

**EPSDT DENTAL PROGRAM FEE SCHEDULE****ISSUE DATE****January 1, 1995****REVISION DATE****January 21, 2001****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 prior authorization.

All services marked with a number sign (#) require a tooth number or letter, a quadrant designator, or an arch designator in the tooth # or letter column of the ADA Dental Claim Form in order for the claim to be processed.

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<b>DIAGNOSTIC AND PREVENTIVE DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
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 Prophy 12 to 21 years	25.00
01120	Child Prophy - Toothbrush or Rubber Cup	10.00
01203	Topical Fluoride (Excluding Prophy) 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

**LOUISIANA MEDICAID PROGRAM**  
**EPSDT DENTAL PROGRAM FEE SCHEDULE**

**APPENDIX A**

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<b>RESTORATIVE DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#02110	Amalgam 1 Surface Deciduous	35.00
#02120	Amalgam 2 Surface Deciduous	45.00
#02130	Amalgam 3 Surface Deciduous	55.00
#02140	Amalgam 1 Surface Permanent	35.00
#02150	Amalgam 2 Surface Permanent	45.00
#02160	Amalgam 3 Surface Permanent	55.00
#02330	Resin 1 Surface	35.00
#02331	Resin 2 Surfaces	40.00
#02332	Resin 3 Surfaces	50.00
#*02930	Stainless Steel Crown, Primary Tooth	78.00
#*02931	Stainless Steel Crown, Permanent Tooth	78.00
#*02932	Polycarbonate Crown	75.00
#*02950	Crown Buildup (Amalgam or Resin)	75.00
#02951	Pin – Limit 1 Per Tooth	15.00
#*02954	Post and Core	60.00
#*02999	Non-Specific Restoration (With Report)	*****

<b>ENDODONTIA DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#03110	Pulp Cap – Direct Only	15.00
#03220	Pulpotomy	35.00
#*03310	Root Canal – 1 Canal	195.00
#*03320	Root Canal – 2 Canals	220.00
#*03330	Root Canal – 3 Canals	245.00

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<b>ENDODONTIA DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*03351	Apexification – Initial Visit	50.00
#*03352	Apexification – 2 <sup>nd</sup> Visit	50.00
#*03353	Apexification – Final Visit	50.00
#*03410	Apicoectomy	156.00
#*03999	Unspecified Endodontic Procedure, By Report	*****

<b>PERIODONTIA DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*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)	*****

<b>PROSTHETICS DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
*05110	Full Upper Denture	470.00
*05120	Full Lower Denture	470.00
*05130	Immediate Full Upper Denture	470.00
*05140	Immediate Full Lower Denture	470.00
*05211	Upper Acrylic Partial/Clasp	425.00
*05212	Lower Acrylic Partial/Clasp	425.00
*05213	Upper Cast Partial/Acrylic	550.00
*05214	Lower Cast Partial/Acrylic	550.00
#05510	Repair Full Denture Base	72.00

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<b>PROSTHETICS DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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	200.00
*05751	Reline Full Lower Denture - Laboratory Reline	200.00
*05760	Reline Upper Partial - Laboratory Reline	175.00
*05761	Reline Lower Partial - Laboratory Reline	175.00
*05820	Upper Flipper	185.00
*05821	Lower Flipper	185.00
##*05999	Non-Specific Prosthetics (With Report)	*****

<b>CROWN AND BRIDGE DENTAL PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
*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)	*****

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<b>ORAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#07110	Simple Extraction	35.00
#*07210	Surgical Extraction	50.00
#*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)	*****

<b>MISCELLANEOUS SERVICES PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
*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