

Line of Business: Med - NHMEDICAID  
 Department of Health and Human Services  
 2021 Dental Fee Schedule



Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D0120	Periodic oral evaluation	999	\$32.42			1/150 day per provider	0-20y 11m
D0140	Limit oral eval problm focus	999	\$47.84				0-999
D0145	Oral evaluation, under 3 yrs	1	\$47.84				0-3y
D0150	Comprehensve oral evaluation	999	\$60.59			1 / provider / member	0-20y 11m
D0160	Extensive oral eval prob focus	999	\$52.09				0-999
D0210	Intraoral complete film series	999	\$61.65			1 set / 5 years	0-999
D0220	Intraoral periapical first	1	\$7.44				0-999
D0230	Intraoral periapical ea add	3	\$5.32				0-999
D0240	Intraoral occlusal film	2	\$7.44				0-999
D0250	Extraoral 2d project image	999	\$0.00	Yes			0-999
D0251	Extraoral posterior image	1	\$38.27				0-999
D0270	Dental bitewing single image	999	\$7.44			1 / 6 months	0-999
D0272	Dental bitewings two images	999	\$27.64			1 / 6 months	0-999
D0274	Bitewings four images	999	\$34.01			1 / 6 months	0-999
D0310	Dental salivography	999	\$0.00	Yes			0-999
D0320	Dental TMJ arthrogram including injection	999	\$0.00	Yes			0-999
D0321	Other TMJ x-ray images, by report	999	\$0.00	Yes			0-999
D0322	Dental tomographic survey	999	\$0.00	Yes			0-999
D0330	Panoramic image	999	\$39.86			1 / 5 years	0-999
D0364	Cone beam CT capture & interpret, < full jaw	999	\$50.49				0-999
D0365	Cone beam CT capture & interpret, mand	999	\$50.49				0-999
D0366	Cone beam CT capture & interpret, max	999	\$50.49				0-999
D0367	Cone beam CT capture & interpret, both jaws	999	\$50.49				0-999
D0368	Cone beam CT capture & interpret, TMJ	999	\$50.49				0-999
D0380	Cone beam CT capture w/limited field of view	999	\$39.86				0-999
D0381	Cone beam CT capture, one arch, mandible	999	\$39.86				0-999
D0382	Cone beam CT capture, one arch, maxilla	999	\$39.86				0-999
D0383	Cone beam CT capture, both jaws	999	\$39.86				0-999
D0384	Cone beam CT capture for TMJ series	999	\$39.86				0-999
D0415	Collection of microorganisms for culture & sens	999	\$0.00	Yes			0-999
D0425	Caries susceptibility test	999	\$0.00	Yes			0-20y 11m
D0460	Pulp vitality test	999	\$0.00	Yes			0-999
D0502	Other oral pathology procedure, by report	999	\$0.00	Yes			0-999
D0999	Unspecified diagnostic procedure, by report	999	\$0.00	Yes			0-999
D1110	Dental prophylaxis adult	999	\$56.33			1 / 150 days	13-20y11m
D1120	Dental prophylaxis child	999	\$40.39			1 / 150 days	0-12y11m
D1206	Topical fluoride varnish	1	\$19.14			2/calendar year	0-20y 11m
D1208	Topical app fluoride excluding varnish	1	\$19.14			2/calendar year	0-20y 11m
D1310	Nutrition counsel for control of dental disease	999	\$0.00	Yes			0-20y 11m
D1351	Dental sealant per tooth	999	\$35.61			1 / 5 years	0-20y 11m
D1354	Interim caries medicament application per tooth	16	\$31.89			2 / tooth / life	0-20y 11m
D1510	Space maintainer, fixed unilateral	1	\$159.44			1 / quad	0-20y 11m

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D1516	Space maintainer, fixed, bilateral, maxillary	1	\$212.59			1 / arch	0-20y 11m
D1517	Space maintainer, fixed, bilateral, mandibular	1	\$212.59			1 / arch	0-20y 11m
D1526	Space maintainer, removable, bilateral, maxillary	1	\$212.59			1 / arch	0-20y 11m
