



Addendum to Exhibit A-2

LIBERTY Dental Plan of Florida, Inc. Provider Agreement Child Medicaid Fee for Service Programs Addendum General Dentist and Specialist

This Child Medicaid Fee for Service Programs Addendum (the “Addendum”) to the LIBERTY Dental Plan of Florida, Inc. Provider Agreement (the “Agreement”) between LIBERTY Dental Plan of Florida, Inc. (“LIBERTY”) and the legal entity or individual qualified and licensed to practice dentistry in the state of Florida as defined in the Agreement and as specified on the signature page of this Addendum (“Dentist”) is meant to supplement the Agreement. Except as expressly modified by this Addendum, the Agreement remains in full force and effect and all capitalized terms in this Addendum (which are not otherwise defined) shall have the meaning ascribed to them in the Agreement. LIBERTY and Dentist agree as follows:

1. *Reimbursement/Compensation.* LIBERTY shall pay Dentist certain Fees for covered Services (whose procedural codes are expressly listed below) that are rendered to eligible Members by qualified dentists in the contracted facilities of Dentist in accordance with the terms of the Agreement. For purposes of this Addendum, “Fee” is defined as the amount of the applicable fees listed below minus the amount of any applicable Member copayment.

Code	Description of Services	Fee
	DIAGNOSTIC	
D0120	Periodic oral evaluation – established patient	\$22.29
D0140	Limited oral evaluation – problem focused	\$11.89
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$23.78
D0150	Comprehensive oral evaluation – new or established patient	\$23.78
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$51.65
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$17.22
D0171	Re-evaluation – post-operative office visit	\$17.22
D0180	Comprehensive periodontal evaluation – new or established patient	\$27.98
D0190	Screening of a patient	\$10.40
D0191	Assessment of a patient	\$10.40
D0210	Intraoral – complete series of radiographic images	\$47.56
D0220	Intraoral – periapical first radiographic image	\$5.95
D0230	Intraoral – periapical each additional radiographic image	\$4.46
D0240	Intraoral – occlusal radiographic image	\$11.89
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$35.67
D0251	Extra-oral posterior dental radiographic image	\$35.12
D0270	Bitewing – single radiographic image	\$8.92
D0272	Bitewings – two radiographic images	\$13.38
D0273	Bitewings – three radiographic images	\$16.26
D0274	Bitewings – four radiographic images	\$16.35
D0277	Vertical bitewings – 7 to 8 radiographic images	\$28.35
D0310	Sialography	\$108.94
D0320	Temporomandibular joint arthrogram, including injection	\$192.46
D0321	Other temporomandibular joint radiographic images, by report	\$82.76
D0322	Tomographic survey	\$156.15
D0330	Panoramic radiographic image	\$44.59

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Code	Description of Services	Fee
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	\$47.56
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$10.40
D0351	3D photographic image	\$18.16
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw	\$60.64
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$77.35
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	\$77.35
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$87.15
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$89.70
D0369	Maxillofacial MRI capture and interpretation	\$50.84
D0370	Maxillofacial ultrasound capture and interpretation	\$29.05
D0371	Sialoendoscopy capture and interpretation	\$77.35
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$62.46
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	\$84.61
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	\$84.61
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$84.61
D0384	Cone beam CT image capture for TMJ series including two or more exposures	\$90.78
D0385	Maxillofacial MRI image capture	\$557.42
D0386	Maxillofacial ultrasound image capture	\$139.44
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$11.89
D0393	Treatment simulation using 3D image volume	\$0.00
D0394	Digital subtraction of two or more images or image volumes of the same modality	\$0.00
D0395	Fusion of two or more 3D image volumes of one or more modalities	\$0.00
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	\$12.58
D0415	Collection of microorganisms for culture and sensitivity	\$12.58
D0416	Viral culture	\$18.66
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	\$16.92
D0418	Analysis of saliva sample	\$17.36
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	\$12.58
D0423	Genetic test for susceptibility to diseases – specimen analysis	\$17.36
D0425	Caries susceptibility tests	\$10.85
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$17.36
D0460	Pulp vitality tests	\$17.36
D0470	Diagnostic casts	\$32.70
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$23.86
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$50.33
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$56.41

