



Expanded Dental Services for Pregnant Women (EDSPW) Program Fee Schedule Effective November 1, 2005

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

All procedures listed in the EDSPW Dental Program Fee Schedule are subject to the guidelines, policies and limitations of the Medicaid of Louisiana, EDSPW Dental Program. Please refer to the EDSPW Program policy information 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 for the EDSPW Program 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 for the EDSPW Program require an oral cavity designator to be specified on the claim form for payment and on the prior authorization request when prior authorization is required.

Fees marked with a check mark (√) in the fee column denotes fee for permanent tooth.

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**Expanded Dental Services for Pregnant Women Program
Fee Schedule
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CODE	DESCRIPTION	FEE
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	20.00
#D0220	Intraoral - Periapical First Film <i>This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.</i>	6.00
#D0230	Intraoral – Periapical Each Additional Film <i>This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.</i>	5.00
+*D0240	Intraoral - Occlusal Film <i>This procedure is reimbursable for Oral Cavity Designator 01 and 02.</i>	10.00
D0272	Bitewings, Two Films	13.00
*D0330	Panoramic Film	35.00
D1110	Prophylaxis – Adult	29.00
**D2140	Amalgam, One Surface, Primary or Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through C, H through M, and R through T.</i>	40.00/47.00√
**D2150	Amalgam, Two Surfaces, Primary or Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through C, H through M, and R through T.</i>	55.00/58.00√
**D2160	Amalgam, Three Surfaces, Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through C, H through M, and R through T.</i>	70.00/74.00√
**D2161	Amalgam, Four or More Surfaces, Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32.</i>	108.00
**D2330	Resin-based Composite, One Surface, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.</i>	65.00
**D2331	Resin-based Composite, Two Surfaces, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.</i>	75.00
**D2332	Resin-based Composite, Three Surfaces, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.</i>	85.00
CODE	DESCRIPTION	FEE

#*D2335	Resin-based Composite, Four or More Surfaces or Involving Incisal Angle, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.</i>	108.00
#*D2390	Resin-based Composite Crown, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.</i>	104.00
#*D2931	Prefabricated Stainless Steel Crown, Permanent Tooth <i>This procedure is reimbursable for Tooth Number 1 through 32.</i>	108.00
#*D2932	Prefabricated Resin Crown <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.</i>	104.00
#*D2951	Pin Retention, Per Tooth, In Addition To Restoration <i>This procedure is reimbursable for Tooth Number 2 through 5; 12 through 15; 18 through 21; and 28 through 31.</i>	15.00
+*D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant <i>This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.</i>	81.00
*D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	61.00
#D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T; and for Supernumerary Teeth 51 through 82 or AS through TS</i>	46.00
#*D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T; and for Supernumerary Teeth 51 through 82 or AS through TS</i>	57.00
#*D7220	Removal of Impacted Tooth, Soft Tissue <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T; and for Supernumerary Teeth 51 through 82 or AS through TS</i>	86.00
#*D7230	Removal of Impacted Tooth, Partially Bony <i>This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T; and for Supernumerary Teeth 51 through 82 or AS through TS</i>	136.00

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.