

ADULT DENTURE PROGRAM FEE SCHEDULE

ISSUE DATE	May 1, 2003
REVISION DATE	May 1, 2003

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Provided in the table on the following pages are the reimbursable dental procedure codes and fees for the Medicaid of Louisiana, Adult Denture Program.

All procedures listed in the Adult Denture Program Fee Schedule are subject to the guidelines, policies and limitations of the Medicaid of Louisiana, Adult Denture Program. Please refer to the Adult Denture Program section of the Dental Services Manual for complete guidelines, policies and limitations for each procedure.

All services marked with an asterisk (*) in the code column require prior authorization.

All services marked with a number sign (#) in the code column require a tooth number to be specified on the claim form for payment requests and prior authorization requests if required.

All services marked with a plus sign (+) in the code column require an oral cavity designator to be specified on the claim form for payment requests and prior authorization requests if required.

All fees marked with 5 asterisks (*****) in the fee column will be priced manually by the dental consultant.

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DIAGNOSTIC DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
*D0150	Comprehensive Oral Examination (Adult Oral Examination)	5.00
*D0210	Intraoral Radiographs, Complete Series	35.00

REMOVABLE PROSTHODONTIC DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
*05110	Complete Denture, Maxillary	470.00
*05120	Complete Denture, Maxillary	470.00
*05130	Immediate Denture, Maxillary	470.00
*05140	Immediate Denture, Mandibular	470.00
*05211	Maxillary Partial Denture, Resin Base (including clasps)	425.00
*05212	Mandibular Partial Denture, Resin Base (including clasps)	425.00
#05510	Repair Broken Complete Denture Base This procedure is reimbursable for Oral Cavity Designator 01 and 02.	72.00
#05520	Replace Missing or Broken Tooth, Complete Denture, Per Tooth 1st Tooth=\$46.00; Each Additional Tooth=\$12.00 This procedure is reimbursable for Tooth Numbers 2 through 15 and 18 through 31.	46.00/ 12.00
+05610	Repair Resin Denture Base, Partial Denture This procedure is reimbursable for Oral Cavity Designator 01 and 02.	72.00
+05630	Repair or Replace Broken Clasp, Partial Denture This procedure is reimbursable for Oral Cavity Designators 10, 20, 30 and 40.	93.00
#05640	Replace Broken Teeth, Partial Denture, Per Tooth 1 st Tooth=\$46.00; Each Additional Tooth=\$12.00 This procedure is reimbursable for Tooth Numbers 2 through 15 and 18 through 31.	46.00/ 12.00
#D5650	Add Tooth to Existing Partial Denture 1 st Tooth= \$46.00; Each Additional Tooth= \$12.00 This procedure is reimbursable for Tooth Numbers 2 through 15 and 18 through 31.	46.00/ 12.00

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REMOVABLE PROSTHODONTIC DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
+D5660	Add Clasp to Existing Partial Denture This procedure is reimbursable for Oral Cavity Designators 10, 20, 30 and 40.	93.00
*05750	Reline Complete Maxillary Denture (Laboratory)	200.00
*05751	Reline Complete Mandibular Denture (Laboratory)	200.00
*05760	Reline Maxillary Partial Denture (Laboratory)	175.00
*05761	Reline Mandibular Partial Denture (Laboratory)	175.00
*D5899	Unspecified Removable Prosthodontic Procedure, By Report	*****