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Code	Description of Services	Fee
D0475	Decalcification procedure	\$30.37
D0476	Special stains for microorganisms	\$29.51
D0477	Special stains, not for microorganisms	\$40.35
D0478	Immunohistochemical stains	\$36.88
D0479	Tissue in-situ hybridization, including interpretation	\$56.41
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$34.71
D0481	Electron microscopy	\$130.17
D0482	Direct immunofluorescence	\$43.39
D0483	Indirect immunofluorescence	\$43.39
D0484	Consultation on slides prepared elsewhere	\$65.09
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	\$89.82
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$41.65
D0502	Other oral pathology procedures, by report	\$0.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk	\$26.03
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$26.03
D0603	Caries risk assessment and documentation, with a finding of high risk	\$26.03
D0999	Unspecified diagnostic procedure, by report	\$0.00
	PREVENTIVE	
D1110	Prophylaxis – adult	\$26.75
D1120	Prophylaxis – child	\$20.81
D1206	Topical application of fluoride varnish	\$16.35
D1208	Topical application of fluoride – excluding varnish	\$16.35
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00
D1330	Oral hygiene instructions	\$8.92
D1351	Sealant - per tooth	\$19.32
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$19.55
D1353	Sealant repair – per tooth	\$19.55
D1354	Interim caries arresting medicament application	\$19.32
D1510	Space maintainer – fixed, unilateral	\$107.01
D1515	Space maintainer – fixed - bilateral	\$173.90
D1520	Space maintainer – removable – unilateral	\$110.72
D1525	Space maintainer – removable – bilateral	\$171.11
D1550	Re-cement or re-bond space maintainer	\$25.27
D1555	Removal of fixed space maintainer	\$20.94
D1575	Distal shoe space maintainer – fixed – unilateral	\$107.01
D1999	Unspecified preventive procedure, by report	\$0.00
	RESTORATIVE	
D2140	Amalgam – one surface, primary or permanent	\$46.08

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Code	Description of Services	Fee
D2150	Amalgam – two surfaces, primary or permanent	\$60.94
D2160	Amalgam – three surfaces, primary or permanent	\$75.80
D2161	Amalgam – four or more surfaces, primary or permanent	\$90.66
D2330	Resin-based composite – one surface, anterior	\$50.53
D2331	Resin-based composite – two surfaces, anterior	\$57.97
D2332	Resin-based composite – three surfaces, anterior	\$65.40
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$107.01
D2390	Resin-based composite crown, anterior	\$107.01
D2391	Resin-based composite – one surface, posterior	\$46.08
D2392	Resin-based composite – two surfaces, posterior	\$60.94
D2393	Resin-based composite – three surfaces, posterior	\$75.80
D2394	Resin-based composite – four or more surfaces, posterior	\$90.66
D2410	Gold foil – one surface	\$89.62
D2420	Gold foil – two surfaces	\$149.37
D2430	Gold foil – three surfaces	\$258.90
D2510	Inlay – metallic – one surface	\$237.00
D2520	Inlay – metallic – two surfaces	\$268.86
D2530	Inlay – metallic – three or more surfaces	\$309.89
D2542	Onlay – metallic – two surfaces	\$303.91
D2543	Onlay – metallic – three surfaces	\$317.85
D2544	Onlay – metallic – four or more surfaces	\$330.60
D2610	Inlay – porcelain/ceramic – one surface	\$278.82
D2620	Inlay – porcelain/ceramic – two surfaces	\$294.35
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$313.47
D2642	Onlay – porcelain/ceramic – two surfaces	\$304.71
D2643	Onlay – porcelain/ceramic – three surfaces	\$328.61
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$348.53
D2650	Inlay – resin-based composite – one surface	\$183.22
D2651	Inlay – resin-based composite – two surfaces	\$218.28
D2652	Inlay – resin-based composite – three or more surfaces	\$229.43
D2662	Onlay – resin-based composite – two surfaces	\$199.16
D2663	Onlay – resin-based composite – three surfaces	\$234.21
D2664	Onlay – resin-based composite – four or more surfaces	\$250.94
D2710	Crown – resin-based composite (indirect)	\$114.45
D2712	Crown – ¾ resin-based composite (indirect)	\$139.73
D2720	Crown – resin with high noble metal	\$344.41
D2721	Crown – resin with predominantly base metal	\$126.34
D2722	Crown – resin with noble metal	\$329.85
D2740	Crown – porcelain/ceramic substrate	\$338.88
D2750	Crown – porcelain fused to high noble metal	\$348.74
D2751	Crown – porcelain fused to predominantly base metal	\$338.88
D2752	Crown – porcelain fused to noble metal	\$332.61

