

**ADULT INTERMEDIATE CARE FACILITIES AND INTELLECTUAL
OR DEVELOPMENTAL DISABILITIES (IID)
DENTAL PROGRAM FEE SCHEDULE**

The tables on the following pages contain the reimbursable dental procedure codes and fees for the Louisiana Medicaid Dental Services for Adults with Intellectual or Developmental Disabilities. In order to qualify for these benefits, a beneficiary must reside in an intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and be 21 years of age and older.

All procedures listed in this fee schedule are subject to the guidelines, policies and limitations of the Medicaid program. Please refer to the Dental Benefit Program Manager (DBPM) manual and the individual DBPM provider manuals 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 or letter to be specified on the claim form for payment and on the prior authorization request when prior authorization is 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.

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

All services marked with (^) should be billed directly to the ICF.

The CDT Code and Nomenclature below have been obtained from Current Dental Terminology (including procedure codes, nomenclatures, descriptors and other data contained therein) (“CDT”). CDT is copyright © 2020 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Adult ICF/IID Dental Program Fee Schedule

The following fee schedule is effective November 1, 2023:

Adult ICF/IID Dental Program DIAGNOSTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
^D0120	Periodic oral examination – Patient of Record	36.88
^D0150	Comprehensive oral examination – New Patient Note: Medicaid requires use of this code to report new patients (patients not seen by the billing provider within 3 years) only.	64.13
^D0210	Intraoral - Complete series of radiographic images	81.46
#D0220	Intraoral – Periapical first radiographic image	19.89
#D0230	Intraoral – Periapical each additional radiographic image	16.81
+^D0240	Intraoral - Occlusal radiographic image	27.63
^D0272	Bitewings – 2 Radiographic images	29.01
^D0330	Panoramic radiographic image	77.23
+D0350	Oral/facial images	37.12
D0470	Diagnostic casts	64.22
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	74.49
D0474	Accession of tissue, gross and microscopic examination; including assessment of surgical margins for presence of disease, preparation and transmission of written report	77.03

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Adult ICF/IID Dental Program PREVENTIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D1110	Prophylaxis – Adult This procedure is reimbursable once per 6 months. More frequent prophylaxis may be approved if deemed medically necessary.	65.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	32.88
D1208	Topical application of fluoride – excluding varnish	26.40
D1354	Interim caries arresting medicament application – per tooth Reimbursed per tooth every 6 months. Total of four (4) times per lifetime of the tooth, which may be increased if the caries risk remains high or extremely high. Limited to Silver Diamine Fluoride.	14.63

Adult ICF/IID Dental Program RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D2140	Amalgam-one surface - primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, C, H, I, J, K, L, M, R, S, and T.	87.71
#D2140	Amalgam-one surface only posterior - permanent teeth This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32	101.25
#D2150	Amalgam-two surfaces - primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, C, H, I, J, K, L, M, R, S, and T.	111.20
#D2150	Amalgam-two surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo except MO or DO.	124.74

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#D2150	Amalgam- two surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo of MO or DO.	158.58
#D2160	Amalgam-three surfaces - primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, C, H, I, J, K, L, M, R, S, and T.	\$134.68
#D2160	Amalgam-three surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo except OBL.	178.00
#D2160	Amalgam- three surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo of OBL.	148.21
#D2161	Amalgam-four surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32	178.00
#D2330	Resin-one surface, anterior - primary This procedure is reimbursable for primary teeth. Tooth Letters C, H, M, R, D, E, F, G, N, O, P and Q.	102.90
#D2330	Resin-based composite, one surface, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	129.98
#D2331	Resin-two surfaces, anterior - primary This procedure is reimbursable for primary teeth. Tooth Letters C, H, M, R, D, E, F, G, N, O, P and Q.	127.77

