Expanded Dental Services for Pregnant Women (EDSPW) Program
Fee Schedule
Effective August 1, 2010

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.

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<tr>
<th>CDT CODE</th>
<th>DESCRIPTION</th>
<th>FEE</th>
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<tbody>
<tr>
<td>D0180</td>
<td>Comprehensive Periodontal Evaluation – New or Established Patient</td>
<td>50.29</td>
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| #D0220   | Intraoral - Periapical First Film  
*This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.* | 15.40 |
| #D0230   | Intraoral – Periapical Each Additional Film  
*This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.* | 13.03 |
| +*D0240  | Intraoral - Occlusal Film  
*This procedure is reimbursable for Oral Cavity Designator 01 and 02.* | 21.14 |
| D0272    | Bitewings, Two Films                                                        | 22.19 |
| *D0330   | Panoramic Film                                                              | 59.81 |
| D1110    | Prophylaxis – Adult                                                         | 50.34 |
| #D2140   | Amalgam, One Surface, Primary or Permanent  
*This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through C, H through M, and R through T.* | 67.11 |
| #D2150   | Amalgam, Two Surfaces, Primary or Permanent  
*This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through C, H through M, and R through T.* | 85.07 |
| #D2160   | Amalgam, Three Surfaces, Primary or Permanent  
*This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through C, H through M, and R through T.* | 103.04|
| #D2161   | Amalgam, Four or More Surfaces, Permanent  
*This procedure is reimbursable for Tooth Number 1 through 32.* | 121.53|
| #D2330   | Resin-based Composite, One Surface, Anterior  
*This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.* | 78.73 |
| #D2331   | Resin-based Composite, Two Surfaces, Anterior  
*This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.* | 97.75 |
| #D2332   | Resin-based Composite, Three Surfaces, Anterior  
*This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R.* | 118.89|
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| #*D2335 | Resin-based Composite, Four or More Surfaces or Involving Incisal Angle, Anterior  
This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R. | 149.00 |
| #*D2390 | Resin-based Composite Crown, Anterior  
This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R. | 218.22 |
| #D2391 | Resin-based Composite, One Surface, Posterior  
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. | 67.11 |
| #D2392 | Resin-based Composite, Two Surfaces, Posterior  
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. | 85.07 |
| #D2393 | Resin-based Composite, Three Surfaces, Posterior  
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. | 103.04 |
| #D2394 | Resin-based Composite, Four or More Surfaces, Posterior  
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. | 121.53 |
| #*D2930 | Prefabricated Stainless Steel Crown, Primary Tooth  
This procedure code is reimbursable only for Tooth Letters A, B, C, H, I, J, K, L, M, R, S, and T. | 132.10 |
| #*D2931 | Prefabricated Stainless Steel Crown, Permanent Tooth  
This procedure is reimbursable for Tooth Number 1 through 32. | 157.46 |
| #*D2932 | Prefabricated Resin Crown  
This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 and Tooth Letter C, H, M and R. | 171.73 |
| +*D4341 | Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant  
This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40. | 121.53 |
<p>| *D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | 89.82 |</p>
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<tr>
<td>#D7111</td>
<td><strong>Extraction, Coronal Remnants – Deciduous Tooth</strong>&lt;br&gt;Includes soft tissue-retained coronal remnants.&lt;br&gt;&lt;em&gt;This procedure code is reimbursable for Tooth Letters A through T and AS through TS.&lt;/em&gt;</td>
<td>67.11</td>
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<td>#D7140</td>
<td><strong>Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)</strong>&lt;br&gt;&lt;em&gt;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.&lt;/em&gt;</td>
<td>81.90</td>
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<tr>
<td>#*D7210</td>
<td><strong>Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth</strong>&lt;br&gt;&lt;em&gt;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.&lt;/em&gt;</td>
<td>134.74</td>
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<td>#*D7220</td>
<td><strong>Removal of Impacted Tooth, Soft Tissue</strong>&lt;br&gt;&lt;em&gt;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.&lt;/em&gt;</td>
<td>155.88</td>
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<tr>
<td>#*D7230</td>
<td><strong>Removal of Impacted Tooth, Partially Bony</strong>&lt;br&gt;&lt;em&gt;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.&lt;/em&gt;</td>
<td>195.50</td>
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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.