ATTACHMENT A
STATE OF MARYLAND 2006 FEE SCHEDULE

Dental Benefit Providers

ADA CODE	PROCEDURE NAME	G816 Pat Pays
DIAGNOSTIC		
00120	PERIODIC ORAL EXAM (EVERY 6 MONTHS)	0
00140	LTD ORAL EVAL - PROBLEM FOCUSED	0
00150	COMPREHENSIVE ORAL EVALUATION	0
00180	COMPREHENSIVE PERIODONTAL EVAL	0
00210	INTRAORAL-COMPL SER INCL BITEWINGS	0
00220	INTRAORAL-PERIAPICAL-FIRST FILM	0
00230	INTRAORAL-PERIAPICAL-EACH ADD FILM	0
00240	INTRAORAL-OCCLUSAL FILM	0
00270	BITEWING-SINGLE FILM	0
00272	BITEWINGS - TWO FILMS	0
00274	BITEWINGS - FOUR FILMS	0
00277	VERTICAL BITEWINGS	0
00330	PANORAMIC FILM	0
00460	PULP VITALITY TESTS	0
00470	DIAGNOSTIC CASTS	0
00999	DIAGNOSTIC BY REPORT (SEE NOTE N)	5
PREVENTIVE		
01110	PROPHYLAXIS ADULTS (EVERY 6 MONTHS)	0
01120	PROPHYLAXIS-CHILD (EVERY 6 MONTHS)	0
01201	TOP FLUOR INCL PROP< AGE 14 (EVERY 6 M	0
01203	TOP FLUOR EXCL PROP<AGE 14 (EVERY 6 MO	0
01204	TOP FLUOR EXCL PROP ADULT (EVERY 6 MOS	0
01205	TOP FLUOR INCL PROP AGE 14+ (EVERY 6 M	0
01330	ORAL HYGIENE INSTRUCTION	0
01351	SEALANT - PER TOOTH (NOTE E)	0
01510	SPACE MAINTAINER - FIXED UNILATERAL	0
01515	SPACE MAINTAINER - FIXED BILATERAL	0
01520	SPACE MAINTAINER - REMOV UNILATERAL	0
01525	SPACE MAINTAINER - REMOV BILATERAL	0
01550	RECEMENTATION OF SPACE MAINTAINER	0
RESTORATIVE		
02140	AMALGAM-ONE SURFACE	0
02150	AMALGAM-TWO SURFACES	0
02160	AMALGAM-THREE SURFACES	0
02161	AMALGAM-FOUR OR MORE SURFACES	0
02330	RESIN-ONE SURFACE ANTERIOR	0
02331	RESIN-TWO SURFACES ANTERIOR	0
02332	RESIN-THREE SURFACES ANTERIOR	0
02335	RES > 3 SUR OR INV INCISAL ANGLE ANT	0
02391	RESIN-BASED COMPOSITE - 1 SURF POST	0
02392	RESIN-BASED COMPOSITE -2 SURF POST	0
02393	RESIN BASED COMPOSITE - 3 SURF POST	0
02394	RESIN COMPOSITE 4+ SURF POST	0
02510	INLAY-METALLIC-ONE SURFACE	135
02520	INLAY-METALLIC-TWO SURFACES	150
02530	INLAY-METALLIC-THREE SURFACES	180
02542	ONLAY METALLIC, TWO SURFACES	120
02543	ONLAY-METALLIC-3 SURFACES	120
02544	ONLAY-METALLIC-4 OR MORE SURFACES	120
02610	INLAY-PORCELAIN/CERAMIC-1 SURFACE	170
02620	INLAY-PORCELAIN/CERAMIC-2 SURFACES	180
02630	INLAY-PORCELAIN/CERAMIC-3 SURFACES	190
02642	ONLAY-PORCELAIN/CERAMIC-2 SURFACES	100