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Code	Description of Services	Fee
D2780	Crown – ¾ cast high noble metal	\$334.57
D2781	Crown – ¾ cast predominantly base metal	\$314.89
D2782	Crown – ¾ cast noble metal	\$325.13
D2783	Crown – ¾ porcelain/ceramic	\$344.02
D2790	Crown – full cast high noble metal	\$336.54
D2791	Crown – full cast predominantly base metal	\$318.83
D2792	Crown – full cast noble metal	\$324.73
D2794	Crown – titanium	\$344.41
D2799	Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	\$139.73
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$30.42
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$30.42
D2920	Re-cement or re-bond crown	\$25.27
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$44.37
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$122.11
D2930	Prefabricated stainless steel crown – primary tooth	\$101.07
D2931	Prefabricated stainless steel crown – permanent tooth	\$101.07
D2932	Prefabricated resin crown	\$101.07
D2933	Prefabricated stainless steel crown with resin window	\$126.34
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$116.20
D2940	Protective restoration	\$26.75
D2941	Interim therapeutic restoration – primary dentition	\$32.11
D2949	Restorative foundation for an indirect restoration	\$32.11
D2950	Core buildup, including any pins when required	\$96.61
D2951	Pin retention – per tooth, in addition to restoration	\$2.97
D2952	Post and core in addition to crown, indirectly fabricated	\$126.76
D2953	Each additional indirectly fabricated post – same tooth	\$63.38
D2954	Prefabricated post and core in addition to crown	\$78.77
D2955	Post removal	\$78.17
D2957	Each additional prefabricated post – same tooth	\$50.70
D2960	Labial veneer (resin laminate) – chairside	\$245.07
D2961	Labial veneer (resin laminate) – laboratory	\$278.03
D2962	Labial veneer (porcelain laminate) – laboratory	\$302.11
D2971	Additional procedures to construct new crown under existing partial denture framework	\$48.59
D2975	Coping	\$147.89
D2980	Crown repair necessitated by restorative material failure	\$59.15
D2981	Inlay repair necessitated by restorative material failure	\$59.15
D2982	Onlay repair necessitated by restorative material failure	\$59.15
D2983	Veneer repair necessitated by restorative material failure	\$59.15
D2990	Resin infiltration of incipient smooth surface lesions	\$21.13
D2999	Unspecified restorative procedure, by report	\$0.00
	ENDODONTICS	
D3110	Pulp cap – direct (excluding final restoration)	\$19.32

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Code	Description of Services	Fee
D3120	Pulp cap – indirect (excluding final restoration)	\$16.35
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinoceamental junction and application of medicament	\$74.32
D3221	Pulpal debridement, primary and permanent teeth	\$44.59
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$64.59
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$111.47
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$126.34
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$219.97
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$282.40
D3330	Endodontic therapy, molar (excluding final restoration)	\$349.28
D3331	Treatment of root canal obstruction; non-surgical access	\$74.32
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$168.92
D3333	Internal root repair of perforation defects	\$46.08
D3346	Retreatment of previous root canal therapy – anterior	\$302.28
D3347	Retreatment of previous root canal therapy – bicuspid	\$355.62
D3348	Retreatment of previous root canal therapy – molar	\$440.08
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$124.85
D3352	Apexification/recalcification – interim medication replacement	\$83.23
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$166.47
D3355	Pulpal regeneration – initial visit	\$115.57
D3356	Pulpal regeneration – interim medication replacement	\$51.81
D3357	Pulpal regeneration – completion of treatment	\$124.85
D3410	Apicoectomy – anterior	\$111.47
D3421	Apicoectomy – bicuspid (first root)	\$255.06
D3425	Apicoectomy – molar (first root)	\$288.93
D3426	Apicoectomy (each additional root)	\$97.64
D3427	Periradicular surgery without apicoectomy	\$207.24
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	\$302.09
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	\$288.14
D3430	Retrograde filling – per root	\$37.16
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$354.69
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$304.88
D3450	Root amputation – per root	\$149.45
D3460	Endodontic endosseous implant	\$557.94
D3470	Intentional re-implantation (including necessary splinting)	\$284.95
D3910	Surgical procedure for isolation of tooth with rubber dam	\$39.85
D3920	Hemisection (including any root removal), not including root canal therapy	\$113.58
D3950	Canal preparation and fitting of preformed dowel or post	\$0.00
D3999	Unspecified endodontic procedure, by report	\$0.00

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	PERIODONTICS	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$156.06
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$66.88
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$61.47
D4230	Anatomical crown exposure – four or more contiguous teeth per quadrant	\$242.05
D4231	Anatomical crown exposure – one to three teeth per quadrant	\$115.26
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$320.67
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$204.16
D4245	Apically positioned flap	\$161.36
D4249	Clinical crown lengthening – hard tissue	\$240.13
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$169.44
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$71.34
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$130.63
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$111.42
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$130.63
D4266	Guided tissue regeneration – resorbable barrier, per site	\$134.47
D4267	Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	\$172.89
D4268	Surgical revision procedure, per tooth	\$61.47
D4270	Pedicle soft tissue graft procedure	\$259.34
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	\$316.97
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$179.81
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$238.20
D4276	Combined connective tissue and double pedicle graft, per tooth	\$355.39
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$268.94
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	\$88.37
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	\$270.09
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	\$203.24
D4320	Provisional splinting – intracoronal	\$123.51
D4321	Provisional splinting – extracoronal	\$112.28
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$29.73
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$14.86
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$118.90

