

**Expanded Dental Services for Pregnant Women Program
Covered Services Fee Schedule
Effective November 1, 2003**

| 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.</i> | 6.00 |
| D0230 | Intraoral - Periapical Each Additional Film <i>This procedure is reimbursable for Tooth Number 1 through 32.</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 | 12.00 |
| *D0330 | Panoramic Film | 35.00 |
| D1110 | Prophylaxis – Adult | 29.00 |
| *D2150 | Amalgam, Two Surfaces, Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32.</i> | 53.00 |
| *D2160 | Amalgam, Three Surfaces, Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32.</i> | 64.00 |
| *D2161 | Amalgam, Four or More Surfaces, Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32.</i> | 88.00 |
| *D2330 | Resin-based Composite, One Surface, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.</i> | 45.00 |
| *D2331 | Resin-based Composite, Two Surfaces, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.</i> | 55.00 |
| *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.</i> | 88.00 |
| *D2390 | Resin-based Composite Crown, Anterior <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.</i> | 88.00 |
| *D2931 | Prefabricated Stainless Steel Crown, Permanent Tooth <i>This procedure is reimbursable for Tooth Number 1 through 32.</i> | 88.00 |
| *D2932 | Prefabricated Resin Crown <i>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.</i> | 84.00 |

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| *D4341 | Periodontal Scaling and Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant <i>This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.</i> | 75.00 |
| *D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | 58.00 |
| D7140 | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) <i>This procedure is reimbursable for Tooth Number 1 through 32 and for Supernumerary Teeth 51 through 82.</i> | 38.00 |
| *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 for Supernumerary Teeth 51 through 82.</i> | 57.00 |
| *D7220 | Removal of Impacted Tooth, Soft Tissue <i>This procedure is reimbursable for Tooth Number 1 through 32 and for Supernumerary Teeth 51 through 82.</i> | 86.00 |
| *D7230 | Removal of Impacted Tooth, Partially Bony <i>This procedure is reimbursable for Tooth Number 1 through 32 and for Supernumerary Teeth 51 through 82.</i> | 136.00 |

* Prior Authorization is Required

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