02643	ONLAY-PORCELAIN/CERAMIC-3 SURFACES	100
02644	ONLAY-PORCELAIN/CERAMIC-4 OR MORE	100
02650	INLAY-COMPOS/RESIN-1 SURF (LAB PROC)	150
02651	INLAY-COMPOS/RESIN-2 SURF (LAB PROC)	160
02652	INLAY-COMPOS/RESIN-3+ SURF (LAB)	170
02710	CROWN-RESIN-LABORATORY	80
02712	CRN- 3/4 RES-BSD COMP (INDRCT)	80
02740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	230
02750	CRWN-PRC FUSED TO HI NOBLE MTL	220
02751	CRWN-PRC FUSED TO PRED BAS MTL	195
02752	CRWN-PORC FUSED TO NOBLE MTL	210
02780	CROWN, 3/4 CAST HIGH NOBLE METAL	215
02781	CRWN 3/4 CAST PREDOM. BASE MTL	215
02782	CROWN, 3/4 CAST NOBLE METAL	215
02790	CROWN-FULL CAST HIGH NOBLE METAL	215
02791	CROWN-FULL CAST PREDOM BASE METAL	195
02792	CROWN-FULL CAST NOBLE METAL	205
02794	CROWN - TITANIUM	215
02910	RECEMENT INLAY	16
02915	RECEM CAST/ PREFAB P& C	16
02920	RECEMENT CROWN	15
02930	PREFAB STAINL STL CRWN-PRIM TOOTH	50
02931	PREFAB STAINL STL CRWN-PERM TOOTH	50
02932	PREFABRICATED RESIN CROWN	45
02934	PREFAB ESTH COAT SSC- PRIM TTH	50
02940	SEDATIVE FILLINGS	16
02950	CROWN BUILDUP (SUBSTRUCTURE) W/PINS	50
02951	PIN RETEN-PER TOOTH IN ADD TO REST	9
02952	CAST POST & CORE IN ADD TO CROWN	65
02954	PREFAB POST & CORE IN ADD TO CROWN	55
02970	TEMPORARY CROWN (FRACTURED TOOTH)	45
02980	CROWN REPAIR	40
06205	PONT - INDIR RES BAS COMP	80
ENDODONTICS		
03110	PULP CAP-DIRECT EXCL FINAL REST	4
03120	PULP CAP-INDIRECT EXCL FINAL REST	3
03220	THERAPEUTIC PULPOTOMY EXC FIN REST	10
03310	RC THER - ANT EXC FINAL RESTORATION	45
03320	RC THER-BICUSPID EXC FINAL RESTORAT	60
03330	RC THER-MOLAR EXC FINAL RESTORATION	85
03346	RETREAT PREV ROOT CANAL THER - ANT*	65
03347	RETREAT PREV ROOT CAN THER - BICUSPID*	80
03348	RETREAT PREV ROOT CAN THER - MOLAR*	90
03351	APEXIFICATION/RECALCIFICATION - INITIA	20
03352	APEXIFICATION/RECALCIFICATION - INITER	20
03353	APEXIFICATION/RECALCIFICATION - FINAL	20
03410	APICOECTOMY/PERIRADICULAR SURG-ANT	55
03421	APICO/PERIRAD SURG-BICUS FIRST ROOT	60
03425	APICO/PERIRAD SURG-MOLAR FIRST ROOT	70
03426	APICO/PERIRAD SRG-EACH ADD ROOT	20
03430	RETROGRADE FILLING-PER ROOT	20
03450	ROOT AMPUTATION-PER ROOT	35
03920	HEMISECT W RT REM-WO RT CANAL THERAPY	35
PERIODONTICS		
04210	GINGIVECTOMY/GINGIVOPLASTY-PER QUAD	45
04211	GINGIVECTOMY/PLASTY 1-3 TTH/QUAD	15
04240	GINGIVAL FLAP INCL RT PLAN-PER QUAD	55
04241	GINGIVAL FLAP INCL RT PLAN-1-3 TTH PER	28
04249	CRN LENGTHN-HARD/SOFT TISSUE BY REP	65
04260	OSS SURG INC FLAP ENT, GRFTS & CLOS	90

