16.9 ADULT DENTURE PROGRAM FEE SCHEDULE

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

All procedures listed in the Adult Denture Program Fee Schedule are subject to the guidelines, policies and limitations of the Medicaid of Louisiana, Adult Denture Program. Please refer to the Adult Denture 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 require a tooth number to be specified on the claim form for payment requests and prior authorization requests if 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 require an oral cavity designator to be specified on the claim form for payment requests and prior authorization requests if 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.*

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

ADULT DENTURE PROGRAM FEE SCHEDULE

ADULT DENTURE PROGRAM DIAGNOSTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
***D0150**	Comprehensive Oral Examination (Adult Oral Examination)	$40.81
*D0210	Intraoral Radiographs, Complete Series	$60.49

ADULT DENTURE 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
+ D5510	Repair Broken Complete Denture Base This procedure is reimbursable for Oral Cavity Designator 01 and 02.	125.00
#D5520	Replace Missing or Broken Tooth, Complete Denture, Per Tooth 1st 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
+ D5610	Repair Resin Denture Base, Partial Denture This procedure is reimbursable for Oral Cavity Designator 01 and 02.	125.00
+ D5630	Repair or Replace Broken Clasp, Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	119.00

ADULT DENTURE PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES		
CODE	**DESCRIPTION**	**FEE**
#D5640	Replace Broken Teeth, Partial Denture, Per Tooth 1st 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
#D5650	Add Tooth to Existing Partial Denture 1st 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
+ D5660	Add Clasp to Existing Partial Denture This procedure is reimbursable for Oral Cavity Designator 10, 20, 30 and 40.	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
*D5899	Unspecified Removable Prosthodontic Procedure, By Report	*****