
CHAPTER 16: DENTAL SERVICES

APPENDIX A: EPSDT DENTAL PROGRAM FEE SCHEDULE

DENTAL PROGRAM FEE SCHEDULE

The tables on the following pages contain the reimbursable dental procedure codes and fees for the Louisiana Medicaid EPSDT Dental Program.

All procedures listed in the EPSDT Dental Program Fee Schedule are subject to the guidelines, policies and limitations of the Medicaid Program, 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 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.

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

The CDT Code and Nomenclature below have been obtained from Current Dental Terminology (including procedure codes, nomenclatures, descriptors and other data contained therein) (“CDT”). CDT is copyright © 2020 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

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The following fee schedule is effective May 1, 2023:

EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D0120	Periodic oral examination – Patient of Record	27.24
D0145	Oral examination, patient less than 3 years old	48.49
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.	47.37
D0210	Intraoral - Complete series of radiographic images	60.17
#D0220	Intraoral – Periapical first radiographic image	14.69
#D0230	Intraoral – Periapical each additional radiographic image	12.42
+D0240	Intraoral - Occlusal radiographic image	20.41
D0272	Bitewings – 2 Radiographic images	21.43
D0330	Panoramic radiographic image	57.05
+D0350	Oral/facial images	27.42
D0470	Diagnostic casts	47.44
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	74.49
D0474	Accession of tissue, gross and microscopic examination; including assessment of surgical margins for presence of disease, preparation and transmission of written report	77.03

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EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D1110	Prophylaxis – Adult (12 through 20 years of age)	48.01
D1120	Prophylaxis – Child (under 12 years of age)	35.02
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients (under 6 years of age)	24.29
D1208	Topical application of fluoride – excluding varnish	19.50
#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.	25.51
+D1510	Space maintainer, fixed, unilateral This procedure is reimbursable for oral cavity designator 10, 20, 30, and 40.	151.52
+D1516	Space maintainer, fixed, bilateral, maxillary This procedure is reimbursable for oral cavity designator 01.	206.61
+D1517	Space maintainer, fixed, bilateral, mandibular This procedure is reimbursable for oral cavity designator 02.	206.61
D1551	Recementation of space maintainer maxillary	38.77

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EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D1552	Recementation of space maintainer mandibular	38.77
+D1553	Recement or rebond unilateral space maintainer – per quadrant This procedure is reimbursable for Oral Cavity Designators 10, 20, 30, and 40.	38.77
D1556	Removal of fixed unilateral space maintainer – per quadrant This procedure is reimbursable for oral cavity designator 10, 20, 30, and 40.	38.26
D1557	Removal of fixed bilateral space maintainer – maxillary	38.26
D1558	Removal of fixed bilateral space maintainer – mandibular	38.26
+D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant This procedure is reimbursable for oral cavity designators 10, 20, 30, and 40.	151.52

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D2140	Amalgam, one surface, primary 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 5 years of age.	64.79
#D2140	Amalgam-one surface posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32	74.79
#D2150	Amalgam, two surfaces, primary 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 5 years of age.	82.14
#D2150	Amalgam-two surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo except MO or DO.	92.14
#D2150	Amalgam- two surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo of MO or DO.	117.14

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D2160	Amalgam, three surfaces, primary This procedure is reimbursable for 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 5 years of age.	99.48
#D2160	Amalgam-three surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo except OBL.	131.48
#D2160	Amalgam- three surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo of OBL.	109.48
#D2161	Amalgam-four surfaces posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32	131.48
#D2330	Resin-based composite, one surface, anterior 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 5 years of age.	76.01
#D2330	Resin-based composite, one surface, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	96.01

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D2331	Resin-based composite, two surfaces, anterior 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 5 years of age.	94.38
#D2331	Resin-based composite, two surfaces, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 with two surfaces, combo except MI or DI.	124.38
#D2331	Resin-based composite, two surfaces, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 with two surfaces, combo of MI or DI.	126.38
#D2332	Resin-based composite, three surfaces, anterior 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 5 years of age.	114.79
#D2332	Resin-based composite, three surfaces, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	151.79

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D2335	Resin-based composite, four or more surfaces or involving incisal angle, anterior This procedure is reimbursable for 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 5 years of age.	143.87
#D2335	Resin-based composite, four or more surfaces or involving incisal angle, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27 with four surfaces, including the surface I.	198.87
#D2390	Resin-based composite crown, anterior This procedure is reimbursable for 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 5 years of age.	210.70
#D2390	Resin-based composite crown, anterior This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	305.70
#D2391	Resin-based composite, one surface, posterior This procedure is reimbursable for tooth letters A, B, I, J, K, L, S and T.	64.79
#D2391	Resin-based composite - one surface, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32.	74.79

