
D5410	Adjust Complete Denture - Maxillary	\$44
D5411	Adjust Complete Denture - Mandibular	\$44
D5421	Adjust Partial Denture - Maxillary	\$44
D5422	Adjust Partial Denture - Mandibular	\$44
D5511	Repair Broken Complete Denture Base, Mandibular	\$120
D5512	Repair Broken Complete Denture Base, Maxillary	\$120
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$102
D5611	Repair Resin Partial Denture Base, Mandibular	\$125
D5612	Repair Resin Partial Denture Base, Maxillary	\$125
D5621	Repair Cast Partial Framework, Mandibular	\$194

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D5622	Repair Cast Partial Framework, Maxillary	\$194
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$185
D5640	Replace Broken Teeth - Per Tooth	\$98
D5650	Add Tooth to Existing Partial Denture	\$125
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$157
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$509
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$509
D5710	Rebase Complete Maxillary Denture	\$324
D5711	Rebase Complete Mandibular Denture	\$324
D5720	Rebase Maxillary Partial Denture	\$305
D5721	Rebase Mandibular Partial Denture	\$305
D5725	Rebase Hybrid Prosthesis	\$305
D5730	Reline Complete Maxillary Denture (Direct)	\$185
D5731	Reline Complete Mandibular Denture (Direct)	\$185
D5740	Reline Maxillary Partial Denture (Direct)	\$185
D5741	Reline Mandibular Partial Denture (Direct)	\$185
D5750	Reline Complete Maxillary Denture (Indirect)	\$287
D5751	Reline Complete Mandibular Denture (Indirect)	\$287
D5760	Reline Maxillary Partial Denture (Indirect)	\$278
D5761	Reline Mandibular Partial Denture (Indirect)	\$278
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	\$185
D5850	Tissue Conditioning, Maxillary	\$83
D5851	Tissue Conditioning, Mandibular	\$83
D5863	Overdenture - Complete Maxillary	\$1,480
D5864	Overdenture - Partial Maxillary	\$1,203
D5865	Overdenture - Complete Mandibular	\$1,480
D5866	Overdenture - Partial Mandibular	\$1,203
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$46
IMPLANT SERVICES		
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,275
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,036
D6013	Surgical Placement of Mini Implant	\$613
D6040	Surgical Placement: Eposteal Implant	\$3,700
D6050	Surgical Placement: Transosteal Implant	\$2,812
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,313
D6056	Prefabricated Abutment - Includes Modification and Placement	\$416
D6057	Custom Fabricated Abutment - Includes Placement	\$486
D6058	Abutment Supported Porcelain/Ceramic Crown	\$971
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$902
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$786
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$994
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,004
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$833
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$999
D6065	Implant Supported Porcelain/Ceramic Crown	\$971
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$971
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$971
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$971
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$971

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D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$860
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,018
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,064
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$888
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,018
D6075	Implant Supported Retainer For Ceramic FPD	\$1,064
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,064
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,045
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$69
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	\$842
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$870
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$920
D6086	Implant Supported Crown - Predominantly Base Alloys	\$833
D6087	Implant Supported Crown - Noble Alloys	\$888
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$925
D6089	Accessing and retorquing loose implant screw – per screw	NC
D6090	Repair Implant Supported Prosthesis, By Report	\$278
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	\$167
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$69
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$120
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,211
D6095	Repair Implant Abutment, By Report	\$278
D6096	Remove Broken Implant Retaining Screw	\$231
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$920
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$842
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$870
D6100	Surgical Removal of Implant Body	\$369
D6105	Removal of Implant Body Not Requiring Bone Removal nor Flap Elevation	NC
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,110
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,110
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,110
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,110
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,220
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,220
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$1,665
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$1,665
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$920
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$842
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$870
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$925
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,110
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$920
D6197	Implant Supported Prosthesis, per Implant	NC

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PROSTHODONTICS, FIXED		
D6205	Pontic - Indirect Resin Based Composite	\$527
D6210	Pontic - Cast High Noble Metal	\$740
D6211	Pontic - Cast Predominantly Base Metal	\$648
D6212	Pontic - Cast Noble Metal	\$675
D6240	Pontic - Porcelain Fused to High Noble Metal	\$726
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$661
D6242	Pontic - Porcelain Fused to Noble Metal	\$701
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$717
D6245	Pontic - Porcelain/Ceramic	\$757
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$300
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$241
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$300
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$463
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$486
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$398
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$426
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$412
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$444
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$398
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$463
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$601
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$620
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$472
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$555
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$463
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$509
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$463
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$509
D6740	Retainer Crown - Porcelain/Ceramic	\$775
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$745
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$680
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$720
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$708
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$601
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$555
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$578
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$624
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	\$578
D6790	Retainer Crown - Full Cast High Noble Metal	\$745
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$657
D6792	Retainer Crown - Full Cast Noble Metal	\$648
D6920	Connector Bar	\$185
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$69
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$194
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, Coronal Remnants - Primary Tooth	\$50
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$85
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$155
D7220	Removal of Impacted Tooth - Soft Tissue	\$191
D7230	Removal of Impacted Tooth - Partially Bony	\$239
D7240	Removal of Impacted Tooth - Completely Bony	\$277

D - Code	Description	Medicare Advantage General
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$335
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$162
D7251	Coronectomy Intentional Partial Tooth Removal, Impacted Teeth Only	\$467
D7260	Oroantral Fistula Closure	\$241
D7261	Primary Closure of a Sinus Perforation	\$283
D7280	Exposure of an Unerupted Tooth	\$191
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$194
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$142
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$116
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$164
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$153
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$278
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue	\$278
D7410	Excision of Benign Lesion Up to 1.25 cm	\$672
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$764
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$672
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$764
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$245
D7472	Removal of Torus Palatinus	\$245
D7473	Removal of Torus Mandibularis	\$245
D7485	Reduction of Osseous Tuberosity	\$245
D7509	Marsupialization of Odontogenic Cyst	NC
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$91
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$129
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$278
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$248
D7962	Lingual Frenectomy (Frenulectomy)	\$248
D7970	Excision of Hyperplastic Tissue - Per Arch	\$232
D7971	Excision of Pericoronal Gingiva	\$142
	ORTHODONTICS - Payment for the following orthodontic services is limited to the Orthodontic Lifetime Maximum specific to the Member's Benefit Plan.	
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$1,850
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$1,850
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$1,850
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$1,850
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$4,625
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$5,550
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$6,475
D8210	Removable Appliance Therapy	\$925
D8220	Fixed Appliance Therapy	\$1,110
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$555
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative Treatment of Dental Pain - per Visit	\$52

D - Code	Description	Medicare Advantage General
ANESTHESIA		
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$127
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$111
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$31
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$100
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$81
D9248	Non-Intravenous Conscious Sedation	\$101
PROFESSIONAL CONSULTATION		
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physican	\$46
MISCELLANEOUS SERVICES		
D9910	Application of Desensitizing Medicament	\$33
D9920	Behavior Management,By Report	\$108

DISCLAIMER: Some codes may be listed that are not covered under a particular member's benefit plan. Verification of benefits is recommended to ensure coverage. You may bill your usual and customary charge for any service not covered by the member's plan; you will not be held to the scheduled allowance for those services, or services covered by the member's plan but denied due to waiting periods, frequency or when plan maximums have been met.

AR Medicare Advantage General Fee Schedule 2024