

APPENDIX A: EPSDT DENTAL PROGRAM FEE SCHEDULE

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

All procedures listed in the EPSDT Dental Program Fee Schedule are subject to the guidelines, policies and limitations of the Medicaid of Louisiana, EPSDT Dental Program. Please refer to the EPSDT Dental Program section of the Dental Services Manual 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 an underscored asterisk (*) in the code column requires partial prior authorization. Prior authorization requirements for these procedures are based on tooth number or age of recipient.

All services marked with a number sign (#) in the code column for the EPSDT Dental 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 EPSDT Dental 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.

All fees marked with 5 asterisks (*****) in the fee column will be priced manually by the dental consultant.

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EPSDT DENTAL PROGRAM FEE SCHEDULE

| EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES | | |
|--|--|------------|
| CODE | DESCRIPTION | FEE |
| D0120 | Periodic Oral Examination – Patient of Record | 18.00 |
| D0150 | Comprehensive Oral Examination – New Patient Note: Medicaid requires use of this code to report new patients (patients not seen by the billing provider within 3 years) only. | 20.00 |
| * D0210 | Radiographs – Complete Series (including bitewings) | 35.00 |
| #D0220 | Radiograph – Periapical, First Film This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T. | 6.00 |
| #D0230 | Radiograph – Periapical, Each Additional Film This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T. | 5.00 |
| + * D0240 | Radiograph – Occlusal Film This procedure is reimbursable for Oral Cavity Designator 01 and 02. | 10.00 |
| D0272 | Radiograph – Bitewings, Two Films | 13.00 |
| * D0330 | Radiograph – Panoramic Film | 35.00 |
| + D0350 | Oral/Facial Images This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40. | 4.00 |
| * D0470 | Diagnostic Casts | 25.00 |
| * D0473 | Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report | 80.00 |

| EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES | | |
|---|--|-------|
| CODE | DESCRIPTION | FEE |
| *D0474 | Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report | 80.00 |

| EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES | | |
|---|---|--------|
| CODE | DESCRIPTION | FEE |
| D1110 | Prophylaxis – Adult (12 through 20 years of age) | 29.00 |
| D1120 | Prophylaxis – Child (under 12 years of age) | 15.00 |
| D1203 | Topical Application of Fluoride (prophylaxis not included) – Child (under 12 years of age) | 11.00 |
| D1204 | Topical Application of Fluoride (prophylaxis not included) – Adult (12 through 15 years of age) | 11.00 |
| #D1351 | Sealant, Per Tooth (6-year molar sealant – under 10 years of age; 12-year molar sealant – 10 through 15 years of age.) This procedure is reimbursable for Tooth Number 2, 3, 14, 15, 18, 19, 30, and 31. | 19.00 |
| + *D1510 | Space Maintainer, Fixed, Unilateral This procedure is reimbursable for Oral Cavity Designator 10, 20, 30, and 40. | 95.00 |
| + *D1515 | Space Maintainer, Fixed, Bilateral This procedure is reimbursable for Oral Cavity Designator 01 and 02. | 177.00 |
| + D1550 | Recementation of Space Maintainer This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30, and 40. | 20.00 |

| EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES | | |
|--|---|--------------|
| CODE | DESCRIPTION | FEE |
| #D2140 | Amalgam, One Surface, Primary or Permanent This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T. However, this Procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 40.00/47.00√ |
| #D2150 | Amalgam, Two Surfaces, Primary or Permanent This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T. However, this Procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 55.00/58.00√ |
| #D2160 | Amalgam, Three Surfaces, Primary or Permanent This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letters A through T. However, this Procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 70.00/74.00√ |
| #D2161 | Amalgam, Four or More Surfaces, Permanent This procedure is reimbursable for Tooth Number 1 through 32. | 108.00 |
| #D2330 | Resin-based Composite, One Surface, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letter C, H, M and R regardless of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 65.00 |

| EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES | | |
|--|--|--------|
| CODE | DESCRIPTION | FEE |
| #D2331 | Resin-based Composite, Two Surfaces, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letters C, H, M and R regardless of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 75.00 |
| #D2332 | Resin-based Composite, Three Surfaces, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letters C, H, M and R regardless of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 85.00 |
| #* D2335 | Resin-based Composite, Four or More Surfaces, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. This procedure is reimbursable for Tooth Letters C, H, M and R regardless of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 108.00 |
| #* D2390 | Resin-based Composite Crown, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27; and Tooth Letters C, H, M and R regardless of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 104.00 |
| #D2920 | Recement Crown | 20.00 |

| EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES | | |
|--|---|--------|
| CODE | DESCRIPTION | FEE |
| | This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T. | |
| #_D2930 | Prefabricated Stainless Steel Crown, Primary Tooth This procedure is reimbursable for Tooth Letters A through T. However, this procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. <u>Prior Authorization is required only for Tooth Letters B, I, L, and S for recipients 8 years of age and older; and for Tooth Letters A, C, H, J, K, M, R and T for recipients 9 years of age and older.</u> | 108.00 |
| #* D2931 | Prefabricated Stainless Steel Crown, Permanent Tooth This procedure is reimbursable for Tooth Number 1 through 32. | 108.00 |
| #* D2932 | Prefabricated Resin Crown This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27; and Tooth Letters C, H, M and R regardless of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. | 104.00 |
| #* D2950 | Core Buildup, Including Any Pins This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31 | 55.00 |
| #D2951 | Pin Retention, Per Tooth, In Addition To Restoration This procedure is reimbursable for Tooth Number 2 through 5; | 15.00 |

| EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES | | |
|--|--|-------|
| CODE | DESCRIPTION | FEE |
| | 12 through 15; 18 through 21; and 28 through 31. | |
| #* D2954 | Prefabricated Post And Core In Addition To Crown This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31 | 75.00 |
| #* D2999 | Unspecified Restorative Procedure, By Report | ***** |

| EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES | | |
|---|---|--------|
| CODE | DESCRIPTION | FEE |
| #D3110 | Pulp Cap – Direct (excluding final restoration) This procedure is reimbursable for Tooth Number 1 through 32. | 15.00 |
| #_D3220 | Therapeutic Pulpotomy (excluding final restoration) This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T. However, this procedure is reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 4 years of age. <u>Prior authorization required for Tooth Number 1 through 32 only.</u> | 40.00 |
| #* D3240 | Pulpal Therapy (Resorbable Filling), Posterior, Primary Tooth This procedure is reimbursable for Tooth Letter A, J, K, and T. | 50.00 |
| #* D3310 | Root Canal Therapy, Anterior (excluding final restoration) This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. | 212.00 |
| #* D3320 | Root Canal Therapy, Bicuspid (excluding final restoration) | 241.00 |

| EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES | | |
|--|--|------------|
| CODE | DESCRIPTION | FEE |
| | This procedure is reimbursable for Tooth Number 4, 5, 12, 13, 20, 21, 28 and 29. | |
| #* D3330 | Root Canal Therapy, Molar (excluding final restoration) This procedure is reimbursable for Tooth Number 2, 3, 14, 15, 18, 19, 30 and 31. | 306.00 |
| #* D3346 | Retreatment of Previous Root Canal Therapy, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. | 212.00 |
| #* D3352 | Apexification/Recalcification, Interim Medication Replacement This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31. | 50.00 |
| #* D3410 | Apicoectomy/Periradicular Surgery, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. | 100.00 |
| #* D3430 | Retrograde Filling, Per Root This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27. | 56.00 |
| #* D3999 | Unspecified Endodontic Procedure, By Report | ***** |

| EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES | | |
|---|---|------------|
| CODE | DESCRIPTION | FEE |
| + * D4210 | Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40. | 125.00 |

| EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES | | |
|--|---|-------|
| CODE | DESCRIPTION | FEE |
| + *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. | 81.00 |
| *D4355 | Full Mouth Debridement To Enable Comprehensive Evaluation and Diagnosis | 61.00 |
| *D4999 | Unspecified Periodontal Procedure, By Report | ***** |

| EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES | | |
|--|---|-------------|
| CODE | DESCRIPTION | FEE |
| *D5110 | Complete Denture, Maxillary | 495.00 |
| *D5120 | Complete Denture, Mandibular | 495.00 |
| *D5130 | Immediate Denture, Maxillary | 495.00 |
| *D5140 | Immediate Denture, Mandibular | 495.00 |
| *D5211 | Maxillary Partial Denture, Resin Base (including clasps) | 470.00 |
| *D5212 | Mandibular Partial Denture, Resin Base (including clasps) | 470.00 |
| *D5213 | Maxillary Partial Denture, Cast Metal (including clasps) | 550.00 |
| *D5214 | Mandibular Partial Denture, Cast Metal (including clasps) | 550.00 |
| + D5510 | Repair Broken Complete Denture Base This procedure is reimbursable for Oral Cavity Designator 01 and 02. | 100.00 |
| #D5520 | Replace Missing or Broken Tooth, Complete Denture, Per Tooth <u>1st Tooth = \$52.00; Each Additional Tooth = \$26.00</u> This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31. | 52.00/26.00 |
| + D5610 | Repair Resin Denture Base, Partial Denture | 100.00 |

| EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES | | |
|---|---|-------------|
| CODE | DESCRIPTION | FEE |
| | This procedure is reimbursable for Oral Cavity Designator 01 and 02. | |
| + D5630 | Repair or Replace Broken Clasp, Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40. | 95.00 |
| #D5640 | Replace Broken Teeth, Partial Denture, Per Tooth <u>1st Tooth = \$52.00; Each Additional Tooth = \$26.00</u> This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31. | 52.00/26.00 |
| #D5650 | Add Tooth to Existing Partial Denture <u>1st Tooth = \$52.00; Each Additional Tooth = \$26.00</u> This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31. | 52.00/26.00 |
| + D5660 | Add Clasp to Existing Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40. | 95.00 |
| * D5750 | Reline Complete Maxillary Denture (Laboratory) | 238.00 |
| * D5751 | Reline Complete Mandibular Denture (Laboratory) | 238.00 |
| * D5760 | Reline Maxillary Partial Denture (Laboratory) | 208.00 |
| * D5761 | Reline Mandibular Partial Denture (Laboratory) | 208.00 |
| * D5820 | Interim Partial Denture (Maxillary), Includes Clasps | 300.00 |
| * D5821 | Interim Partial Denture (Mandibular), Includes Clasps | 300.00 |
| * D5899 | Unspecified Removable Prosthodontic Procedure, By Report | ***** |

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|--|
| EPSDT DENTAL PROGRAM MAXILLOFACIAL PROSTHETIC PROCEDURE CODES |
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| CODE | DESCRIPTION | FEE |
|------------------|--|------------|
| + * D5986 | Fluoride Gel Carrier This procedure is reimbursable for Oral Cavity Designator 01 and 02. | 30.00 |

| EPSDT DENTAL PROGRAM FIXED PROSTHODONTIC PROCEDURE CODES | | |
|---|---|------------|
| CODE | DESCRIPTION | FEE |
| #* D6241 | Pontic - Porcelain Fused to Predominantly Base Metal This procedure is reimbursable for Tooth Number 7, 8, 9, and 10. | 300.00 |
| #* D6545 | Retainer - Cast Metal For Resin Bonded Fixed Prosthesis This procedure is reimbursable for Tooth Number 6, 7, 8, 9, 10 and 11. | 150.00 |
| * D6999 | Unspecified, Fixed Prosthodontic procedure, By Report | ***** |

| EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES | | |
|--|---|------------|
| CODE | DESCRIPTION | FEE |
| #D7140 | Extraction, Erupted Tooth or Exposed Root This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS. | 46.00 |
| #* D7210 | Surgical Removal of Erupted Tooth This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS. | 57.00 |
| #* D7220 | Removal of Impacted Tooth – Soft Tissue This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 | 86.00 |

| EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES | | |
|--|--|----------------------------------|
| CODE | DESCRIPTION | FEE |
| | and AS through TS. | |
| #* D7230 | Removal of Impacted Tooth – Partially Bony This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS. | 136.00 |
| #* D7240 | Removal of Impacted Tooth – Completely Bony This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS. | 161.00 |
| #* D7241 | Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS. | 186.00 |
| #* D7250 | Surgical Removal of Residual Tooth Roots (Cutting Procedure) This procedure is reimbursable for Tooth Number 1 through 32 and A through T; and for Supernumerary Teeth 51 through 82 and AS through TS. | 57.00 |
| + * D7270 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth This procedure is reimbursable for Oral Cavity Designator 01 and 02. | ***** Maximum Fee \$150.00 |
| #* D7280 | Surgical Access of an Unerupted Tooth This procedure is reimbursable for Tooth Number 2 through 15; and 18 through 31. | 50.00 |

| EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES | | |
|--|---|--------------------------------------|
| CODE | DESCRIPTION | FEE |
| #* D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth This procedure is reimbursable for Tooth Number 2 through 15; and 18 through 31 for Medicaid approved comprehensive orthodontic cases only. | 250.00 |
| + * D7285 | Biopsy of Oral Tissue – Hard (bone, tooth) This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 or 40. | ***** Maximum Fee \$200.00 |
| + * D7286 | Biopsy of Oral Tissue - Soft (all others) This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40. | 50.00 |
| + * D7291 | Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report This procedure is reimbursable for Oral Cavity Designator 01 and 02 for Medicaid approved comprehensive orthodontic cases only. | 60.00 |
| + * D7310 | Alveoloplasty in Conjunction with Extractions – Per Quadrant This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40. | 54.00 |
| #D7510 | Incision and Drainage of Abscess – Intraoral Soft Tissue This procedure is reimbursable for Tooth Number 1 through 32. | 38.00 |
| + * D7880 | Occlusal Orthotic Device, By Report This procedure is reimbursable for Oral Cavity Designator 01 and 02. | 250.00 |
| D7910 | Suture of Recent Small Wounds up to 5 cm | 50.00 |

| EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES | | |
|--|---|------------|
| CODE | DESCRIPTION | FEE |
| + * D7960 | Frenulectomy (Frenectomy or Frenotomy) – Separate Procedure This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40. | 90.00 |
| * D7999 | Unspecified Oral Surgery Procedure, By Report | ***** |

| EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES | | |
|---|--|---|
| CODE | DESCRIPTION | FEE |
| + * D8050 | Interceptive Orthodontic Treatment of the Primary Dentition This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40. | ***** Maximum Fee \$350.00 |
| + * D8060 | Interceptive Orthodontic Treatment of the Transitional Dentition This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40. | ***** Maximum Fee \$350.00 |
| * D8070 | Comprehensive Orthodontic Treatment of the Transitional Dentition | ***** Maximum Fee \$4,050.00 |
| * D8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition | ***** Maximum Fee \$4,050.00 |

| EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES | | |
|---|--|---|
| CODE | DESCRIPTION | FEE |
| * D8090 | Comprehensive Orthodontic Treatment of the Adult Dentition | ***** Maximum Fee \$4,050.00 |
| * D8220 | Fixed Appliance Therapy | \$150.00 |
| * D8999 | Unspecified Orthodontic Procedure, By Report | ***** |

| EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES | | |
|---|---|------------|
| CODE | DESCRIPTION | FEE |
| D9110 | Palliative (Emergency) Treatment of Dental Pain | 25.00 |
| D9230 | Analgesia, Anxiolysis, Inhalation of Nitrous Oxide | 7.00 |
| * D9241 | Intravenous Conscious Sedation/Analgesia – First 30 Minutes | 94.00 |
| * D9242 | Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes | 31.00 |
| * D9248 | Non-intravenous Conscious Sedation | 50.00 |
| * D9420 | Hospital Call | 125.00 |
| * D9440 | Office Visit – After Regularly Scheduled Hours | 75.00 |
| * D9920 | Behavior Management, By Report | 30.00 |
| + * D9940 | Occlusal Guard, By Report This procedure reimbursable for Oral Cavity Designator 01 and 02. | 50.00 |
| * D9951 | Occlusal Adjustment – Limited | 68.00 |
| * D9999 | Unspecified Adjunctive Procedure, By Report | ***** |

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.