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#D2331	Resin-based composite, two surfaces, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 with two surfaces, combo except MI or DI.	168.39
#D2331	Resin-based composite, two surfaces, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 with two surfaces, combo of MI or DI.	171.09
#D2332	Resin-three surfaces, anterior – primary This procedure is reimbursable for primary teeth. Tooth Letters C, H, M, R, D, E, F, G, N, O, P and Q.	155.40
#D2332	Resin-based composite, three surfaces, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	205.49
#D2335	Resin-four or more surfaces or involving incisal angle (anterior) – primary This procedure is reimbursable for primary teeth. Tooth Letters C, H, M, R, D, E, F, G, N, O, P and Q.	194.77
#D2335	Resin-based composite, four or more surfaces or involving incisal angle, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 with four surfaces, including the surface I.	269.23
#D2390	Resin-based composite crown, anterior – primary This procedure is reimbursable for primary teeth. Tooth Letters C, H, M, R, D, E, F, G, N, O, P and Q.	285.25
#D2390	Resin-based composite crown, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	413.86

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#D2391	Resin-based composite - one surface, posterior – primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, I, J, K, L, S and T.	87.71
#D2391	Resin-based composite - one surface, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32.	101.25
#D2392	Resin-based composite - two surfaces, posterior – primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, I, J, K, L, S and T.	111.20
#D2392	Resin-based composite, two surfaces, posterior This procedure is reimbursable for tooth number 1 through 5, 12 through 16, 17 through 21, and 28 through 32.	111.20
#D2392	Resin-based composite, two surfaces, posterior This procedure is reimbursable for permanent teeth, Tooth Numbers 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo except MO or DO.	124.74
#D2392	Resin-based composite - two surfaces, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo of MO or DO.	158.58
#D2393	Resin-based composite - three surfaces, posterior – primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, I, J, K, L, S and T.	134.68

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#D2393	Resin-based composite - three surfaces, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo except OBL.	178.00
#D2393	Resin-based composite - three surfaces, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo of OBL.	\$148.21
#D2394	Resin-based composite - four or more surfaces, posterior – primary This procedure is reimbursable for primary teeth, Tooth Letters A, B, I, J, K, L, S and T.	158.85
#D2394	Resin-based composite - four surfaces, posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32.	178.00
#D2920	Recement crown This procedure is reimbursable for tooth number 1 through 32.	84.61
#D2929	Prefabricated porcelain/ceramic crown, primary teeth only anterior teeth only This procedure is reimbursable for tooth letters C, H, M, and R, D, E, F, G, N, O, P and Q.	370.37
#D2930	Prefabricated stainless steel crown - primary tooth This procedure code is payable for Tooth Letters D, E, F, G, N, O, P and Q, A, C, H, J, K, M, R and T.	215.83
#D2931	Prefabricated stainless steel crown, permanent tooth This procedure is reimbursable for tooth number 1 through 32.	341.88

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#D2932	Prefabricated resin crown (permanent teeth) This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	280.57
#D2933	Prefabricated stainless steel crown with resin window This procedure is reimbursable for Tooth Letters C, H, M, R, D, E, F, G, N, O, P, and Q.	285.75
#D2934	Prefabricated esthetic coated stainless steel crown primary This procedure is reimbursable for Tooth Letters C, H, M and R, D, E, F, G, N, O, P and Q.	370.37
#D2950	Core buildup, including any pins, in addition to crown This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	174.04
#D2951	Pin retention, per tooth, in addition to restoration This procedure is reimbursable for tooth number 2 through 5; 12 through 15; 18 through 21; and 28 through 31.	47.65
#D2954	Prefabricated post and core in addition to crown This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	271.94
##*D2999	Unspecified restorative procedure, by report This procedure is reimbursable for tooth number 1 through 32.	*****

Adult ICF/IID Dental Program ENDODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D3110	Pulp cap – direct (excluding final restoration) This procedure is reimbursable for tooth number 1 through 32.	51.80