D1527	Space maintainer, removable, bilateral, mandibular	1	\$212.59			1 / arch	0-20y 11m
D1551	Recement bilat space maint, maxillary	1	\$21.26			1 / lifetime	0-20y 11m
D1552	Recement bilat space maint, mandibular	1	\$21.26			1 / lifetime	0-20y 11m
D1553	Recement unilat space maint, per quad	1	\$21.26			1 / quad / life	0-20y 11m
D1575	Distal shoe space maintainer, fixed uni, quad	4	\$159.44			1 / quad / life	0-20y 11m
D1999	Unspecified preventive procedure	1	\$0.00	Yes			0-20y 11m
D2140	Amalgam one surface, primary or permanent	999	\$103.11			1/per surface/yr	0-20y 11m
D2150	Amalgam two surface, primary or permanent	999	\$117.99			1/per surface/yr	0-20y 11m
D2160	Amalgam three surface, primary or permanent	999	\$135.00			1/per surface/yr	0-20y 11m
D2161	Amalgam 4 or more surfaces, primary or perm	999	\$139.25			1/per surface/yr	0-20y 11m
D2330	Resin composite, one surface, anterior	999	\$94.60			1/per surface/yr	0-20y 11m
D2331	Resin composite, two surfaces, anterior	999	\$105.23			1/per surface/yr	0-20y 11m
D2332	Resin composite, three surfaces, anterior	999	\$127.56			1/per surface/yr	0-20y 11m
D2335	Resin 4 or more surfaces or w/incisal angle	999	\$138.18			1/per surface/yr	0-20y 11m
D2390	Resin-based composite crown, anterior	1	\$239.17			1/5 years	0-20y 11m
D2391	Resin based composite, 1 surface, posterior	999	\$103.11			1/per surface/yr	0-20y 11m
D2392	Resin based composite, 2 surface, posterior	999	\$117.99			1/per surface/yr	0-20y 11m
D2393	Resin based composite, 3 surface, posterior	999	\$135.00			1/per surface/yr	0-20y 11m
D2394	Resin based composite, 4 or more surf, poster	999	\$139.25			1/per surface/yr	0-20y 11m
D2710	Crown resin-based composite, indirect	1	\$183.89			1 / 5 years	0-20y 11m
D2720	Crown resin w/ high noble metal	1	\$212.59			1 / 5 years	0-20y 11m
D2721	Crown resin w/ base metal	1	\$212.59			1 / 5 years	0-20y 11m
D2722	Crown resin w/ noble metal	1	\$212.59			1 / 5 years	0-20y 11m
D2740	Crown porcelain/ceramic	1	\$212.59			1 / 5 years	0-20y 11m
D2750	Crown porcelain w/high noble metal	1	\$212.59			1 / 5 years	0-20y 11m
D2751	Crown porcelain fused to base metal	1	\$212.59			1 / 5 years	0-20y 11m
D2752	Crown porcelain w/ noble metal	1	\$212.59			1 / 5 years	0-20y 11m
D2753	Crown porcelain fused to titanium	1	\$212.59			1 / life / perm tooth	0-20y 11m
D2790	Crown full cast high noble metal	1	\$212.59			1 / 5 years	0-20y 11m
D2791	Crown full cast predominantly base metal	1	\$212.59			1 / 5 years	0-20y 11m
D2792	Crown full cast noble metal	1	\$212.59			1 / 5 years	0-20y 11m
D2915	Recement/rebond fab or pre-fab post and core	999	\$20.20			1 / life / tooth	0-20y 11m
D2920	Re-cement or re-bond crown	1	\$20.20			1 / year / tooth	0-20y 11m
D2921	Reattach tooth fragment	1	\$0.00	Yes			0-20y 11m
D2929	Prefab porcelain/ceramic crown, primary	999	\$239.17			1 / life / tooth	0-20y 11m
D2930	Prefab stainless steel crown, primary	999	\$239.17			1 / life / tooth	0-20y 11m
D2931	Prefab stainless steel crown, permanent	999	\$239.17			1 / 5 years	0-20y 11m
D2932	Prefabricated resin crown	999	\$85.04			1 / 5 years	0-20y 11m
D2933	Prefab stainless steel crown w/ resin window	999	\$239.17			1 / 5 years	0-20y 11m
