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**CHAPTER 16: DENTAL SERVICES**

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**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, Early and Periodic Screening, Diagnosis, and Treatment (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. 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.

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

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<b>EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>D0120</b>	Periodic Oral Examination – Patient of Record	28.29
D0145	Oral Examination for a Patient Under Three Years of Age and Counseling with Primary Caregiver	39.97
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.	49.19
*D0210	Radiographs – Complete Series (including bitewings)	61.79
#D0220	Radiograph – Periapical, First Film This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.	15.04
#D0230	Radiograph – Periapical, Each Additional Film This procedure is reimbursable for Tooth Number 1 through 32; and Tooth Letter A through T.	12.73
+*D0240	Radiograph – Occlusal Film This procedure is reimbursable for Oral Cavity Designator 01 and 02.	20.77
D0272	Radiograph – Bitewings, Two Films	21.81
*D0330	Radiograph – Panoramic Film	58.43
+D0350	Oral/Facial Images This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	30.52
*D0470	Diagnostic Casts	48.29

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<b>EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
*D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report	75.82
*D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report	78.41

<b>EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>D1110</b>	Prophylaxis – Adult (12 through 20 years of age)	49.17
D1120	Prophylaxis – Child (under 12 years of age)	35.87
D1203	Topical Application of Fluoride (prophylaxis not included) – Child (under 12 years of age)	19.67
D1204	Topical Application of Fluoride (prophylaxis not included) – Adult (12 through 15 years of age)	20.25
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients (under 6 years of age)	24.87
#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.	25.96
+*D1510	Space Maintainer, Fixed, Unilateral This procedure is reimbursable for Oral Cavity Designator 10, 20, 30, and 40.	154.22

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<b>EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+*D1515	Space Maintainer, Fixed, Bilateral  This procedure is reimbursable for Oral Cavity Designator 01 and 02.	210.30
+D1550	Recementation of Space Maintainer  This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30, and 40.	39.46
D1555	Removal of Fixed Space Maintainer  This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30, and 40.	38.95

<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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 <u>5 years of age</u> .	65.95
#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 <u>5 years of age</u> .	83.60

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D2160	<b>Amalgam, Three Surfaces, Primary or Permanent</b> 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 <u>5 years of age</u> .	101.26
#D2161	Amalgam, Four or More Surfaces, Permanent  <b>This procedure is reimbursable for Tooth Number 1 through 32.</b>	119.43
#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 for recipients under 21 years of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u> .	77.37
#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 for recipients under 21 years of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u> .	96.06
#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 for recipients under 21 years of age; and Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u> .	116.84

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*_D2335	<p>Resin-based Composite, Four or More Surfaces, Anterior</p> <p>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 <u>with prior authorization</u>; and Tooth Letters C, H, M, and R for recipients under 21 years of age. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u>. <u>Prior authorization for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older</u>. <u>Prior authorization is not required for Tooth Letters D, E, F, G, N, O, P and Q</u>.</p>	146.43
#*_D2390	<p><b>Resin-based Composite Crown, Anterior</b></p> <p>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 with prior authorization; and Tooth Letters C, H, M, and R for recipients under 21 years of age. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u>. <u>Prior authorization for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older</u>. <u>Prior authorization is not required for Tooth Letters D, E, F, G, N, O, P and Q</u>.</p>	214.46
#D2391	<p>Resin-based Composite, One Surface, Posterior</p> <p>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.</p>	65.95
#D2392	<p>Resin-based Composite, Two Surface, Posterior</p> <p>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.</p>	83.60

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D2393	Resin-based Composite, Three 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.	101.26
#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.	119.43
#D2920	Recement Crown  This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T.	50.89
#*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 <u>5 years of age</u> . <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>	129.82
**D2931	Prefabricated Stainless Steel Crown, Permanent Tooth  This procedure is reimbursable for Tooth Number 1 through 32.	154.74

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*_D2932	<p>Prefabricated Resin Crown</p> <p>This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27 with prior authorization; and Tooth Letters C, H, M, and R for recipients under 21 years of age. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u>. <u>Prior authorization for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older.</u> Prior authorization is not required for Tooth Letters D, E, F, G, N, O, P and Q.</p>	168.76
#*_D2933	<p>Prefabricated Stainless Steel Crown with Resin Window</p> <p>This procedure is reimbursable for Tooth Letters C, H, M, and R for recipients under 21 years of age and for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under <u>5 years of age</u>. <u>Prior authorization is required for Tooth Letters C, H, M and R only for recipients 9 years of age and older.</u> Prior authorization is <u>not</u> required for Tooth Letters D, E, F, G, N, O, P and Q.</p>	171.88
#*_D2934	<p>Prefabricated Esthetic Coated Stainless Steel Crown- Primary Tooth</p> <p>This procedure is reimbursable for Tooth Letters C, H, M, and R for recipients under 21 years of age and for Tooth Letters D, E, F, G, N, O, P and Q only if the recipient <u>is under 5 years of age</u>. <u>Prior authorization is required for Tooth Letters C, H, M and R only for recipients 9 years of age and older.</u> Prior authorization is <u>not</u> required for Tooth Letters D, E, F, G, N, O, P and Q.</p>	171.88
#*_D2950	<p>Core Buildup, Including Any Pins</p> <p>This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.</p>	130.86