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Code	Description of Services	Fee
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$77.29
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$29.73
D4910	Periodontal maintenance	\$41.19
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$31.81
D4921	Gingival irrigation – per quadrant	\$29.73
D4999	Unspecified periodontal procedure, by report	\$0.00
	PROSTHODONTICS (REMOVABLE)	
D5110	Complete denture – maxillary	\$460.75
D5120	Complete denture – mandibular	\$460.75
D5130	Immediate denture – maxillary	\$454.76
D5140	Immediate denture – mandibular	\$454.76
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$245.24
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$245.24
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$468.18
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$468.18
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$383.98
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$446.01
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$502.33
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$502.33
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$352.01
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$409.10
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$268.67
D5410	Adjust complete denture – maxillary	\$20.81
D5411	Adjust complete denture – mandibular	\$20.81
D5421	Adjust partial denture – maxillary	\$20.81
D5422	Adjust partial denture – mandibular	\$20.81
D5510	Repair broken complete denture base	\$65.40
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$57.97
D5610	Repair resin denture base	\$65.40
D5620	Repair cast framework	\$69.86
D5630	Repair or replace broken clasp - per tooth	\$83.23
D5640	Replace broken teeth - per tooth	\$57.97
D5650	Add tooth to existing partial denture	\$62.42
D5660	Add clasp to existing partial denture - per tooth	\$77.29
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$167.44
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$167.44
D5710	Rebase complete maxillary denture	\$169.35
D5711	Rebase complete mandibular denture	\$161.74

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Code	Description of Services	Fee
D5720	Rebase maxillary partial denture	\$159.83
D5721	Rebase mandibular partial denture	\$159.83
D5730	Reline complete maxillary denture (chairside)	\$93.64
D5731	Reline complete mandibular denture (chairside)	\$93.64
D5740	Reline maxillary partial denture (chairside)	\$93.64
D5741	Reline mandibular partial denture (chairside)	\$93.64
D5750	Reline complete maxillary denture (laboratory)	\$167.95
D5751	Reline complete mandibular denture (laboratory)	\$167.95
D5760	Reline maxillary partial denture (laboratory)	\$167.95
D5761	Reline mandibular partial denture (laboratory)	\$167.95
D5810	Interim complete denture (maxillary)	\$201.69
D5811	Interim complete denture (mandibular)	\$216.92
D5820	Interim partial denture (maxillary)	\$163.49
D5821	Interim partial denture (mandibular)	\$165.54
D5850	Tissue conditioning, maxillary	\$39.96
D5851	Tissue conditioning, mandibular	\$39.96
D5862	Precision attachment, by report	\$0.00
D5863	Overdenture – complete maxillary	\$441.44
D5864	Overdenture – partial maxillary	\$582.25
D5865	Overdenture – complete mandibular	\$441.44
D5866	Overdenture – partial mandibular	\$605.08
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$69.86
D5875	Modification of removable prosthesis following implant surgery	\$69.86
D5899	Unspecified removable prosthodontic procedure, by report	\$0.00
	MAXILLOFACIAL PROSTHETICS	
D5911	Facial moulage (sectional)	\$105.79
D5912	Facial moulage (complete)	\$105.79
D5913	Nasal prosthesis	\$2,227.76
D5914	Auricular prosthesis	\$2,227.76
D5915	Orbital prosthesis	\$3,014.75
D5916	Ocular prosthesis	\$804.11
D5919	Facial prosthesis	\$0.00
D5922	Nasal septal prosthesis	\$0.00
D5923	Ocular prosthesis, interim	\$0.00
D5924	Cranial prosthesis	\$0.00
D5925	Facial augmentation implant prosthesis	\$0.00
D5926	Nasal prosthesis, replacement	\$0.00
D5927	Auricular prosthesis, replacement	\$0.00
D5928	Orbital prosthesis, replacement	\$0.00
D5929	Facial prosthesis, replacement	\$0.00
D5931	Obturator prosthesis, surgical	\$1,199.51
D5932	Obturator prosthesis, definitive	\$2,243.36