D2934	Prefab esthetic stainless steel crown, primary	999	\$239.17			1 / 5 years	0-20y 11m
D2940	Sedative Filling	999	\$58.47			1 / life / tooth	0-20y 11m
D2950	Core build-up including any pins	1	\$86.10			1 / life / tooth	0-20y 11m
D2951	Tooth pin retention	1	\$20.20			1 / 5 years	0-20y 11m
D2952	Post & core in addition to crown, indirectly fab	999	\$94.60			1 / 5 years	0-20y 11m

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D2954	Post & core in addition to crown, prefab	999	\$90.36			1 / 5 years	0-20y 11m
D2955	Post removal	999	\$0.00	Yes			0-20y 11m
D2980	Crown repair due to material failure	1	\$0.00	Yes			0-20y 11m
D2999	Dental unspecified restorative procedure	999	\$0.00	Yes			0-20y 11m
D3110	Pulp cap direct	999	\$19.14				0-20y 11m
D3120	Pulp cap indirect	999	\$24.45				0-20y 11m
D3220	Therapeutic pulpotomy	999	\$106.30			1 / life / tooth	0-20y 11m
D3310	Endo therapy, anterior tooth	1	\$435.81	Yes		1 / life / tooth	0-20y 11m
D3320	Endo therapy, premolar tooth	1	\$531.48	Yes		1 / life / tooth	0-20y 11m
D3330	Endo therapy, molar tooth	1	\$664.36	Yes		1 / life / tooth	0-20y 11m
D3346	Retreat root canal, anterior	999	\$0.00	Yes		2 / life / tooth	0-20y 11m
D3347	Retreat root canal, premolar	999	\$0.00	Yes		3 / life / tooth	0-20y 11m
D3348	Retreat root canal, molar	999	\$0.00	Yes		4 / life / tooth	0-20y 11m
D3351	Apexification/recalc, initial visit	999	\$79.73			1 / life / tooth	0-20y 11m
D3352	Apexification/recalc, interim visit	999	\$19.14			1 / life / tooth	0-20y 11m
D3353	Apexification/recalc, final visit	999	\$186.02			1 / life / tooth	0-20y 11m
D3355	Pulpal regeneration, initial visit	1	\$0.00	Yes		1 / life / tooth	0-20y 11m
D3356	Pulpal regeneration, interim visit	1	\$0.00	Yes		1 / life / tooth	0-20y 11m
D3357	Pulpal regeneration, completeion of tx	1	\$0.00	Yes		1 / life / tooth	0-20y 11m
D3410	Apicoectomy, anterior	1	\$70.16			1 / life / tooth	0-20y 11m
D3421	Apicoectomy, premolar	1	\$0.00	Yes		1 / life / tooth	0-20y 11m
D3425	Apicoectomy, molar	1	\$0.00	Yes		1 / life / tooth	0-20y 11m
D3426	Apicoectomy, each add'l root	1	\$0.00	Yes		1 / life / tooth	0-20y 11m
D3430	Retrograde filling, per root	1	\$89.28				0-20y 11m
D3450	Root amputation, per root	999	\$0.00	Yes			0-20y 11m
D3470	Intentional replantation of tooth	999	\$0.00	Yes			0-20y 11m
D3920	Hemisection, not including root canal	999	\$26.58			1 / life / tooth	0-20y 11m
D3950	Canal prep & fitting of dowel or post	999	\$0.00	Yes			0-20y 11m
D3999	Unspecified endodontic procedure	999	\$0.00	Yes			0-20y 11m
D4210	Gingivectomy/plasty, four or more teeth	999	\$0.00	Yes			0-20y 11m
D4211	Gingivectomy/plasty, one to three teeth	999	\$0.00	Yes			0-20y 11m
D4212	Gingivectomy/plasty to allow access for restora	1	\$34.01	Yes			0-20y 11m
D4240	Gingival flap proc w/ planin	1	\$0.00		Yes		0-20y 11m
D4249	Crown lengthen hard tissue	999	\$0.00		Yes		0-20y 11m
D4260	Osseous surgery 4 or more	999	\$0.00		Yes		0-20y 11m
D4270	Pedicle soft tissue graft pr	999	\$0.00		Yes		0-20y 11m
D4273	Auto tissue graft 1st tooth	999	\$0.00		Yes		0-20y 11m
D4283	Autogenous tissue graft, addl tooth	999	\$0.00	Yes			0-20y 11m
D4285	Non-autogenous graft, addl tooth	999	\$0.00	Yes			0-20y 11m
D4320	Provisional splinting, intracoronal	999	\$0.00	Yes			0-20y 11m