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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D2951	Pin Retention, Per Tooth, In Addition To Restoration  This procedure is reimbursable for Tooth Number 2 through 5; 12 through 15; 18 through 21; and 28 through 31.	35.83
**D2954	Prefabricated Post And Core In Addition To Crown  This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	163.57

<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
**D2999	Unspecified Restorative Procedure, By Report  This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T.	*****

<b>EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D3110	Pulp Cap – Direct (excluding final restoration)  This procedure is reimbursable for Tooth Number 1 through 32.	38.95
#_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 <u>5 years of age</u> . <u>Prior authorization required for Tooth Number 1 through 32 only.</u>	96.06
**D3222	Partial Pulpotomy for Apexogenesis  This procedure is reimbursable for Tooth Numbers 2 through 15 and 18 through 31.	96.07

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<b>EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
##D3240	Pulpal Therapy (Resorbable Filling), Posterior, Primary Tooth This procedure is reimbursable for Tooth Letter A, J, K, and T.	154.74
##D3310	Root Canal Therapy, Anterior (excluding final restoration) This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	342.72
##D3320	Root Canal Therapy, Bicuspid (excluding final restoration) This procedure is reimbursable for Tooth Number 4, 5, 12, 13, 20, 21, 28 and 29.	402.43
##D3330	Root Canal Therapy, Molar (excluding final restoration) This procedure is reimbursable for Tooth Number 2, 3, 14, 15, 18, 19, 30 and 31.	482.92
##D3346	Retreatment of Previous Root Canal Therapy, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	398.28
##D3352	Apexification/Recalcification, Interim Medication Replacement This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.	123.59
##D3410	Apicoectomy/Periradicular Surgery, Anterior This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	329.22
##D3430	Retrograde Filling, Per Root This procedure is reimbursable for Tooth Number 6 through 11 and 22 through 27.	130.86
##D3999	Unspecified Endodontic Procedure, By Report This procedure is reimbursable for Tooth Number 1 through 32 and Tooth Letter A through T.	*****

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<b>EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>+*D4210</b>	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.	300.66
<b>+*D4341</b>	Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant  This procedure is reimbursable for Oral Cavity Designator 10, 20, 30, and 40.	119.43

<b>EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>*D4355</b>	Full Mouth Debridement To Enable Comprehensive Evaluation and Diagnosis	88.28
<b>*D4999</b>	Unspecified Periodontal Procedure, By Report	*****

<b>EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>*D5110</b>	Complete Denture, Maxillary	495.00
<b>*D5120</b>	Complete Denture, Mandibular	495.00
<b>*D5130</b>	Immediate Denture, Maxillary	495.00
<b>*D5140</b>	Immediate Denture, Mandibular	495.00
<b>*D5211</b>	Maxillary Partial Denture, Resin Base (including clasps)	470.00
<b>*D5212</b>	Mandibular Partial Denture, Resin Base (including clasps)	470.00
<b>*D5213</b>	Maxillary Partial Denture, Cast Metal (including clasps)	688.00
<b>*D5214</b>	Mandibular Partial Denture, Cast Metal (including clasps)	688.00

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<b>EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+D5510	Repair Broken Complete Denture Base  This procedure is reimbursable for Oral Cavity Designator 01 and 02.  <i>**A total of \$175 in denture repairs are allowed per arch per year**</i>	125.00
#D5520	Replace Missing or Broken Tooth, Complete Denture, Per Tooth <u>1<sup>st</sup> Tooth = \$65.00; Each Additional Tooth = \$33.00</u>  This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.  <i>**A total of \$175 in denture repairs are allowed per arch per year**</i>	65.00/33.00
+D5610	Repair Resin Denture Base, Partial Denture  This procedure is reimbursable for Oral Cavity Designator 01 and 02.  <i>**A total of \$175 in denture repairs are allowed per arch per year**</i>	125.00
+D5630	Repair or Replace Broken Clasp, Partial Denture  This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.  <i>**A total of \$175 in denture repairs are allowed per arch per year**</i>	119.00
#D5640	Replace Broken Teeth, Partial Denture, Per Tooth <u>1<sup>st</sup> Tooth = \$65.00; Each Additional Tooth = \$33.00</u>  This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31.  <i>**A total of \$125 in denture repairs are allowed per arch per year**</i>	65.00/33.00