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Code	Description of Services	Fee
D5933	Obturator prosthesis, modification	\$0.00
D5934	Mandibular resection prosthesis with guide flange	\$2,044.71
D5935	Mandibular resection prosthesis without guide flange	\$1,779.09
D5936	Obturator prosthesis, interim	\$1,998.29
D5937	Trismus appliance (not for TMD treatment)	\$251.17
D5951	Feeding aid	\$326.52
D5952	Speech aid prosthesis, pediatric	\$1,060.22
D5953	Speech aid prosthesis, adult	\$2,013.51
D5954	Palatal augmentation prosthesis	\$1,865.85
D5955	Palatal lift prosthesis, definitive	\$1,725.81
D5958	Palatal lift prosthesis, interim	\$0.00
D5959	Palatal lift prosthesis, modification	\$0.00
D5960	Speech aid prosthesis, modification	\$0.00
D5982	Surgical stent	\$169.35
D5983	Radiation carrier	\$380.55
D5984	Radiation shield	\$380.55
D5985	Radiation cone locator	\$380.55
D5986	Fluoride gel carrier	\$38.06
D5987	Commissure splint	\$570.83
D5988	Surgical splint	\$114.17
D5991	Vesiculobullous disease medicament carrier	\$43.76
D5992	Adjust maxillofacial prosthetic appliance, by report	\$0.00
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	\$0.00
D5994	Periodontal medicament carrier with peripheral seal – laboratory processed	\$43.76
D5999	Unspecified maxillofacial prosthesis, by report	\$0.00
	IMPLANT SERVICES	
D6010	Surgical placement of implant body: endosteal implant	\$696.79
D6011	Second stage implant surgery	\$696.79
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$658.36
D6013	Surgical placement of mini implant	\$696.79
D6040	Surgical placement: eposteal implant	\$2,397.49
D6050	Surgical placement: transosteal implant	\$1,788.60
D6051	Interim abutment	\$144.61
D6052	Semi-precision attachment abutment	\$295.31
D6055	Connecting bar – implant supported or abutment supported	\$209.30
D6056	Prefabricated abutment – includes modification and placement	\$144.61
D6057	Custom fabricated abutment – includes placement	\$178.86
D6058	Abutment supported porcelain/ceramic crown	\$401.10
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$395.78
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$374.08
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$381.70
D6062	Abutment supported cast metal crown (high noble metal)	\$380.17

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Code	Description of Services	Fee
D6063	Abutment supported cast metal crown (predominantly base metal)	\$331.08
D6064	Abutment supported cast metal crown (noble metal)	\$346.30
D6065	Implant supported porcelain/ceramic crown	\$394.63
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$384.36
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$372.94
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$397.68
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$395.78
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$374.08
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$381.70
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$386.26
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$352.77
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$374.85
D6075	Implant supported retainer for ceramic FPD	\$394.63
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$384.36
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$372.94
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$32.73
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$26.75
D6085	Provisional implant crown	\$139.73
D6090	Repair implant supported prosthesis, by report	\$0.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$157.93
D6092	Re-cement or re-bond implant/abutment supported crown	\$30.82
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$48.33
D6094	Abutment supported crown (titanium)	\$313.96
D6095	Repair implant abutment, by report	\$0.00
D6100	Implant removal, by report	\$0.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$113.02
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$155.27
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	\$129.39
D6104	Bone graft at time of implant placement	\$129.39
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	\$520.22
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	\$520.22
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	\$520.22
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	\$520.22
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	\$911.05
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	\$911.05
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	\$698.70
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	\$698.70

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Code	Description of Services	Fee
D6190	Radiographic/surgical implant index, by report	\$70.40
D6194	Abutment supported retainer crown for FPD (titanium)	\$323.47
D6199	Unspecified implant procedure, by report	\$0.00
	PROSTHODONTICS, FIXED	
D6205	Pontic – indirect resin based composite	\$222.57
D6210	Pontic – cast high noble metal	\$340.28
D6211	Pontic – cast predominantly base metal	\$318.88
D6212	Pontic – cast noble metal	\$331.72
D6214	Pontic – titanium	\$342.42
D6240	Pontic – porcelain fused to high noble metal	\$336.00
D6241	Pontic – porcelain fused to predominantly base metal	\$310.32
D6242	Pontic – porcelain fused to noble metal	\$327.44
D6245	Pontic – porcelain/ceramic	\$346.70
D6250	Pontic – resin with high noble metal	\$331.72
D6251	Pontic – resin with predominantly base metal	\$306.04
D6252	Pontic – resin with noble metal	\$315.88
D6253	Provisional pontic– further treatment or completion of diagnosis necessary prior to final impression	\$142.96
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$125.73
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	\$138.30
D6549	Resin retainer – for resin bonded fixed prosthesis	\$90.68
D6600	Retainer inlay – porcelain/ceramic, two surfaces	\$249.56
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	\$261.75
D6602	Retainer inlay – cast high noble metal, two surfaces	\$266.70
D6603	Retainer inlay – cast high noble metal, three or more surfaces	\$293.37
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$261.37
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$276.99
D6606	Retainer inlay – cast noble metal, two surfaces	\$257.18
D6607	Retainer inlay – cast noble metal, three or more surfaces	\$285.37
D6608	Retainer onlay – porcelain/ceramic, two surfaces	\$271.28
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	\$283.09
D6610	Retainer onlay – cast high noble metal, two surfaces	\$287.66
D6611	Retainer onlay – cast high noble metal, three or more surfaces	\$314.71
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$286.13
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$299.09
D6614	Retainer onlay – cast noble metal, two surfaces	\$280.04
D6615	Retainer onlay – cast noble metal, three or more surfaces	\$291.09
D6624	Retainer inlay – titanium	\$266.70
D6634	Retainer onlay – titanium	\$280.04
D6710	Retainer crown – indirect resin based composite	\$285.75
D6720	Retainer crown – resin with high noble metal	\$333.38
D6721	Retainer crown – resin with predominantly base metal	\$316.23
D6722	Retainer crown – resin with noble metal	\$321.95