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#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.	82.14
#D2392	Resin-based composite, two surfaces, posterior This procedure is reimbursable for permanent teeth, Tooth Numbers 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo except MO or DO.	92.14
#D2392	Resin-based composite - two surfaces, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo of MO or DO.	117.14
#D2393	Resin-based composite, three surfaces, posterior This procedure is reimbursable for tooth letters A, B, I, J, K, L, S and T.	99.48
#D2393	Resin-based composite - three surfaces, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo except OBL.	131.48
#D2393	Resin-based composite - three surfaces, posterior This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with three surfaces combo of OBL.	\$109.48

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D2394	Resin-based composite, four or more surfaces, posterior This procedure is reimbursable for tooth letters A, B, I, J, K, L, S and T.	117.34
#D2394	Resin-based composite - four surfaces, posterior - permanent teeth only This procedure is reimbursable for Tooth Number 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32.	131.48
#D2920	Recement crown This procedure is reimbursable for tooth number 1 through 32 and tooth letter A through T.	50.00
#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 5 years of age.	127.54
#D2931	Prefabricated stainless steel crown, permanent tooth This procedure is reimbursable for tooth number 1 through 32.	152.03
#D2931	Prefabricated stainless steel crown - permanent teeth only This procedure is reimbursable for Tooth Number 1 through 32.	202.03
#D2932	Prefabricated resin crown (primary and permanent teeth) This procedure is reimbursable for tooth number 6 through 11 and 22 through 27; 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 5 years of age.	165.80

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EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D2933	Prefabricated stainless steel crown with resin window 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 5 years of age.	168.86
#D2934	Prefabricated esthetic coated stainless steel crown- primary tooth 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 5 years of age	218.86
#D2934	Prefabricated esthetic coated stainless steel crown primary teeth only anterior teeth only This procedure is reimbursable for Tooth Letter C, D, E, F, G, H, M, N, O, P, Q, R.	218.86
#D2950	Core buildup, including any pins, in addition to crown This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	128.56
#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.	35.20
#D2954	Prefabricated post and core in addition to crown This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	160.70
#*D2999	Unspecified restorative procedure, by report This procedure is reimbursable for tooth number 1 through 32 and tooth letter A through T.	*****

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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.	38.26
#D3220	Therapeutic pulpotomy (excluding final restoration) This procedure is reimbursable for 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 5 years of age.	94.38
#D3222	Partial pulpotomy for apexogenesis This procedure is reimbursable for tooth numbers 2 through 15 and 18 through 31.	94.38
#D3240	Pulpal therapy (resorbable filling), posterior, primary tooth This procedure is reimbursable for tooth letter A, J, K, and T.	152.03
#D3310	Endodontic Therapy, anterior (excluding final restoration) This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	336.71
#D3320	Endodontic Therapy, bicuspid (excluding final restoration) This procedure is reimbursable for tooth number 4, 5, 12, 13, 20, 21, 28 and 29.	395.37
#D3330	Endodontic Therapy, molar (excluding final restoration) This procedure is reimbursable for tooth number 2, 3, 14, 15, 18, 19, 30 and 31.	474.45
D3346	Retreatment of previous root canal therapy, anterior This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	391.29

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EPSDT DENTAL PROGRAM ENDODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D3352	Apexification/recalcification, Interim Medication Replacement This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	121.42
#D3410	Apicoectomy, anterior This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	323.44
#D3430	Retrograde filling, per root This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	128.56
##*D3999	Unspecified endodontic procedure, by report This procedure is reimbursable for tooth number 1 through 32 and tooth letter A through T.	*****

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.	295.38
+D4341	Periodontal scaling and root planning, four or more teeth per quadrant This procedure is reimbursable for oral cavity designator 10, 20, 30, and 40.	117.34
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	86.73

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EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
*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 retentive/clasping materials, rests and teeth)	470.00
*D5212	Mandibular partial denture, resin base (including retentive/clasping materials, rests and teeth)	470.00
*D5213	Maxillary partial denture, cast metal (including retentive/clasping materials, rests and teeth)	688.00
*D5214	Mandibular partial denture, cast metal (including retentive/clasping materials, rests and teeth)	688.00
D5511	Repair broken complete denture base, mandibular <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	125.00
D5512	Repair broken complete denture base, maxillary <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	125.00
#D5520	Replace missing or broken tooth, complete denture/per tooth 1 st Tooth = \$65.00; Each additional tooth = \$33.00 This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	65.00/33.00