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#D3220	Therapeutic pulpotomy (excluding final restoration)- permanent teeth only This procedure is reimbursable for tooth numbers 1 through 32	127.77
#D3222	Partial pulpotomy for apexogenesis This procedure is reimbursable for tooth numbers 2 through 15 and 18 through 31.	127.77
#D3310	Endodontic Therapy, anterior (excluding final restoration) This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	455.84
#D3320	Endodontic Therapy, bicuspid (excluding final restoration) This procedure is reimbursable for tooth number 4, 5, 12, 13, 20, 21, 28 and 29.	535.25
#D3330	Endodontic Therapy, molar (excluding final restoration) This procedure is reimbursable for tooth number 2, 3, 14, 15, 18, 19, 30 and 31.	642.31
D3346	Retreatment of previous root canal therapy, anterior This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	529.73
#D3352	Apexification/recalcification, Interim Medication Replacement This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	164.38
#D3410	Apicoectomy, anterior This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	437.87
#D3430	Retrograde filling, per root This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	174.04
##*D3999	Unspecified endodontic procedure, by report This procedure is reimbursable for tooth number 1 through 32.	*****

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Adult ICF/IID Dental Program PERIODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
+D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces per quadrant This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40.	399.88
+D4341	Periodontal scaling and root planning, four or more teeth per quadrant This procedure is reimbursable for oral cavity designator 10, 20, 30, and 40.	158.85
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	117.41
*D4999	Unspecified periodontal procedure, by report	*****
*D5110	Complete denture, maxillary	837.66
*D5120	Complete denture, mandibular	837.66
*D5130	Immediate denture, maxillary	837.66
*D5140	Immediate denture, mandibular	837.66
*D5211	Maxillary partial denture, resin base (including retentive/clasping materials, rests and teeth)	795.36
*D5212	Mandibular partial denture, resin base (including retentive/clasping materials, rests and teeth)	795.36
*D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	1,164.27
*D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasp materials, rests and teeth)	1,164.27
D5511	Repair broken complete denture base, mandibular <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53

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D5512	Repair broken complete denture base, maxillary <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53
#D5520	Replace missing or broken tooth, complete denture/per tooth This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	110.00
D5611	Repair resin denture base, partial denture, mandibular	211.53
D5612	Repair resin partial denture base, maxillary <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53
+D5630	Repair or replace broken retentive/clasping materials, partial denture – per tooth This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	201.38
#D5640	Replace missing or broken teeth, partial denture, per tooth This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	110.00
#D5650	Add tooth to existing partial denture This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	110.00
+D5660	Add clasp to existing partial denture – per tooth This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	119.00

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*D5750	Reline complete maxillary denture (indirect)	402.75
*D5751	Reline complete mandibular denture (indirect)	402.75
*D5760	Reline maxillary partial denture (indirect)	351.99
*D5761	Reline mandibular partial denture (indirect)	351.99
*D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth) maxillary.	634.59
*D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth) mandibular.	634.59
*D5899	Unspecified removable prosthodontic procedure, by report	*****

Adult ICF/IID Dental Program FIXED PROSTHODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D6241	Pontic - porcelain fused to predominantly base metal This procedure is reimbursable for tooth number 7, 8, 9, and 10.	828.68
#D6545	Retainer - cast metal for resin bonded fixed prosthesis This procedure is reimbursable for tooth number 6, 7, 8, 9, 10 and 11.	667.34
*D6999	Unspecified, fixed prosthodontic procedure, by report	*****

Adult ICF/IID Dental Program ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D7111	Extraction, coronal remnants - primary tooth Tooth letters A-T and AS-TS.	87.71
#D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) This procedure is reimbursable for tooth number 1 through 32; and for supernumerary teeth 51 through 82.	107.04
#D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. This procedure is reimbursable for tooth number 1 through 32; and for supernumerary teeth 51 through 82.	176.12
#D7220	Removal of impacted tooth – soft tissue This procedure is reimbursable for tooth number 1 through 32; and for supernumerary teeth 51 through 82.	203.75
#D7230	Removal of impacted tooth – partially bony This procedure is reimbursable for tooth number 1 through 32; and for supernumerary teeth 51 through 82.	271.11
#D7240	Removal of impacted tooth-completely bony This procedure is reimbursable for Tooth Number 1 through 32; and for Supernumerary Teeth 51 through 82.	332.52
#D7241	Removal of impacted tooth – completely bony, with unusual surgical complications This procedure is reimbursable for tooth number 1 through 32; and for supernumerary teeth 51 through 82.	376.41
#D7250	Surgical removal of residual tooth roots (cutting procedure) This procedure is reimbursable for tooth number 1 through 32; and for supernumerary teeth 51 through 82.	195.46

