



Expanded Dental Services for Pregnant Women (EDSPW) Program Fee Schedule Effective January 1, 2011

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. *If a tooth number or letter is required by Medicaid, do not enter an oral cavity designator on the claim form for payment or 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. *If an oral cavity designator is required by Medicaid, do not enter a tooth number or letter on the claim form for payment or on the prior authorization request when prior authorization is required.*

Current Dental Terminology (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright © 2015 American Dental Association. The CDT Code and Nomenclature used throughout this document have been obtained from *Current Dental Terminology* (including procedure codes, nomenclatures, descriptors and other data contained therein) ("CDT"). CDT is copyright © 2015 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT CODE	DESCRIPTION	FEE
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	49.19
#D0220	Intraoral - Periapical First Film <i>This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.</i>	15.04
#D0230	Intraoral – Periapical Each Additional Film <i>This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.</i>	12.73
+*D0240	Intraoral - Occlusal Film <i>This procedure is reimbursable for Oral Cavity Designator 01 and 02.</i>	20.77
D0272	Bitewings, Two Films	21.81
*D0330	Panoramic Film	58.43
D1110	Prophylaxis – Adult	49.17
#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>	65.95
#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>	83.60
#D2160	Amalgam, Three 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>	101.26
#D2161	Amalgam, Four or More Surfaces, Permanent <i>This procedure is reimbursable for Tooth Number 1 through 32.</i>	119.43
#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>	77.37
#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>	96.07
#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>	116.84
CDT 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>	146.43
#*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>	214.46
#D2391	Resin-based Composite, One Surface, Posterior <i>This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.</i>	65.95
#D2392	Resin-based Composite, Two Surfaces, Posterior <i>This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.</i>	83.60
#D2393	Resin-based Composite, Three Surfaces, Posterior <i>This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.</i>	101.26
#D2394	Resin-based Composite, Four or More Surfaces, Posterior <i>This procedure is reimbursable for Tooth Number 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S and T.</i>	119.43
#*D2930	Prefabricated Stainless Steel Crown, Primary Tooth <i>This procedure code is reimbursable <u>only</u> for Tooth Letters A, B, C, H, I, J, K, L, M, R, S, and T.</i>	129.82
#*D2931	Prefabricated Stainless Steel Crown, Permanent Tooth <i>This procedure is reimbursable for Tooth Number 1 through 32.</i>	154.74
#*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>	168.77
+*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>	119.43
*D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	88.28
CDT CODE	DESCRIPTION	FEE

#D7111	Extraction, Coronal Remnants – Deciduous Tooth <i>Includes soft tissue-retained coronal remnants. This procedure code is reimbursable for Tooth Letters A through T and AS through TS.</i>	65.95
#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>	80.49
#*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>	132.42
#*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>	153.19
#*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>	192.13

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.