D4321	Provisional splinting, extracoronal	999	\$0.00	Yes			0-20y 11m
D4341	Periodontal scaling & root planing	999	\$0.00	Yes			0-20y 11m
D4346	Scaling/mod to severe gingival inflammation, full	1	\$56.33				13-20y 11m
D4355	Full mouth debridement to enable oral exam	999	\$0.00	Yes			0-20y 11m
D4910	Periodontal maintenance procedure	999	\$0.00	Yes			0-20y 11m
D4920	Unsched dressing chg (not treat dentist or staff)	999	\$0.00	Yes			0-20y 11m
D4999	Unspecified periodontal procedure	999	\$0.00	Yes			0-20y 11m

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D5110	Complete dentures, maxillary	1	\$366.73		Yes	1 / 5 years	0-20y 11m
D5120	Complete dentures, mandible	1	\$366.73		Yes	1 / 5 years	0-20y 11m
D5130	Immediate denture, maxillary	1	\$404.99		Yes	1 / 5 years	0-20y 11m
D5140	Immediate denture, mandible	1	\$404.99		Yes	1 / 5 years	0-20y 11m
D5211	Maxillary partial denture, resin base	1	\$302.95		Yes	1 / 5 years	0-20y 11m
D5212	Mandibular partial denture, resin base	1	\$302.95		Yes	1 / 5 years	0-20y 11m
D5221	Immediate max partial denture, resin base	1	\$302.95		Yes	1 / lifetime	0-20y 11m
D5222	Immediate mand partial denture, resin base	1	\$302.95		Yes	1 / lifetime	0-20y 11m
D5223	Immediate max partial denture, cast metal	1	\$302.95		Yes	1 / lifetime	0-20y 11m
D5224	Immedate mand partial denture, cast metal	1	\$302.95		Yes	1 / lifetime	0-20y 11m
D5225	Maxillary partial denture, flexible base	1	\$302.95		Yes	1 / 5 years	0-20y 11m
D5226	Mandibular partial denture, flexible base	1	\$302.95		Yes	1 / 5 years	0-20y 11m
D5410	Adjust complete denture, maxillary	1	\$17.01				0-20y 11m
D5411	Adjust complete denture, mandible	1	\$17.01				0-20y 11m
D5421	Adjust partial denture, maxillary	1	\$17.01				0-20y 11m
D5422	Adjust partial denture, mandible	1	\$17.01				0-20y 11m
D5511	Repair broken comp denture base, mandible	999	\$0.00	Yes			0-20y 11m
D5512	Repair broken comp denture base, maxillary	999	\$0.00	Yes			0-20y 11m
D5520	Replace missing/broken teeth, comp denture	1	\$59.53				0-20y 11m
D5611	Repair resin partial denture base, mandible	1	\$0.00	Yes			0-20y 11m
D5612	Repair resin partial denture base, maxillary	1	\$0.00	Yes			0-20y 11m
D5621	Repair cast partial framework, mandible	1	\$0.00	Yes			0-20y 11m
D5622	Repair cast partial framework, maxillary	1	\$0.00	Yes			0-20y 11m
D5630	Repair/replace broken retentive clasp/tooth	1	\$65.90				0-20y 11m
D5640	Replace broken teeth - per tooth	1	\$65.90				0-20y 11m
D5650	Add tooth to partial denture	1	\$72.28				0-20y 11m
D5660	Add clasp to partial denture	1	\$87.16				0-20y 11m
D5710	Rebase complete maxillary denture	1	\$0.00	Yes			0-20y 11m
D5711	Rebase complete mandibular denture	1	\$0.00	Yes			0-20y 11m
D5720	Rebase maxillary partial denture	1	\$0.00	Yes			0-20y 11m
D5721	Rebase mandibular partial denture	1	\$0.00	Yes			0-20y 11m
D5730	Reline complete maxillary denture (chairside)	1	\$74.41				0-20y 11m
D5731	Reline complete mand denture (chairside)	1	\$74.41				0-20y 11m
D5740	Reline maxillary partial denture (chairside)	1	\$68.03				0-20y 11m
D5741	Reline mand partial denture (chairside)	1	\$68.03				0-20y 11m
D5750	Reline complete maxillary denture (lab)	1	\$122.25				0-20y 11m