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Code	Description of Services	Fee
D6740	Retainer crown – porcelain/ceramic	\$350.52
D6750	Retainer crown – porcelain fused to high noble metal	\$341.38
D6751	Retainer crown – porcelain fused to predominantly base metal	\$318.52
D6752	Retainer crown – porcelain fused to noble metal	\$326.14
D6780	Retainer crown – ¾ cast high noble metal	\$321.95
D6781	Retainer crown – ¾ cast predominantly base metal	\$321.95
D6782	Retainer crown – ¾ cast noble metal	\$299.09
D6783	Retainer crown – ¾ porcelain/ceramic	\$331.47
D6790	Retainer crown – full cast high noble metal	\$329.57
D6791	Retainer crown – full cast predominantly base metal	\$312.42
D6792	Retainer crown – full cast noble metal	\$323.85
D6793	Provisional retainer crown– further treatment or completion of diagnosis necessary prior to final impression	\$135.26
D6794	Retainer crown – titanium	\$323.85
D6920	Connector bar	\$76.42
D6930	Re-cement or re-bond fixed partial denture	\$44.58
D6940	Stress breaker	\$101.04
D6950	Precision attachment	\$195.29
D6980	Fixed partial denture repair necessitated by restorative material failure	\$59.15
D6985	Pediatric partial denture, fixed	\$245.24
D6999	Unspecified fixed prosthodontic procedure, by report	\$0.00
	ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction, coronal remnants – deciduous tooth	\$40.13
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$40.13
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$59.45
D7220	Removal of impacted tooth – soft tissue	\$92.15
D7230	Removal of impacted tooth – partially bony	\$114.45
D7240	Removal of impacted tooth – completely bony	\$117.42
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$121.88
D7250	Removal of residual tooth roots (cutting procedure)	\$80.26
D7251	Coronectomy – intentional partial tooth removal	\$171.15
D7260	Oroantral fistula closure	\$249.70
D7261	Primary closure of a sinus perforation	\$178.36
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$40.13
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$199.42
D7280	Exposure of an unerupted tooth	\$202.14
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$69.80
D7283	Placement of device to facilitate eruption of impacted tooth	\$175.38
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	\$279.19
D7286	Incisional biopsy of oral tissue – soft	\$119.65
D7287	Exfoliative cytological sample collection	\$47.86

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Code	Description of Services	Fee
D7288	Brush biopsy – transepithelial sample collection	\$47.86
D7290	Surgical repositioning of teeth	\$119.65
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$17.24
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	\$191.45
D7293	Placement of temporary anchorage device requiring flap; includes device removal	\$119.65
D7294	Placement of temporary anchorage device without flap; includes device removal	\$99.71
D7295	Harvest of bone for use in autogenous grafting procedure	\$0.00
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$66.88
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$67.40
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$83.23
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$105.92
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$529.59
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$1,540.62
D7410	Excision of benign lesion up to 1.25 cm	\$231.09
D7411	Excision of benign lesion greater than 1.25 cm	\$365.90
D7412	Excision of benign lesion, complicated	\$404.41
D7413	Excision of malignant lesion up to 1.25 cm	\$269.61
D7414	Excision of malignant lesion greater than 1.25 cm	\$404.41
D7415	Excision of malignant lesion, complicated	\$452.56
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$365.90
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$539.22
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$231.09
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$315.83
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$231.09
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$315.83
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$125.18
D7471	Removal of lateral exostosis (maxilla or mandible)	\$286.17
D7472	Removal of torus palatinus	\$260.68
D7473	Removal of torus mandibularis	\$260.68
D7485	Reduction of osseous tuberosity	\$286.17
D7490	Radical resection of maxilla or mandible	\$2,310.93
D7510	Incision and drainage of abscess – intraoral soft tissue	\$69.86
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$125.18
D7520	Incision and drainage of abscess – extraoral soft tissue	\$99.58
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$433.30
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$142.12
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$157.53

