

MEDICAID & MIP DENTAL CDT and FEE SCHEDULE

Codes	Dental Procedure Description	Fee Schedule	Medicaid Coverage		MIP Coverage (20% coinsurance for each service)
			20 yrs and under	21 yrs and above	17 yrs and above
D0120	Periodic Oral Evaluation - Established Patient includes x-ray, prophylaxis, and treatment plan or updates/changes to the Treatment Plan or problem focused.	\$ 43.00	x	x	x
D0140	Limited Oral Evaluation -Problem Focused	\$ 67.00	x	x	x
D0150	Comprehensive Oral Evaluation - New or Established Patient includes x-ray, prophylaxis, and treatment plan required for proper payment (Once every 12 months)	\$ 77.00	x	x	x
D0210	X-ray full mouth includes bitewings (Once every 3 years)	\$ 77.00	x	x	x
D0220	X-ray(periapical film)	\$ 15.00	x	x	x
D0230	x-ray(additional periapical)	\$ 12.00	x	x	x
D0272	X-ray (bitewings 2)	\$ 25.00	x	x	x
D0274	X-ray (bitewings 4) (Once every 12 months)	\$ 36.00	x	x	x
D0460	Pulp vitality test (Permanent tooth only)	\$ 32.00	x		
D1110	Prophylaxis - Adult	\$ 52.00	x	x	x (18 yrs and above)
D1120	Prophylaxis - Child	\$ 60.00	x (17 yrs and under)		x (17 yrs)
D1203	Topical fluoride child (Once every 12 months)	\$ 21.00	x (17 and under)		
D1204	Topical fluoride adult (Once every 12 months)	\$ 33.00	x(18 - 20 yrs)		
D1351	Pit and Fissure Sealant (per tooth) (permanent tooth only)	\$ 30.00	x(6-20 yrs)		
D1510	Space maintainer-fixed-unilateral	\$ 190.00	x(12 yrs and under)		
D1515	Space maintainer-fixed-bilateral	\$ 270.00	x(12 yrs and under)		
D1520	Space maintainer-removable-unilateral	\$ 234.00	x		
D1525	Space maintainer-removable-bilateral	\$ 299.00	x		
*D2140	Filling (amalgam, Dec/Per 1 sur)	\$ 70.00	x	x	x
*D2150	Filling (amalgam, Dec/Per 2 sur)	\$ 88.00	x	x	x
*D2160	Filling (amalgam, Dec/Per 3 sur)	\$ 108.00	x	x	x
*D2161	Filling (amalgam, Dec/Per 4 sur)	\$ 130.00	x	x	x
*D2330	Filling(compo, Ant 1 sur)	\$ 85.00	x	x	x
*D2331	Filling (compo, Ant 2 sur)	\$ 106.00	x	x	x
*D2332	Filling (compo, Ant 3 sur)	\$ 130.00	x	x	x
*D2335	Filling (compo, Ant 4 sur)	\$ 164.00	x	x	x
*D2930	Crown Stainless Steel Primary tooth	\$ 159.00	x		x
*D2931	Crown Stainless Steel Permanent tooth	\$ 185.00	x	x	x
D2940	Sedative filling base/ Protective restorator	\$ 60.00	x	x	x
*D2950	Post and Core - core buildup including any pins	\$ 156.00	x	x	x
*D2951	Pin retention 1	\$ 35.00	x	x	x
*D2954	Prefab Post and Core	\$ 193.00	x	x	x
*D3110	Pulp capping (direct)	\$ 45.00	x	x	x
*D3120	Pulp capping (indirect)	\$ 43.00	x	x	x
*D3220	Pulpotomy (therapeutic, excluding final restoration)	\$ 100.00	x	x	
*D3310	Root canal 1 (anterior)	\$ 400.00	x	x	x
*D3320	Root canal 2 (bicuspid)	\$ 480.00	x	x	x
*D3330	Root Canal 3 (molar)	\$ 600.00	x	x	x
D3351	Apexification	\$ 200.00	x(12-20 yrs)	x	x
D4210	Gingivectomy/plasty (Q) four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 326.00	x		
D4220	Gingival curettage (Q)	\$ 175.00	x	x	
D4341	Periodontal scaling and root planning - four or more teeth per quadrant (P-scaling root planing (Q))	\$ 150.00	x(12-20 yrs)		
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	\$ 160.00	x(12-20 yrs)		

D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$ 165.00	x(12-20 yrs)		
D7111	Extraction, coronal remnants – deciduous tooth	\$ 119.00	x	x	x
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 150.00	x	x	x
D7210	Extraction Surgical	\$ 156.00	x	x	x
D7220	Extraction Tissue impact	\$ 185.00	x	x	x
D7230	Extraction Bony impact	\$ 235.00	x	x	x
D7310	Alveoloplasty with extraction four or more teeth or tooth spaces per quadrant	\$ 165.00	x		
D7320	Alveoloplasty without extraction four or more teeth or tooth spaces, per quadrant	\$ 230.00	x		
D9220	General Anesthesia/deep sedation first 30 minutes	\$ 208.00	x	x	x
D9221	deep sedation/general anesthesia-each additional 15 minutes	\$ 86.00	x	x	x
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$ 35.00	x	x	x
D9241	Sedative management IV conscious sedation/anesthesia first 30 minutes	\$ 200.00	x	x	x
D9242	Sedative management of IV conscious sedation/management -each additional 15 minutes	\$ 75.00	x	x	x
D9248	Non-intravenous conscious sedation	\$ 92.00	x	x	x
D9310	Consultation	\$ 65.00	x	x	x

* 16 yrs and below require DPHSS Dental approval.