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EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
	<i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	
D5611	Repair resin denture base, partial denture, mandibular <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	125.00
D5612	Repair resin partial denture base, maxillary <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	125.00
+D5630	Repair or replace broken retentive/clasping materials, partial denture – per tooth This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40. <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	119.00
#D5640	Replace missing or broken teeth, partial denture, per tooth 1 st Tooth = \$65.00; Each additional tooth = \$33.00 This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	65.00/33.00
#D5650	Add tooth to existing partial denture 1 st Tooth = \$65.00; Each additional tooth = \$33.00 This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</i>	65.00/33.00

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EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
+D5660	Add clasp to existing partial denture – per tooth This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40. <i>Total of \$175.00 limit in denture repairs per arch, see manual for details.</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 and rests	375.00
*D5821	Interim partial denture (mandibular), includes clasps and rests	375.00
*D5899	Unspecified removable prosthodontic procedure, by report	*****

EPSDT DENTAL PROGRAM MAXILLOFACIAL PROSTHETIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
+D5986	Fluoride gel carrier This procedure is reimbursable for oral cavity designator 01 and 02.	98.76

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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.	486.69
#D6545	Retainer - cast metal for resin bonded fixed prosthesis This procedure is reimbursable for tooth number 6, 7, 8, 9, 10 and 11.	394.35
*D6999	Unspecified, fixed prosthodontic procedure, by report	*****

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EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D7111	Extraction, Coronal Remnants – Primary Tooth Includes soft tissue-retained coronal remnants. This procedure code is reimbursable for tooth letters A through T and AS through TS.	64.79
#D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) 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.	79.07

EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	DESCRIPTION	FEE
#D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. 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.	130.09
#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.	150.50
#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.	200.26
#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	245.62

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#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.	278.04
#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.	144.38
+D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth This procedure is reimbursable for oral cavity designator 01 and 02.	***** Maximum Fee \$255.05
#D7280	Surgical access of an unerupted tooth This procedure is reimbursable for tooth number 2 through 15; and 18 through 31.	229.57

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.	245.90
+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 194.88
+D7286	Biopsy of oral tissue - soft (all others) This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 and 40.	152.54

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+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.	152.03
+D7310	Alveoloplasty in conjunction with extractions – per quadrant This procedure is reimbursable for oral cavity designator 10, 20, 30 and 40.	140.29
#D7510	Incision and drainage of abscess – intraoral soft tissue This procedure is reimbursable for tooth number 1 through 32.	109.68
+D7880	Occlusal orthotic device, by report This procedure is reimbursable for oral cavity designator 01 and 02.	461.69
D7910	Suture of recent small wounds up to 5 cm	140.80
+D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 and 40.	211.21

EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES		
CODE	DESCRIPTION	FEE
+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	*****

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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 \$438.00
+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 \$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

EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES		
CODE	DESCRIPTION	FEE
D8220	Fixed appliance therapy	534.71
*D8999	Unspecified orthodontic procedure, by report	*****

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EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES		
CODE	DESCRIPTION	FEE
D9110	Palliative (emergency) treatment of dental pain	58.67
D9222	Deep sedation/general anesthesia – first 15 minutes	109.17
D9223	Deep sedation/general anesthesia – each additional 15 minute increment	73.98
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	36.73
D9239	Intravenous moderate conscious sedation/analgesia – first 15 minutes	109.17
D9243	Intravenous moderate conscious sedation/analgesia – each additional 15 minute increment	73.98
D9248	Non-intravenous conscious sedation	125.45
D9420	Hospital call	106.18
D9440	Office visit – after regularly scheduled hours	79.59
D9920	Behavior management, by report	68.87
+D9944	Occlusal guard – hard appliance, full arch This procedure reimbursable for oral cavity designator 01 and 02. This procedure reimbursable for oral cavity designator 01 and 02.	280.08
+D9945	Occlusal guard – soft appliance, full arch This procedure reimbursable for oral cavity designator 01 and 02.	280.08
+D9946	Occlusal guard – hard appliance, partial arch This procedure reimbursable for oral cavity designator 01 and 02.	280.08
D9951	Occlusal adjustment – limited	85.71
*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.