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Code	Description of Services	Fee
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$98.21
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$779.94
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,261.38
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$945.94
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,639.99
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$1,040.69
D7650	Malar and/or zygomatic arch – open reduction	\$788.41
D7660	Malar and/or zygomatic arch – closed reduction	\$464.88
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$362.82
D7671	Alveolus – open reduction, may include stabilization of teeth	\$683.65
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	\$2,365.23
D7710	Maxilla – open reduction	\$1,482.46
D7720	Maxilla – closed reduction	\$1,040.69
D7730	Mandible – open reduction	\$2,144.54
D7740	Mandible – closed reduction	\$1,061.10
D7750	Malar and/or zygomatic arch – open reduction	\$1,349.58
D7760	Malar and/or zygomatic arch – closed reduction	\$541.53
D7770	Alveolus - open reduction stabilization of teeth	\$733.72
D7771	Alveolus, closed reduction stabilization of teeth	\$566.18
D7780	Facial bones – complicated reduction with fixation and multiple approaches	\$3,153.64
D7810	Open reduction of dislocation	\$1,387.33
D7820	Closed reduction of dislocation	\$227.24
D7830	Manipulation under anesthesia	\$130.18
D7840	Condylectomy	\$1,891.11
D7850	Surgical discectomy, with/without implant	\$1,633.05
D7852	Disc repair	\$1,869.92
D7854	Synovectomy	\$1,929.62
D7856	Myotomy	\$1,369.22
D7858	Joint reconstruction	\$3,902.77
D7860	Arthrotomy	\$1,663.48
D7865	Arthroplasty	\$2,680.67
D7870	Arthrocentesis	\$88.59
D7871	Non-arthroscopic lysis and lavage	\$177.17
D7872	Arthroscopy – diagnosis, with or without biopsy	\$945.55
D7873	Arthroscopy: lavage and lysis of adhesions	\$1,138.52
D7874	Arthroscopy: disc repositioning and stabilization	\$1,633.05
D7875	Arthroscopy: synovectomy	\$1,789.04
D7876	Arthroscopy: discectomy	\$1,928.85
D7877	Arthroscopy: debridement	\$1,702.38
D7880	Occlusal orthotic device, by report	\$385.07
D7881	Occlusal orthotic device adjustment	\$52.91
D7899	Unspecified TMD therapy, by report	\$0.00

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Code	Description of Services	Fee
D7910	Suture of recent small wounds up to 5 cm	\$126.33
D7911	Complicated suture – up to 5 cm	\$315.44
D7912	Complicated suture – greater than 5 cm	\$567.72
D7920	Skin graft (identify defect covered, location and type of graft)	\$930.15
D7921	Collection and application of autologous blood concentrate product	\$85.89
D7940	Osteoplasty – for orthognathic deformities	\$0.00
D7941	Osteotomy – mandibular rami	\$2,368.70
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$2,176.12
D7944	Osteotomy – segmented or subapical	\$1,939.25
D7945	Osteotomy – body of mandible	\$2,580.53
D7946	LeFort I (maxilla – total)	\$3,196.78
D7947	LeFort I (maxilla – segmented)	\$2,688.38
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$3,489.50
D7949	LeFort II or LeFort III – with bone graft	\$4,544.82
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$606.39
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$386.43
D7952	Sinus augmentation via a vertical approach	\$193.21
D7953	Bone replacement graft for ridge preservation – per site	\$130.95
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$0.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$105.92
D7963	Frenuloplasty	\$173.32
D7970	Excision of hyperplastic tissue - per arch	\$124.85
D7971	Excision of pericoronal gingiva	\$57.77
D7972	Surgical reduction of fibrous tuberosity	\$215.69
D7980	Sialolithotomy	\$242.65
D7981	Excision of salivary gland, by report	\$0.00
D7982	Sialodochoplasty	\$573.88
D7983	Closure of salivary fistula	\$550.77
D7990	Emergency tracheotomy	\$473.74
D7991	Coronoidectomy	\$1,155.46
D7995	Synthetic graft – mandible or facial bones, by report	\$0.00
D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	\$0.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$88.59
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$385.15
D7999	Unspecified oral surgery procedure, by report	\$0.00
	ORTHODONTICS	
D8010	Limited orthodontic treatment of the primary dentition	\$63.26
D8020	Limited orthodontic treatment of the transitional dentition	\$63.26
D8030	Limited orthodontic treatment of the adolescent dentition	\$63.26
D8040	Limited orthodontic treatment of the adult dentition	\$63.26