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<b>EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D5650	Add Tooth to Existing Partial Denture <u>1<sup>st</sup> Tooth = \$65.00; Each Additional Tooth = \$33.00</u> This procedure is reimbursable for Tooth Number 2 through 15 and 18 through 31. <i>**A total of \$175 in denture repairs are allowed per arch per year**</i>	65.00/33.00
+D5660	Add Clasp to Existing Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40. <i>**A total of \$175 in denture repairs are allowed per arch per year**</i>	119.00
*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	375.00
*D5821	Interim Partial Denture (Mandibular), Includes Clasps	375.00
*D5899	Unspecified Removable Prosthodontic Procedure, By Report	*****

<b>EPSDT DENTAL PROGRAM MAXILLOFACIAL PROSTHETIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+*D5986	Fluoride Gel Carrier This procedure is reimbursable for Oral Cavity Designator 01 and 02.	100.74

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<b>EPSDT DENTAL PROGRAM FIXED PROSTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*D6241	Pontic - Porcelain Fused to Predominantly Base Metal  This procedure is reimbursable for Tooth Number 7, 8, 9, and 10.	495.38
#*D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis  This procedure is reimbursable for Tooth Number 6, 7, 8, 9, 10 and 11.	401.39
*D6999	Unspecified, Fixed Prosthodontic procedure, By Report	*****

<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D7111	Extraction, Coronal Remnants – Deciduous Tooth  Includes soft tissue-retained coronal remnants. This procedure code is reimbursable for Tooth Letters A through T and AS through TS.	65.95

<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	80.49
#*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.	132.41

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<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*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 and AS through TS.	153.18
#*D7230	<b>Removal of Impacted Tooth – Partially Bony</b> 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.	192.13
#*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.	236.27
#*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.	283.00

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<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*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.	146.95
+*D7270	<b>Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth</b> This procedure is reimbursable for Oral Cavity Designator 01 and 02.	*****  Maximum Fee \$259.64

<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#*D7280	Surgical Access of an Unerupted Tooth  This procedure is reimbursable for Tooth Number 2 through 15; and 18 through 31.	233.67
#*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.	250.29
+*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 \$198.36
+*D7286	Biopsy of Oral Tissue - Soft (all others)  This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	155.26



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<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+*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.	154.74
+*D7310	Alveoloplasty in Conjunction with Extractions – Per Quadrant This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	142.80
#D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue This procedure is reimbursable for Tooth Number 1 through 32.	111.64
+*D7880	Occlusal Orthotic Device, By Report This procedure is reimbursable for Oral Cavity Designator 01 and 02.	469.94
D7910	Suture of Recent Small Wounds up to 5 cm	143.32
+*D7960	Frenulectomy (Frenectomy or Frenotomy) – Separate Procedure This procedure is reimbursable for Oral Cavity Designator 01, 02, 10, 20, 30 and 40.	214.98
+*D7997	Appliance Removal (not by dentist who placed appliance), includes removal of archbar This procedure is reimbursable for Oral Cavity Designator 01 and 02.	***** Maximum Fee \$240.00
*D7999	Unspecified Oral Surgery Procedure, By Report	*****

<b>EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+*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 \$438.00

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<b>EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+*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 \$438.00
*D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	*****  Maximum Fee \$4,182.00
*D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	*****  Maximum Fee \$4,281.00
*D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	*****  Maximum Fee \$4,515.00
*D8220	Fixed Appliance Therapy	534.71
*D8999	Unspecified Orthodontic Procedure, By Report	*****

<b>EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
<b>D9110</b>	Palliative (Emergency) Treatment of Dental Pain	59.72
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	37.39
*D9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	186.42
*D9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	75.30
*D9248	Non-intravenous Conscious Sedation	139.39

**CHAPTER 16: DENTAL SERVICES****APPENDIX A: EPSDT DENTAL PROGRAM FEE SCHEDULE PAGE(S) 19**

<b>EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
*D9420	Hospital Call	117.98
*D9440	Office Visit – After Regularly Scheduled Hours	81.01
*D9920	Behavior Management, By Report	70.10

<b>EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+*D9940	Occlusal Guard, By Report This procedure reimbursable for Oral Cavity Designator 01 and 02.	285.08
*D9951	Occlusal Adjustment – Limited	87.24
*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.