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**EPSDT DENTAL PROGRAM FEE SCHEDULE**

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**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.

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

The following fee schedule is effective April 21, 2025:

<b>EPSDT DENTAL PROGRAM DIAGNOSTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
D0120	Periodic oral examination – Patient of Record	36.88
D0140	Limited oral evaluation – Problem focused	15.00
D0145	Oral examination, patient less than 3 years old	65.65
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.	64.13
D0210	Intraoral - Complete series of radiographic images	81.46
#D0220	Intraoral – Periapical first radiographic image	19.89
#D0230	Intraoral – Periapical each additional radiographic image	16.81
+D0240	Intraoral - Occlusal radiographic image	27.63
D0272	Bitewings – 2 Radiographic images	29.01
D0330	Panoramic radiographic image	77.23
+D0350	Oral/facial images	37.12
D0470	Diagnostic casts	64.22
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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<b>EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
D1110	Prophylaxis – Adult (12 through 20 years of age)	65.00
D1120	Prophylaxis – Child (under 12 years of age)	47.41
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	32.88
D1208	Topical application of fluoride – excluding varnish	26.40
#D1351	Sealant, per tooth  This procedure is reimbursable for tooth number 2, 3, 14, 15, 18, 19, 30, and 31;one application per tooth per 36 months.	34.54
+D1510	Space maintainer, fixed, unilateral  This procedure is reimbursable for oral cavity designator 10, 20, 30, and 40.	205.13
+D1516	Space maintainer, fixed, bilateral, maxillary  This procedure is reimbursable for oral cavity designator 01.	279.71
+D1517	Space maintainer, fixed, bilateral, mandibular  This procedure is reimbursable for oral cavity designator 02.	279.71
D1551	Recementation of space maintainer maxillary	52.49

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<b>EPSDT DENTAL PROGRAM PREVENTIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
D1552	Recementation of space maintainer mandibular	52.49
+D1553	Recement or rebond unilateral space maintainer – per quadrant This procedure is reimbursable for Oral Cavity Designators 10, 20, 30, and 40.	52.49
D1556	Removal of fixed unilateral space maintainer – per quadrant This procedure is reimbursable for oral cavity designator 10, 20, 30, and 40.	51.80
D1557	Removal of fixed bilateral space maintainer – maxillary	51.80
D1558	Removal of fixed bilateral space maintainer – mandibular	51.80
+D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant This procedure is reimbursable for oral cavity designators 10, 20, 30, and 40.	205.13

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	87.71
#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	101.25
#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.	111.20
#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.	124.74
#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.	158.58

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	134.68
#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.	178.00
#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.	148.21
#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	178.00
#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.	102.90
#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.	129.98

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	127.77
#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.	168.39
#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.	171.09
#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.	155.40
#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.	205.49

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#D2335	Resin-based composite, four or more surfaces (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.	194.77
#D2335	Resin-based composite, four or more surfaces (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.	269.23
#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.	285.25
#D2390	Resin-based composite crown, anterior  This procedure reimbursable for Tooth Number 6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26, 27.	413.86
#D2391	Resin-based composite, one surface, posterior  This procedure is reimbursable for tooth letters A, B, I, J, K, L, S and T.	87.71
#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.	101.25



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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	111.20
#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.	124.74
#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.	158.58
#D2393	Resin-based composite, three surfaces, posterior  This procedure is reimbursable for tooth letters A, B, I, J, K, L, S and T.	134.68
#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.	178.00
#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.	\$148.21

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	158.85
#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.	178.00
#D2920	Recement crown  This procedure is reimbursable for tooth number 1 through 32 and tooth letter A through T.	84.61
#D2929	Prefabricated porcelain/ceramic crown, primary teeth only anterior teeth only  This procedure is reimbursable for tooth letters C, H, M, and R, D, E, F, G, N, O, P and Q.	370.37
#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.	215.83
#D2931	Prefabricated stainless steel crown, permanent tooth  This procedure is reimbursable for tooth number 1 through 32.	341.88
#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.	280.57

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<b>EPSDT DENTAL PROGRAM RESTORATIVE PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	285.75
#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	370.37
#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.	370.37
#D2950	Core buildup, including any pins, in addition to crown  This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	174.04
#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.	47.65
#D2954	Prefabricated post and core in addition to crown  This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	271.94
#*D2999	Unspecified restorative procedure, by report  This procedure is reimbursable for tooth number 1 through 32 and tooth letter A through T.	*****

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<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.	51.80
#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.	127.77
#D3222	Partial pulpotomy for apexogenesis  This procedure is reimbursable for tooth numbers 2 through 15 and 18 through 31.	127.77
#D3240	Pulpal therapy (resorbable filling), posterior, primary tooth  This procedure is reimbursable for tooth letter A, J, K, and T.	205.82
#D3310	Endodontic Therapy, anterior (excluding final restoration)  This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	455.84
#D3320	Endodontic Therapy, bicuspid (excluding final restoration)  This procedure is reimbursable for tooth number 4, 5, 12, 13, 20, 21, 28 and 29.	535.25
#D3330	Endodontic Therapy, molar (excluding final restoration)  This procedure is reimbursable for tooth number 2, 3, 14, 15, 18, 19, 30 and 31.	642.31
D3346	Retreatment of previous root canal therapy, anterior  This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	529.73