04261	OSSEOUS GRAFT	45
04263	BONE REPLACE GRAFT 1ST SITE PER QUAD	40
04264	BONE REPLACE GRAFT EA ADD SITE PER QU	50
04265	BIOLOGICAL MATERIAL - TISSUE REGEN	20
04266	GUID TIS RGEN INC SUR RE-SORB PER SITE	60
04267	GUID TIS RGEN INC SUR NON RESORB PER S	60
04268	SURGICAL REVISION PROC PER TOOTH	60
04270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	60
04271	FREE SOFT TISSUE GFT & DONOR SITE	70
04275	SOFT TISSUE ALLOGRAFT	70
04276	COMB. CONNECTIVE TISS & DBL PED GRAFT	60
04320	PROVISIONAL SPLINTING - INTRACORONAL	20
04321	PROVISIONAL SPLINTING - EXTRACORONAL	20
04341	PERIO SCALING/ROOT PLANING - PER QUAD	30
04342	PERIO SCALING/ROOT PLANING - 1-3 TTH	15
04355	FM DEBRIDMT BEFORE COMP TRMT	15
04381	LOCAL DELIV CHEMO AGENTS (PREAUTH REQ)	20
04910	PERIO MAINT AFTER ACTIVE THER	10
PROSTHETICS REMOVABLE		
05110	COMPLETE DENTURE - UPPER	235
05120	COMPLETE DENTURE - LOWER	235
05130	IMMEDIATE DENTURE - UPPER	255
05140	IMMEDIATE DENTURE - LOWER	255
05211	UPPER PART DENT-RESIN BASE INCL CLSP	210
05212	LOWER PART DENT-RESIN BASE INCL CLSP	210
05213	UP PART DENT-MET BASE, RES SDL INCL CL	260
05214	LO PART DENT-MET BASE, RES SDL INCL CL	260
05225	MAX PD FLX BAS INC CLS RES SEA	260
05226	MAN PD FLX BAS INC CLS RES SEA	260
05281	REMOVE. UNILATERAL PART. DENTURE	140
05410	ADJUST COMPLETE DENTURE-UPPER	12
05411	ADJUST COMPLETE DENTURE-LOWER	12
05421	ADJUST PARTIAL DENTURE-UPPER	12
05422	ADJUST PARTIAL DENTURE-LOWER	12
05510	REPAIR BROKEN COMPLETE DENTURE BASE	27
05520	REPL MISS/BRKN T-COMPL DENT-EA TOOTH	22
05610	REPAIR ACRYLIC SADDLE OR BASE	25
05620	REPAIR CAST FRAMEWORK	30
05630	REPAIR OR REPLACE BROKEN CLASP	29
05640	REPLACE BROKEN TEETH-PER TOOTH	22
05650	ADD TOOTH TO EXISTING PART DENTURE	28
05660	ADD CLASP TO EXISTING PART DENTURE	35
05670	REPLACE ALL TTH MAXILLARY	126
05671	REPLACE ALL TTH MANDIBULAR	126
05710	REBASE COMPLETE UPPER DENTURE	90
05711	REBASE COMPLETE LOWER DENTURE	90
05720	REBASE UPPER PARTIAL DENTURE	90
05721	REBASE LOWER PARTIAL DENTURE	90
05730	RELINE DNT-COMP OR PART, CHAIR (NOTE C	50
05731	RELINE UPR OR LWR COMPL DENT (LAB)	50
05740	RELINE UPPER PARTIAL DENTURE-CHAIRSIDE	50
05741	RELINE LOWER PARTIAL DENTURE-CHAIRSIDE	50
05750	RELINE DENT-COMP OR PART, LAB (NOTE C	70
05751	RELINE COMPLETE LOWER DENTURE (LAB)	70
05760	RELINE UPPER PARTIAL DENTURE (LAB)	70
05761	RELINE LOWER PARTIAL DENTURE (LAB)	70
05820	INTERIM PARTIAL DENTURE (UPPER)	95
05821	INTERIM PARTIAL DENTURE (LOWER)	95
05850	TISSUE CONDITIONING - MAXILLARY	25
05851	TISSUE CONDITIONING - MANDIBULAR	25