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Code	Description of Services	Fee
D8050	Interceptive orthodontic treatment of the primary dentition	\$63.26
D8060	Interceptive orthodontic treatment of the transitional dentition	\$180.73
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$564.79
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$564.79
D8090	Comprehensive orthodontic treatment of the adult dentition	\$564.79
D8210	Removable appliance therapy	\$160.52
D8220	Fixed appliance therapy	\$497.91
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$96.61
D8670	Periodic orthodontic treatment visit	\$77.29
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$158.87
D8681	Removable orthodontic retainer adjustment	\$0.00
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$0.00
D8691	Repair of orthodontic appliance	\$65.55
D8692	Replacement of lost or broken retainer	\$93.64
D8693	Re-cement or re-bond fixed retainer	\$32.77
D8694	Repair of fixed retainers, includes reattachment	\$32.77
D8999	Unspecified orthodontic procedure, by report	\$0.00
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$19.32
D9120	Fixed partial denture sectioning	\$35.06
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$12.81
D9211	Regional block anesthesia	\$14.14
D9212	Trigeminal division block anesthesia	\$22.09
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9219	Evaluation for deep sedation or general anesthesia	\$25.19
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$61.84
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$41.62
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$61.84
D9248	Non-intravenous conscious sedation	\$59.45
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$26.75
D9311	Consultation with a medical health care professional	\$26.75
D9410	House/extended care facility call	\$41.74
D9420	Hospital or ambulatory surgical center call	\$83.23
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$17.22
D9440	Office visit – after regularly scheduled hours	\$22.81
D9450	Case presentation, detailed and extensive treatment planning	\$11.40
D9610	Therapeutic parenteral drug, single administration	\$19.32
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$19.32
D9630	Drugs or medicaments dispensed in the office for home use	\$19.32
D9910	Application of desensitizing medicament	\$14.33
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$20.06
D9920	Behavior management, by report	\$35.67

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Code	Description of Services	Fee
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$41.62
D9932	Cleaning and inspection of removable complete denture, maxillary	\$35.20
D9933	Cleaning and inspection of removable complete denture, mandibular	\$35.20
D9934	Cleaning and inspection of removable partial denture, maxillary	\$35.20
D9935	Cleaning and inspection of removable partial denture, mandibular	\$35.20
D9940	Occlusal guard, by report	\$118.69
D9941	Fabrication of athletic mouthguard	\$40.93
D9942	Repair and/or reline of occlusal guard	\$49.11
D9943	Occlusal guard adjustment	\$24.56
D9950	Occlusion analysis - mounted case	\$77.76
D9951	Occlusal adjustment – limited	\$34.79
D9952	Occlusal adjustment – complete	\$163.72
D9970	Enamel microabrasion	\$18.42
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	\$23.74
D9972	External bleaching – per arch – performed in office	\$81.86
D9973	External bleaching – per tooth	\$13.51
D9974	Internal bleaching – per tooth	\$71.63
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$81.86
D9991	Dental case management – addressing appointment compliance barriers	\$0.00
D9992	Dental case management – care coordination	\$0.00
D9993	Dental case management – motivational interviewing	\$0.00
D9994	Dental case management – patient education to improve oral health literacy	\$0.00
D9999	Unspecified adjunctive procedure, by report	\$0.00

2. **Eligibility.** All payments made pursuant to this Addendum are based on Member eligibility at the time services are rendered and on current plan benefits, subject to all limitations and exclusions specified in applicable plan documents.
3. **Claims.** Dentist is encouraged to submit all claims subject to this Addendum within one hundred and eighty (180) days after the date such services were rendered; provided, however, that Dentist agrees to submit claims within the time period required by any applicable claims timeliness laws, regulations or rules. Late submissions by Dentist that do not comport with applicable claims timeliness laws, regulations or rules may, in the sole discretion of LIBERTY, be rejected by LIBERTY.
4. **Term and Termination.** This Addendum shall become effective as of the date specified below by LIBERTY as the “Effective Date” and shall remain in effect until the earlier of either termination of the Agreement in accordance with the terms of the Agreement or termination of this Addendum in accordance with the terms herein. LIBERTY may terminate this Addendum at any time with or without cause by providing at least sixty (60) days’ written notice to Dentist.

[Signatures on next page]

Child Medicaid Fee for Service Programs Addendum

The parties have executed this Addendum as of the Effective Date written below:

(“Dentist”):

LIBERTY Dental Plan of Florida, Inc. (“LIBERTY”):

Authorized Signature

Signature

Print Name

Print Name

Title

Title

Date

Effective Date

Dental Office Address

City, State Zip

Medicaid Individual #

Medicaid Group # *(if applicable)*