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#D3352	Apexification/recalcification, Interim Medication Replacement  This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.	164.38
#D3410	Apicoectomy, anterior  This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	437.87
#D3430	Retrograde filling, per root  This procedure is reimbursable for tooth number 6 through 11 and 22 through 27.	174.04
#*D3999	Unspecified endodontic procedure, by report  This procedure is reimbursable for tooth number 1 through 32 and tooth letter A through T.	*****

<b>EPSDT DENTAL PROGRAM PERIODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+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.	399.88
+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.	158.85
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	117.41
*D4999	Unspecified periodontal procedure, by report	*****

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<b>EPSDT DENTAL PROGRAM REMOVABLE PROSTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
*D5110	Complete denture, maxillary	837.66
*D5120	Complete denture, mandibular	837.66
*D5130	Immediate denture, maxillary	837.66
*D5140	Immediate denture, mandibular	837.66
*D5211	Maxillary partial denture, resin base (including retentive/clasping materials, rests and teeth)	795.36
*D5212	Mandibular partial denture, resin base (including retentive/clasping materials, rests and teeth)	795.36
*D5213	Maxillary partial denture, cast metal (including retentive/clasping materials, rests and teeth)	1164.27
*D5214	Mandibular partial denture, cast metal (including retentive/clasping materials, rests and teeth)	1164.27
D5511	Repair broken complete denture base, mandibular <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53
D5512	Repair broken complete denture base, maxillary <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53
#D5520	Replace missing or broken tooth, complete denture/per tooth  This procedure is reimbursable for tooth number 2 through 15 and 18 through 31.  <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	110.00

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

D5611	Repair resin denture base, partial denture, mandibular <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53
D5612	Repair resin partial denture base, maxillary <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	211.53
+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 \$ 296.14 limit in denture repairs per arch, see manual for details</i>	201.38
#D5640	Replace missing or broken teeth, partial denture, per tooth This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	110.00
#D5650	Add tooth to existing partial denture This procedure is reimbursable for tooth number 2 through 15 and 18 through 31. <i>Total of \$ 296.14 limit in denture repairs per arch, see manual for details</i>	110.00

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

+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 \$ 296.14 limit in denture repairs per arch, see manual for details</i>	119.00
*D5750	Reline complete maxillary denture (indirect)	402.75
*D5751	Reline complete mandibular denture (indirect)	402.75
*D5760	Reline maxillary partial denture (indirect)	351.99
*D5761	Reline mandibular partial denture (indirect)	351.99
*D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	634.59
*D5821	Interim partial denture (including retentive/clasping materials, rest and teeth), mandibular	634.59
*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.	98.76



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**EPSDT DENTAL PROGRAM FEE SCHEDULE**

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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.	828.68
#D6545	Retainer - cast metal for resin bonded fixed prosthesis This procedure is reimbursable for tooth number 6, 7, 8, 9, 10 and 11.	667.34
*D6999	Unspecified, fixed prosthodontic procedure, by report	*****

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<b>EPSDT DENTAL PROGRAM ORAL AND MAXILLOFACIAL SURGERY PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
#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.	87.71
#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.	107.04
#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.	176.12
#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.	203.75
#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.	271.11
#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	332.52

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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.	376.41
#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.	195.46
+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 \$345.29
#D7280	Surgical access of an unerupted tooth  This procedure is reimbursable for tooth number 2 through 15; and 18 through 31.	310.79
#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.	332.90
+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 263.83
+D7286	Biopsy of oral tissue - soft (all others)  This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 and 40.	206.51

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

+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.	189.92
#D7510	Incision and drainage of abscess – intraoral soft tissue  This procedure is reimbursable for tooth number 1 through 32.	148.48
+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	190.61
+D7961	Buccal / Labial Frenectomy (Frenulectomy)  This procedure is reimbursable for oral cavity designator 01, 02, 10, 20, 30 and 40.	211.21
+D7962	Lingual Frenectomy (Frenulectomy)	211.21
+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 \$324.91
*D7999	Unspecified oral surgery procedure, by report	*****

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<b>EPSDT DENTAL PROGRAM ORTHODONTIC PROCEDURE CODES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
+D8010	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
+D8020	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	*****

**EPSDT DENTAL PROGRAM FEE SCHEDULE**

<b>EPSDT DENTAL PROGRAM ADJUNCTIVE GENERAL SERVICES</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
D9110	Palliative (emergency) treatment of dental pain	79.43
D9222	Deep sedation/general anesthesia – first 15 minutes	147.79
D9223	Deep sedation/general anesthesia – each additional 15 minute increment	100.15
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	49.72
D9239	Intravenous moderate conscious sedation/analgesia – first 15 minutes	147.79
D9243	Intravenous moderate conscious sedation/analgesia – each additional 15 minute increment	100.15
D9248	Non-intravenous conscious sedation	169.83
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.	473.96
+D9945	Occlusal guard – soft appliance, full arch This procedure reimbursable for oral cavity designator 01 and 02.	473.96
+D9946	Occlusal guard – hard appliance, partial arch This procedure reimbursable for oral cavity designator 01 and 02.	473.96
D9951	Occlusal adjustment – limited	145.04
*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.