
EPSDT DENTAL PROGRAM FEE SCHEUDLE

ISSUE DATE**January 1, 1995****REVISION DATE****January 1, 1995**

EPSDT PROCEDURE CODES

Provided in the tables on the following pages are the procedure codes for EPSDT dental services.

All procedure codes designated as non-specific are meant to cover procedures not specifically assigned an individual procedure code. The provider must furnish detailed information as to the nature of the procedure, justification for the provision of the procedure, and the provider's usual and customary fee.

All services marked with an asterisk (*) require authorization.

All services marked with a number sign (#) require a tooth number, quadrant designator, or an arch designator.

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EPSDT DENTAL PROGRAM FEE SCHEDULE

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Applicable FARS/DFARS apply.

DIAGNOSTIC AND PREVENTIVE DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
00120	Periodic Oral Examination – Patient of Record	14.00
00130	Emergency or Referral Exam – No Treatment. Do not bill with any other procedure (except x-ray radiographs) on the same day (Consult, Prescription Rx)	20.00
#00210	Full Mouth x-ray radiograph	35.00
#00220	First P.A. x-ray radiograph	5.00
#00230	Each added P.A. x-ray radiograph - Limit 4	4.00
* 00240	Occlusal x-ray radiograph	10.00
00272	Bitewing x-rays radiographs – Limit 1 set/yr/same provider	10.00
#00330	Panographic-Type Radiograph	35.00
#00470	Diagnostic Casts	25.00
* 00501	Biopsy/Report	80.00
01110	Adult Prophylaxis 12 to 21 years	25.00
01120	Child Prophylaxis - Toothbrush or Rubber Cup	10.00
01203	Topical Fluoride (Excluding Prophylaxis) 16 Yrs. Maximum Age Limit - Limit One per Year with Same Provider	11.00
#01351	Sealant/Tooth - 6 yr. and 12 yr. Molars Only Limit 1/Lifetime/Same Provider	15.00
* 01510	Fixed Unilateral Spacer	78.00
* 01515	Fixed Bilateral Spacer	123.00

EPSDT DENTAL PROGRAM FEE SCHEUDLE

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RESTORATIVE DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#02110	Amalgam 1 Surf. Deciduous	25.00
#02120	Amalgam 2 Surf. Deciduous	35.00
#02130	Amalgam 3 Surf. Deciduous	45.00
#02140	Amalgam 1 Surf. Permanent	25.00
#02150	Amalgam 2 Surf. Permanent	35.00
#02160	Amalgam 3 Surf. Permanent	45.00
#02330	Resin 1 Surface	35.00
#02331	Resin 2 Surfaces	40.00
#02332	Resin 3 Surfaces	50.00
#*_02930	Stainless Steel Crown, Cm.	73.00
#*_02931	Stainless Steel Crown, Permanent Tooth	73.00
#*_02932	Polycarbonate. Cm.	75.00
#*_02950	Crown Buildup (Amalgam or Resin)	73.00
#02951	Pin – Limit 1 Per Tooth	15.00
#*_02954	Post And Core	60.00
#*_02999	Non-Specific Restoration (With Report)	*****

ENDODONTIA DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#03110	Pulp Cap – Direct Only	15.00
#03220	Pulpotomy	35.00

EPSDT DENTAL PROGRAM FEE SCHEUDLE

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ENDODONTIA DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#* 03310	Root Canal – 1 Canal	195.00
#* 03320	Root Canal – 2 Canals	220.00
#* 03330	Root Canal – 3 Canals	245.00
#* 03351	Apexification – Initial Visit	50.00
#* 03352	Apexification – 2 nd Visit	50.00
#* 03353	Apexification – Final Visit	50.00
#* 03410	Apicoectomy	156.00
#* 03999	Unspecified Endodontic Procedure, By Report	*****

PERIODONTIA DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#* 04210	Gingivectomy – Per Quadrant – List Quadrant	125.00
#* 04341	Periodontal Scaling – Per Quadrant – List Quadrant	56.00
* 04910	Periodontal Prophy	46.00
* 04999	Non-Specific Periodontal (With Report)	*****

PROSTHETICS DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
* 05110	Full Upper Denture	355.00
* 05120	Full Lower Denture	355.00
* 05130	Immediate Full Upper Denture	355.00
* 05140	Immediate Full Lower Denture	355.00
* 05211	U Acrylic Partial/Clasp	300.00
* 05212	L Acrylic Partial/Clasp	300.00
* 05213	U Cast Partial/Acrylic	550.00

EPSDT DENTAL PROGRAM FEE SCHEUDLE

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PROSTHETICS DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
* 05214	L Cast Partial/Acrylic	550.00
#05510	Repair Full Denture Base	72.00
#05520	Replace 1 Tooth On Denture or Partial	46.00
#05521	Replace 2 Teeth On Denture or Partial	58.00
#05522	Replace 3 Teeth On Denture or Partial	70.00
#05523	Replace 4 Teeth On Denture or Partial	82.00
#05610	Repair Partial Base	72.00
#05630	Repair/Add Clasp (Cast)	118.00
#05635	Repair/Add Clasp (Wire)	85.00
* 05750	Reline Full Upper Denture - Laboratory Reline	150.00
* 05751	Reline Full Lower Denture – Laboratory Reline	150.00
* 05760	Reline Upper Partial – Laboratory Reline	125.00
* 05761	Reline Lower Partial – Laboratory Reline	125.00
* 05820	Upper Flipper	185.00
* 05821	Lower Flipper	185.00
#* 05999	Non-Specific Prosthetics (With Report)	*****

CROWN AND BRIDGE DENTAL PROCEDURE CODES		
CODE	DESCRIPTION	FEE
* 06242	Porcelain/Metal Pontic	350.00
#* 06752	Porcelain/Metal Crown	350.00
#* 06792	Cast Metal Crown	325.00
* 06330	Maryland Bridge	600.00
* 06999	Non-Specific Crown and Bridge (With Report)	*****

EPSDT DENTAL PROGRAM FEE SCHEUDLE

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ORAL SURGERY PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#07110	Simple Extraction	30.00
#* 07210	Surgical Extraction	45.00
#* 07220	Soft Tissue Impaction	75.00
#* 07230	Partial Bony Impaction	125.00
#* 07240	Full Bony Impaction	150.00
* 07310	Alveoloplasty – Per Quadrant	54.00
07510	Incision and Drainage	38.00
* 07960	Frenulectomy	90.00
* 07971	Pericoronal Excision	40.00
* 07999	Non-Specific Oral Surgery (With Report)	*****

MISCELLANEOUS SERVICES PROCEDURE CODES		
CODE	DESCRIPTION	FEE
* 08999	Non-Specific Ortho. (With Report)	*****
09110	Palliative Treatment – Do not bill with other treatment on the same date of service.	26.00
09230	Nitrous Oxide	7.00
* 09240	I.V. Sedation	125.00
* 09410	Emergency Hospital/Home/After Hours Office Visit	75.00
* 09420	Hospitalization	125.00
* 09630	Conscious Sedation	50.00
* 09920	Pain Management	30.00
* 09951	Occlusal Adjustment – Per Quadrant	68.00