D5751	Reline complete mand denture (lab)	1	\$122.25				0-20y 11m
D5760	Reline maxillary partial denture (lab)	1	\$105.23				0-20y 11m
D5761	Reline mandibular partial denture (lab)	1	\$105.23				0-20y 11m
D5810	Interim complete denture, maxillary	1	\$0.00	Yes			0-20y 11m
D5811	Interim complete denture mandibular	1	\$0.00	Yes			0-20y 11m
D5820	Interim partial denture, maxillary	1	\$0.00	Yes			0-20y 11m
D5821	Interim partial denture, mandibular	1	\$0.00	Yes			0-20y 11m
D5850	Denture tissue conditioning, maxillary	1	\$0.00	Yes			0-20y 11m
D5851	Denture tissue conditioning, mandible	1	\$0.00	Yes			0-20y 11m
D5899	Unspecified removable prosth proc, by report	999	\$0.00	Yes			0-20y 11m
D5911	Facial moulage sectional	999	\$0.00	Yes			0-999

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D5912	Facial moulage complete	999	\$0.00	Yes			0-999
D5919	Facial prosthesis	999	\$0.00	Yes			0-999
D5925	Facial augmentation implant	999	\$0.00	Yes			0-999
D5931	Surgical obturator	999	\$0.00	Yes			0-999
D5932	Postsurgical obturator	999	\$0.00	Yes			0-999
D5933	Refitting of obturator	999	\$0.00	Yes			0-999
D5934	Mandibular flange prosthesis	999	\$0.00	Yes			0-999
D5935	Mandibular denture prosthesis	999	\$0.00	Yes			0-999
D5936	Temp obturator prosthesis	999	\$0.00	Yes			0-999
D5937	Trismus appliance	999	\$0.00	Yes			0-999
D5951	Feeding aid	999	\$0.00	Yes			0-999
D5952	Pediatric speech aid prosthesis	999	\$0.00	Yes			0-12y 11m
D5953	Adult speech aid prosthesis	999	\$0.00	Yes			13y-999
D5954	Superimposed prosthesis	999	\$0.00	Yes			0-999
D5955	Palatal lift prosthesis	999	\$0.00	Yes			0-999
D5958	Palatal Lift Prosthesis, interim	999	\$0.00	Yes			0-999
D5959	Palatal Lift Prosthesis, modification	999	\$0.00	Yes			0-999
D5960	Modify speech aid prosthesis	999	\$0.00	Yes			0-999
D5982	Surgical stent	999	\$0.00	Yes			0-999
D5983	Radiation applicator	999	\$0.00	Yes			0-999
D5984	Radiation shield	999	\$0.00	Yes			0-999
D5985	Radiation cone locator	999	\$0.00	Yes			0-999
D5986	Fluoride applicator	999	\$0.00	Yes			0-999
D5987	Commissure splint	999	\$0.00	Yes			0-999
D5988	Surgical splint	999	\$0.00	Yes			0-999
D5999	Maxillofacial prosthesis	999	\$0.00	Yes			0-999
D6090	Repair implant	999	\$0.00	Yes			0-20y 11m
D6100	Removal of implant	999	\$0.00	Yes			0-999
D6199	Implant procedure	999	\$0.00	Yes			0-20y 11m
D6930	Recement or rebond fixed partial denture	1	\$48.90				0-20y 11m
D6980	Fixed partial denture repair, material failure	999	\$0.00	Yes			0-20y 11m
D6999	Unspecifield prostho procedure, by report	999	\$0.00	Yes			0-20y 11m
D7111	Extraction coronal remnants, primary tooth	999	\$42.52				0-999
D7140	Extraction erupted tooth or exposed root	999	\$106.30				0-999
D7210	Rem imp tooth w mucoper flap	999	\$132.88				0-999
D7220	Impact tooth remov soft tiss	999	\$132.88				0-999
D7230	Impact tooth remov part bony	999	\$186.02				0-999
D7240	Impact tooth remov comp bony	999	\$239.17				0-999
D7241	Impact tooth rem bony w/comp	999	\$239.17				0-999
D7250	Tooth root removal	1	\$65.90				0-999
D7260	Oral antral fistula closure	999	\$126.49				0-999
D7261	Primary closure sinus perforation	999	\$0.00	Yes			0-999
D7270	Tooth reimplantation	1	\$117.99				0-999
D7272	Tooth transplantation	999	\$0.00	Yes			0-999