PROSTHETICS FIXED

06210	PONTIC-CAST HIGH NOBLE METAL	215
06211	PONTIC-CAST PREDOM BASE METAL	185
06212	PONTIC-CAST NOBLE METAL	190
06214	PONTIC - TITANIUM	215
06240	PONT-PORC FUSED TO HI NOBLE MTL	215
06241	PONT-PORC FUSED TO PRED BS MTL	190
06242	PONT-PORC FUSED TO NOBLE METAL	205
06545	RTAIN-CAST MTL FOR ACID ETCH BRDG	80
06602	INLAY - CAST HIGH NOBLE METAL - 2 SURF	165
06603	INLAY - CAST HI NOBLE MTL - 3 + SURF	198
06604	INLAY - CAST PREDOM. BASE MTL - 2 SURF	165
06605	INLAY - CAST PREDOM. BASE METAL - 3 +	171
06606	INLAY - CAST NOBLE METAL, 2 SURFACES	150
06607	INLAY - CAST NOBLE METAL, 3 OR MORE SU	180
06610	ONLAY - CAST HIGH NOBLE METAL, 2 SURFA	128
06611	ONLAY - CAST HIGH NOBLE METAL, 3+ SURF	140
06612	ONLAY - CAST PRED BASE METAL, 2 SURF	110
06613	ONLAY - CAST PREDOM BASE MTL, 3+ SURF	122
06614	ONLAY - CAST NOBLE METAL, 2 SURFACES	116
06615	ONLAY - CAST NOBLE MTL, 3+ OR MORE SUR	128
06624	INLAY - TITANIUM	198
06634	ONLAY - TITANIUM	140
06710	CRN - INDIR RES BAS COMP	80
06750	CRWN-PORC FUSED TO HI NOBLE MTL	220
06751	CRWN-PORC FUSED TO PRED MTL	195
06752	CROWN - PORC FUSED TO NOBLE MTL	210
06780	CROWN - 3/4 CAST HIGH NOBLE METAL	205
06781	CRWN 3/4 CAST PREDOM. BASE MTL	205
06782	CROWN-3/4 CAST NOBLE METAL	205
06790	CROWN - FULL CAST HIGH NOBLE METAL	215
06791	CRWN FULL CAST PRED BASE MTL	195
06792	CROWN - FULL CAST NOBLE METAL	205
06794	CROWN - TITANIUM	215
06930	RECEMENT FIXED PARTIAL DENTURE	22

ORAL SURGERY

07111	CORONAL REMNANTS - DECIDUOUS TTH	5
07140	EXTRACT. ERUPT TTH OR EXPO. ROOT	10
07210	SURGICAL REMOVAL OF ERUPTED TOOTH	20
07220	REM IMPACTED TOOTH-SOFT TISSUE	25
07230	REM IMPACTED TOOTH-PART BONY	30
07240	REM IMPACTED TOOTH-COMPL BONY	40
07250	SURG REM RESID T ROOTS-CUTTING PROC	20
07260	OROANTRAL FISTULA CLOSURE	55
07261	PRIMARY CLOSURE OF A SINUS PERFORATION	55
07270	TOOTH REIMPLANTATION	30
07280	SURG EXPOS IMP/UNERUP T-ORTHO	45
07281	SURG EXPOS IMP/UNERUP T-AID ERUP	35
07282	MOBILIZATION OF ERUPTED TTH	35
07283	PLACE DEV FACIL ERPT IMP TTH	23
07285	BIOPSY OF ORAL TISSUE-HARD ****	20
07286	BIOPSY OF ORAL TISSUE - SOFT ****	25
07287	CYTOLOGY SAMPLE COLLECTION	13
07288	BRSH BIOP - TRANSEP SAMP COL	13
07291	TRANSSEPTAL FIBEROTOMY	6
07310	ALVEOLOPL IN CONJ W EXTRAC-PER QUAD	20
07311	ALVPLTY CONJ EXT, 1-3 TTH	10
07320	ALVEOLOPL NO EXTRACT-PER QUAD	30
07321	ALVPLTY NOT CONJ EXT, 1-3 TTH	15
07471	REM EXOSTOSIS-MAXILLA OR MANDIBLE	45