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+D7270	<p>Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth</p> <p>This procedure is reimbursable for oral cavity designator 01 and 02.</p>	<p>***** Maximum Fee \$345.29</p>
#D7280	<p>Surgical access of an unerupted tooth</p> <p>This procedure is reimbursable for tooth number 2 through 15; and 18 through 31.</p>	310.79
#D7283	<p>Placement of device to facilitate eruption of impacted tooth</p> <p>This procedure is reimbursable for tooth number 2 through 15; and 18 through 31 for Medicaid approved comprehensive orthodontic cases only.</p>	332.90
+D7285	<p>Biopsy of oral tissue – hard (bone, tooth)</p> <p>This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 or 40.</p>	<p>***** Maximum Fee 263.83</p>
+D7286	<p>Biopsy of oral tissue - soft (all others)</p> <p>This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 and 40.</p>	206.51
+D7291	<p>Transseptal fiberotomy/supra crestal fiberotomy, by report</p> <p>This procedure is reimbursable for oral cavity designator 01 and 02 for Medicaid approved comprehensive orthodontic cases only.</p>	152.03
+D7310	<p>Alveoloplasty in conjunction with extractions – per quadrant</p> <p>This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40.</p>	189.92
#D7510	<p>Incision and drainage of abscess – intraoral soft tissue</p> <p>This procedure is reimbursable for tooth number 1 through 32.</p>	148.48
+D7880	<p>Occlusal orthotic device, by report</p> <p>This procedure is reimbursable for oral cavity designator 01 and 02.</p>	461.69
D7910	Suture of recent small wounds up to 5 cm	190.61
+D7961	<p>Buccal / Labial Frenectomy (Frenulectomy)</p> <p>This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 and 40.</p>	211.21

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+D7962	Lingual Frenectomy (Frenulectomy)	211.21
+D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar This procedure is reimbursable for oral cavity designator 01 and 02.	***** Maximum Fee \$324.91
*D7999	Unspecified oral surgery procedure, by report	*****

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Adult ICF/IID Dental Program ORTHODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D8090	Comprehensive orthodontic treatment of the adult dentition	***** Maximum Fee \$4,515.00

Adult ICF/IID Dental Program ADJUNCTIVE GENERAL SERVICES		
CODE	DESCRIPTION	FEE
D9110	Palliative (emergency) treatment of dental pain	79.43
D9222	Deep sedation/general anesthesia – first 15 minutes	147.79
D9223	Deep sedation/general anesthesia – each additional 15 minute increment	100.15
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	49.72
D9239	Intravenous moderate conscious sedation/analgesia – first 15 minutes	147.79
D9243	Intravenous moderate conscious sedation/analgesia – each additional 15 minute increment	100.15
D9248	Non-intravenous conscious sedation	169.83
D9420	Hospital call	106.18
D9440	Office visit – after regularly scheduled hours	79.59
+D9944	Occlusal guard – hard appliance, full arch This procedure reimbursable for oral cavity designator 01 and 02. This procedure reimbursable for oral cavity designator 01 and 02.	473.96
+D9945	Occlusal guard – soft appliance, full arch This procedure reimbursable for oral cavity designator 01 and 02.	473.96
+D9946	Occlusal guard – hard appliance, partial arch This procedure reimbursable for oral cavity designator 01 and 02.	473.96
D9951	Occlusal adjustment – limited	145.04

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D9997	D9997 Dental case management – patients with special health care needs A maximum of four dental case management services, per beneficiary, are available annually by the same billing provider or another Medicaid provider located in the same office as the billing provider.	29.00
*D9999	Unspecified adjunctive procedure, by report	*****

Note: Dental prior authorization requests and dental claims for payment must indicate tooth surface(s) when the procedure code directly involves one or more tooth surfaces.