D7280	Exposure of unerupted tooth	1	\$153.06				0-20y 11m
D7282	Mobilize erupted/malposed tooth	999	\$0.00	Yes			0-999
D7283	Place device impacted tooth	1	\$87.16				0-20y 11m

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D7285	Biopsy of oral tissue hard	999	\$59.53				0-999
D7286	Biopsy of oral tissue soft	999	\$60.59				0-999
D7290	Surgical repositioning of teeth	999	\$111.62				0-20y 11m
D7291	Transseptal fiberotomy	999	\$0.00	Yes			0-20y 11m
D7296	Corticotomy, 1-3 teeth	4	\$0.00	Yes			0-20y 11m
D7297	Corticotomy, 4 or more teeth	4	\$0.00	Yes			0-20y 11m
D7310	Alveoloplasty w/ extraction, >4 teeth or spaces	999	\$27.64				0-20y 11m
D7311	Alveoloplasty w/extract, 1-3 teeth or spaces	999	\$27.64			1/life	0-20y 11m
D7320	Alveoloplasty w/o extract, >4 teeth/space quad	999	\$39.33				0-20y 11m
D7321	Alveoloplasty w/o extract, 1-3 teeth/space quad	1	\$39.33				0-20y 11m
D7340	Vestibuloplasty ridge extension	999	\$83.97				0-999
D7350	Vestibuloplasty extension graft	999	\$167.95				0-999
D7410	Excision benign lesion up to 1.25 cm	999	\$87.16				0-999
D7411	Excision benign lesion >1.25 cm	999	\$0.00	Yes			0-999
D7412	Excision benign lesion, complicated	999	\$0.00	Yes			0-999
D7413	Excision malignant lesion up to 1.25 cm	999	\$0.00	Yes			0-999
D7414	Excision malignant lesion >1.25cm	999	\$0.00	Yes			0-999
D7415	Excision malignant lesion, complicated	999	\$0.00	Yes			0-999
D7440	Malig tumor excision, diameter up to 1.25 cm	999	\$0.00	Yes			0-999
D7441	Malig tumor excision, diameter > 1.25 cm	999	\$0.00	Yes			0-999
D7450	Remove benign odonto cyst,diam up to 1.25 cm	999	\$70.16				0-999
D7451	Remove benign odonto cyst, diam > 1.25 cm	999	\$176.46				0-999
D7460	Rem nonodonto cyst, diam up to 1.25cm	999	\$83.97				0-999
D7461	Rem nonodonto cyst, diam > 1.25 cm	999	\$196.65				0-999
D7465	Lesion destruction	999	\$0.00	Yes			0-999
D7471	Removal exostosis, any site	999	\$0.00	Yes			0-20y 11m
D7472	Removal of torus palatinus	999	\$0.00	Yes			0-20y 11m
D7473	Remove torus mandibularis	999	\$0.00	Yes			0-20y 11m
D7485	Surg reduction osseous tuberosity	999	\$0.00	Yes			0-20y 11m
D7490	Radical resection of maxilla or mandible	999	\$0.00	Yes			0-999
D7510	Incision/drain abscess, intraoral soft tissue	999	\$79.73				0-999
D7511	Incision/drain abscess, intraoral complicated	999	\$79.73				0-999
D7520	Incision/drain abscess, extraoral tissue	999	\$83.97				0-999
D7521	Incision/drain abscess extraoral, complicated	999	\$83.97				0-999
D7530	Removal foreign body skin/alveolar tissue	999	\$27.64				0-999
D7540	Removal of reaction-producing foreign body	999	\$0.00	Yes			0-999
D7550	Removal of sloughed off bone	999	\$0.00	Yes			0-999
D7560	Maxillary sinusotomy	999	\$0.00	Yes			0-999
D7610	Maxilla open reduction, simple	999	\$0.00	Yes			0-999
D7620	Closed reduction, simple, maxilla	999	\$0.00	Yes			0-999
D7630	Open reduction, simple, mandible fx	999	\$0.00	Yes			0-999
D7640	Closed reduction, simple, maxilla fx	999	\$0.00	Yes			0-999
D7650	Open reduction, simple malar/zygomatic fx	999	\$0.00	Yes			0-999
D7660	Closed reduction simple malar/zygom fx	999	\$0.00	Yes			0-999
D7670	Closed reduction splint alveolus	999	\$0.00	Yes			0-999