07472	REM OR TORUS PALATINUS	45
07473	REM OF TORUS MADIBULARIS	45
07485	SURG REDUCTION OF OSSEOUS TUBEROSITY	45
07510	I&D ABSCESS-INTRAORAL SOFT TISSUE	15
07511	I & D ABS INTOR SFT TIS - COMP	19
07910	SUTURE SIMPLE WOUNDS UP TO 5CM	8
07960	FRENECTOMY FRENEC/FRENOT-SEP PROC	35
07963	FRENULOPLASTY	35
07970	EXC OF HYPERPLASTIC TISSUE-PER ARCH	25
07971	EXCISION OF PERICORONAL GINGIVA	15
07972	SURGICAL REDUCT OF FIBROUS TUBEROSITY	25
ORTHODONTICS-PER CASE(NOT ARCH)		
08000	RECORDS FEE - NO ADDL PROCEDURES **	250
08010	LIMITED ORTHO TRTMNT OF THE PRIMARY DE	494
08011	ORTHO CASE/CHILD-1ST PYMT AT BANDING*	1975
08012	ORTHO CASE/CHILD-2ND PYMT AT 12 MOS*	0
08013	ORTHO CASE/CHILD-3RD PYMT AT DEBANDING	0
08020	LMTD ORTHO TRTMNT OF THE TRANS DENT	494
08030	LMTD ORTHO TRTMNT OF THE ADOLESC DENT	494
08040	LIMITED ORTHO TRTMNT OF THE ADULT DENT	494
08050	INTERCEPTIVE ORTHO TRTMNT OF THE PRIMA	988
08060	INTERCEPTIVE ORTHO TRTMNT - TRANS DENT	988
08070	COMPREHENSIVE ORTHO TRTMT-TRANITIONAL*	1975
08080	COMPREHENSIVE ORTHO TRTMT-ADOLESCENT*	1975
08090	COMPREHENSIVE ORTHO TRTMT-ADULT *	2375
08110	MINOR TTH MVMNT-REMOV.APP	494
08120	MINOR TTH MVMNT-FIXED APP	494
08210	REMOVABLE APPLIANCE THERAPY	494
08220	FIXED APPLIANCE THERAPY	494
08360	INTERCEP.ORTHO/REMOV.APPL	988
08370	INTERCEP.ORTHO/FIXED APPL	988
08411	ORTHO CASE/ADULT-1ST PYMT AT BANDING*	2375
08412	ORTHO CASE/ADULT-2ND PYMT AT 12 MOS*	0
08413	ORTHO CASE/ADULT-3RD PYMT AT DEBANDING	0
08660	PRE-ORTHODONTIC TREATMENT VISIT	10
08665	ORTHODONTIC RECORDS	250
08670	PERIODIC ORTHODONTIC TREATMENT VISIT	0
08680	ORTHO RETENTION (REMOVAL OF APPLIANCES	0
ADDITIONAL PROCEDURES		
09110	PALLIATIVE TREATMENT	5
09210	LOCAL ANESTHESIA NO ADDL PROC	0
09220	GENERAL ANESTHESIA-FIRST 30 MINUTES	30
09221	GENL ANESTHESIA-EACH ADDL 15 MIN	9
09230	ANALGESIA	4
09241	IV SEDATION - 1ST 30 MINUTES	25
09242	IV SEDATION - EA ADDL 15 MINUTES	0
09310	CONSULT (NO ADDL PROCS INDICATED)	10
09440	OFFICE VISIT - AFTER HOURS	25
09910	APPL OF DESENSITIZING MED	3
09940	OCCLUSAL GUARDS-BY RPT (S/H ACRYLIC)	50
09942	REPR AND/OR RELN OCCL GRD	15
09951	OCCLUSAL ADJUSTMENT-LIMITED	10
09952	OCCLUSAL ADJUSTMENT-COMPLETE	45
09999	ADJUNCTIVE BY REPORT (SEE NOTE O)	15

Footnote:

NOTE A: Procedure 4355 (Full Mouth Debridement) - Limited to once per 12 months.

NOTE B: Procedure 4910 (Perio Maintenance After Active Therapy) - Limited to twice within 12 months after Osseous Surgery.

NOTE C: Procedures 5730 & 5750 (Reline Dentures) - Limited to once per 36 months.

Note: For general anesthesia procedures 9220 & 9221: Please refer to "POLICY DOCUMENT: USE OF ANESTHESIA AND ANESTHETIC AGENTS".

NOTE E: Coverage for Sealants (ADA code 1351) is limited to the first and second permanent molars. Additionally, coverage is limited to patients under age 16.

NOTE N: D0999 - Sterilization Surcharge

NOTE O: D9999 - Broken appointment fee which may be charged if patient did not provide 24-hour notice of cancellation.

NOTES REGARDING ORTHODONTIC TREATMENT - MD/DC/VA AREA

(1) Full case fee includes consultation, radiographs, models, treatment plan, tooth movement and retention.

(2) For cases requiring less than eighteen months, the fees above will be prorated based on the length of treatment.

(3) Any treatment exceeding 24 months is the responsibility of the patient.

(4) If DBP pays for interceptive therapy, the DBP payment for interceptive therapy will be deducted from the DBP payment for the full 2-year case fee (procedures 8011 through 8013 for child cases and 8411 through 8413 for adult cases). The subscriber is responsible for the difference.

(6) The entire patient portion of the fee is listed under procedure codes 8011 (for child) or 8411 (for adult). The actual timing of patient payments will be determined by the orthodontist.