D7671	Alveolus open reduction	999	\$0.00	Yes			0-999
D7680	Reduction simple facial bone fx	999	\$0.00	Yes			0-999

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D7710	Maxilla open reduction compound	999	\$0.00	Yes			0-999
D7720	Closed reduction compound maxilla fx	999	\$0.00	Yes			0-999
D7730	Open reduction compound mandible fx	999	\$0.00	Yes			0-999
D7740	Closed reduct compound mandible fx	999	\$0.00	Yes			0-999
D7750	Open reduction compound malar/zygma fx	999	\$0.00	Yes			0-999
D7760	Closed reduction compound malar/zygma fx	999	\$0.00	Yes			0-999
D7770	Open reduction compound alveolus fx	999	\$0.00	Yes			0-999
D7771	Alveolus closed reductiona stabilize teeth	999	\$0.00	Yes			0-999
D7780	Reduction compound facial bone fx	999	\$0.00	Yes			0-999
D7810	Open reduction of TMJ dislocation	999	\$0.00	Yes			0-999
D7820	Closed reduction of TMJ dislocation	999	\$31.89				0-999
D7830	TMJ manipulation under anesthesia	999	\$56.33				0-999
D7840	Removal of TMJ condyle	999	\$334.84				0-999
D7850	TMJ meniscectomy	999	\$334.84				0-999
D7852	TMJ repair of joint disc	999	\$0.00	Yes			0-999
D7854	TMJ excision of joint membrane	999	\$0.00	Yes			0-999
D7856	TMJ cutting of a muscle	999	\$0.00	Yes			0-999
D7858	TMJ reconstruction	999	\$0.00	Yes			0-999
D7860	Arthrotomy	999	\$0.00	Yes			0-999
D7865	Arthroplasty	999	\$0.00	Yes			0-999
D7870	Arthrocentesis	999	\$27.64				0-999
D7872	Diagnostic arthroscopy	999	\$0.00	Yes			0-999
D7873	Arthroscopy: lavage/lysis of adhesion	999	\$0.00	Yes			0-999
D7874	Arthroscopy: disc repositioning/stabilization	999	\$0.00	Yes			0-999
D7875	Arthroscopy: synovectomy	999	\$0.00	Yes			0-999
D7876	Arthroscopy: discectomy	999	\$0.00	Yes			0-999
D7877	Arthroscopy: debridement	999	\$0.00	Yes			0-999
D7880	Occlusal orthotic device, by report	999	\$427.31				0-999
D7899	TMD unspecified therapy, by report	999	\$0.00	Yes			0-999
D7910	Dental suture recent wound to 5cm	999	\$47.84				0-999
D7911	Dental suture,complicated wound to 5 cm	999	\$104.17				0-999
D7912	Suture complicated wound > 5 cm	999	\$0.00	Yes			0-999
D7920	Dental skin graft	999	\$0.00	Yes			0-999
D7940	Reshaping bone orthognathic	999	\$0.00	Yes			0-999
D7941	Bone cutting ramus closed	999	\$0.00	Yes			0-999
D7943	Cutting ramus open w/graft	999	\$0.00	Yes			0-999
D7944	Bone cutting segmented	999	\$0.00	Yes			0-999
D7945	Bone cutting body mandible	999	\$0.00	Yes			0-999
D7946	Reconstruction maxilla total	999	\$0.00	Yes			0-999
D7947	Reconstruct maxilla segment	999	\$0.00	Yes			0-999
D7948	Reconstruct midface no graft	999	\$0.00	Yes			0-999
D7949	Reconstruct midface w/graft	999	\$0.00	Yes			0-999
D7950	Osseous, osteoperiosteal, or graft of mand/max	999	\$0.00	Yes			0-999
D7953	Bone replacement graft	999	\$0.00	Yes			0-999
D7955	Repair maxillofacial defects	999	\$0.00	Yes			0-999
D7961	Buccal/labial frenectomy/frenulectomy	2	\$47.84				0-20y 11m

Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D7962	Lingual frenectomy/frenulectomy	1	\$47.84				0-20y 11m
D7970	Excision hyperplastic tissue	999	\$56.33				0-999
D7971	Excision pericoronary gingiva	999	\$0.00	Yes			0-20y 11m
D7972	Surg redct fibrous tuberosit	999	\$0.00	Yes			0-20y 11m
D7979	Non-surgical sialolithotomy	999	\$0.00	Yes			0-999
D7980	Surgical sialolithotomy	999	\$83.97				0-999
D7981	Excision of salivary gland	999	\$223.22				0-999
D7982	Sialodochoplasty	999	\$167.95				0-999
D7983	Closure of salivary fistula	999	\$0.00	Yes			0-999
D7990	Emergency tracheotomy	999	\$0.00	Yes			0-999
D7991	Dental coronoidectomy	999	\$0.00	Yes			0-999
D7999	Oral surgery procedure	999	\$17.01				0-999
D8010	Limited dental tx primary	2	\$175.39		No	2/lifetime	0-20y 11m
D8020	Limited dental tx transition	2	\$175.39		No	2/lifetime	0-20y 11m
D8030	Limited dental tx adolescent	2	\$175.39		No	2/lifetime	0-20y 11m
D8040	Limited dental tx adult	2	\$175.39		No	2/lifetime	0-20y 11m
D8050	Interceptive dental tx primary	2	\$531.48		Yes	2/lifetime	0-20y 11m
D8060	Interceptive dental tx transition	2	\$531.48		Yes	2/lifetime	0-20y 11m
D8070	Comprehensive dental tx transition	3	\$1,275.55		Yes		0-20y 11m
D8080	Comprehensive dental tx adolescent	3	\$1,275.55		Yes		0-20y 11m
D8090	Comprehensive dental tx adult	3	\$1,275.55		Yes		0-20y 11m
D8220	Fixed appliance therapy habit	2	\$164.76		No	2/lifetime	0-20y 11m
D8680	Ortho retention - completed treatment	999	\$0.00		Yes		0-20y 11m
D8695	Remove fixed ortho appliance - other than completed ortho treatment	1	\$0.00	Yes			0-20y 11m
D8703	Replace lost/broken retainer max	1	\$63.78		Yes	1/Med Elig./3 yrs from debanding	0-20y 11m
D8704	Replace lost/broken retainer mandible	1	\$63.78		Yes	1/Med Elig./3 yrs from debanding	0-20y 11m
D8999	Orthodontic procedure	999	\$0.00	Yes			0-20y 11m
D9110	Tx, dental pain, minor procedure	1	\$28.70				0-999
D9211	Regional block anesthesia	999	\$0.00	Yes			0-999
D9212	Trigeminal block anesthesia	999	\$0.00	Yes			0-999
D9215	Local anesthesia	999	\$0.00	Yes			0-999
D9222	Deep anesthesia, 1st 15 min	1	\$239.17				0-999
D9223	General anesthesia, each addl 15 mi	7	\$79.73				0-999
D9230	Analgesia	999	\$40.39				0-999
D9239	IV mod sedation, 1st 15 min	1	\$159.44				0-999
D9243	IV sedation ea addl 15m	7	\$53.15				0-999
D9248	Sedation (non-IV)	1	\$37.21				0-999
D9310	Dental consultation	1	\$22.32				0-999
D9410	Dental house call	999	\$0.00	Yes			0-999
D9420	Hospital/ASC call	999	\$53.15				0-999
D9430	Office visit during hours	999	\$0.00	Yes			0-999
D9440	Office visit after hours	999	\$17.01				0-999
D9610	Dent therapeutic drug inject	999	\$6.38				0-999
D9630	Drugs/meds disp for home use	999	\$0.00	Yes			0-999
D9910	Dent appl desensitizing med	999	\$0.00	Yes			0-999



Procedure Code	NH Medicaid Procedure Code Description	Max Unit Amt	Rate Effective Jan 1, 2021	Manual Price Req'd	Svc Auth Req'd	Frequency	Age
D9930	Treatment of complications	999	\$0.00	Yes			0-999
D9944	Occ guard, hard, full arch	1	\$116.93				0-20y 11m
D9945	Occ guard, soft, full arch	1	\$116.93				0-20y 11m
D9946	Occ guard, hard, part arch	1	\$116.93				0-20y 11m
D9950	Occlusion analysis	999	\$0.00	Yes			0-20y 11m
D9951	Limited occlusal adjustment	999	\$0.00	Yes			0-20y 11m
D9952	Complete occlusal adjustment	999	\$0.00	Yes			0-20y 11m
D9986	Missed appointment	1,998	\$0.00				0-999
D9987	Cancelled appointment	1,998	\$0.00				0-999
D9995	Teledentistry real-time	999	\$0.00				0-999
D9996	Teledentistry dent review	999	\$0.00				0-999
D9999	Adjunctive procedure	999	\$0.00	Yes			0-999