

Proposed Covered Codes Under Adult Dental

Proc Code	Description	DC Medicaid Fee
D0120	PERIODIC DENTAL SCREENING	\$ 35.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$ 50.00
D0150	COMPREHENSVE ORAL EVALUATION	\$ 77.50
D0160	EXTENSV ORAL EVAL PROB FOCUS	\$ 67.50
D0170	RE-EVAL,EST PT,PROBLEM FOCUS	\$ 45.00
D0180	COMP PERIODONTAL EVALUATION	\$ 77.50
D0210	INTRAOR COMPLETE FILM SERIES	\$ 91.00
D0220	PERIAPICAL X RAY; FIRST FILM	\$ 20.00
D0230	PERIAPICAL X RAY; EACH ADDITIO	\$ 16.00
D0240	OCCLUSAL X RAY	\$ 29.00
D0270	BITEWING,SINGLE,FIRST FILM	\$ 21.00
D0272	DENTAL BITEWINGS TWO FILMS	\$ 40.00
D0274	DENTAL BITEWINGS FOUR FILMS	\$ 48.00
D0290	P.A. FILM	\$ 100.00
D0330	PANOREX	\$ 80.00
D0340	CEPHALOMETRIC FILM	\$ 100.00
D0460	PULP TEST	\$ 39.00
D0470	STUDY MODELS	\$ 75.00
D1110	PREVENTIVE PROHYLAXIS (ADULT)	\$ 77.50
D1204	TOPICAL FLUOR W/O PROPHY ADU	\$ 26.00
D1351	DENTAL SEALANTS	\$ 38.00
D1510	FIXED, BAND TYPE	\$ 230.00
D1515	FIXED BILAT SPACE MAINTAINER	\$ 325.00
D2140	AMALGAM ONE SURFACE, PRIMARY O	\$ 90.00
D2150	AMALGAM TWO SURFACES, PRIMARY	\$ 115.00
D2160	AMALGAM THREE SURFACES, PRIMAR	\$ 139.00
D2161	AMALGAM FOUR SURFACES,PERMANEN	\$ 165.00
D2330	RESIN-ONE SURFACE, ANTERIOR	\$ 106.00
D2331	RESIN TWO SURFACES-ANTERIOR	\$ 135.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$ 165.00
D2335	RESIN-FOUR OR MORE SURFACES OR	\$ 200.00
D2391	RESIN-BASED COMPOSITE - ONE SU	\$ 120.00
D2392	RESIN-BASED COMPOSITE - TWO SU	\$ 160.00
D2393	RESIN-BASED COMPOSITE - THREE	\$ 200.00
D2840	Temporary crown	\$ 55.00
D3220	PULPOTOMY	\$ 134.00
D3310	ANTERIOR (EXCLUDING FINAL REST	\$ 498.00
D3320	BICUSPID (EXCLUDING FINAL REST	\$ 591.00
D3330	MOLAR (EXCLUDING FINAL RESTORA	\$ 728.00
D3347	RETREATMENT OF PREVIOUS ROOT C	\$ 657.00
D3351	APEXIFICATION/RECALC INITIAL	\$ 248.00
D3410	APICOECTOMY	\$ 467.00
D3426	ROOT SURGERY EA ADD ROOT	\$ 248.00
D3430	RETROGRADE AMALGAM	\$ 180.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY	\$ 446.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY	\$ 160.00
D4240	GINGIVAL FLAP PROC W/ PLANIN	\$ 125.00
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH	\$ 125.00
D4263	BONE REPLCE GRAFT FIRST SITE	\$ 452.00
D4264	BONE REPLCE GRAFT EACH ADD	\$ 339.00
D4341	PERIODONTAL SCALING AND ROOT P	\$ 181.00
D4355	FULL MOUTH DEBRIDEMENT	\$ 130.00
D5110	COMPLETE UPPER DENTURE	\$ 1,120.00
D5120	COMPLETE LOWER DENTURE	\$ 1,125.00
D5211	DENTURES MAXILL PART RESIN	\$ 838.00
D5213	DENTURES MAXILL PART METAL	\$ 1,200.00
D5214	DENTURES MANDIBL PART METAL	\$ 1,200.00
D5610	REPAIR BROKEN COMPLETE DENTURE	\$ 145.00
D5640	REPLACE FX BROKEN & TOOTH ON D	\$ 125.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$ 110.00

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D7210	SURGICAL REMOVAL OF ERUPTED TO	\$ 192.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT	\$ 210.00
D7230	REMOVAL OF IMPACTED TOOTH-PART	\$ 285.00
D7240	REMOVAL OF IMPACTED TOOTH-COMP	\$ 350.00
D7241	IMPACT TOOTH REM BONY W/COMP	REV REQ
D7250	ROOT TIPS	\$ 350.00
D7270	REPLANTATION OF TOOTH WITH SPL	\$ 375.00
D7280	SURGICAL EXPOSURE OF BONEY IMP	\$ 341.00
D7282	MOBILIZE ERUPTED/MALPOS TOOT	\$ 352.00
D7286	BIOPSY OF ORAL TISSUE SOFT	\$ 201.00
D7310	ALVEOLOPLASTY IN CONJUNCTION W	\$ 200.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTI	\$ 295.00
D7340	STOMATOPLASTY PER ARCH UNCOMPL	\$ 635.00
D7410	EXCISION OF BENIGN LESION TO 1	REV REQ
D7412	EXCISION BENIGN LESION COMPL	REV REQ
D7413	EXCISION MALIG LESION<=1.25C	REV REQ
D7414	EXCISION MALIG LESION>1.25CM	REV REQ
D7415	EXCISION MALIG LES COMPLICAT	REV REQ
D7460	EXCISION OF RANULA	\$ 330.00
D7510	INCISION DRAINAGE ABSCESS, INT	\$ 155.00
D7520	INCISION & DRAINAGE EXTRAORAL	\$ 250.00
D7530	CURETTAGE OF FISTULOUS TRACT	\$ 247.00
D7610	FX,OPEN REDUCTION MAXILLA	REV REQ
D7620	FX,CLOSED REDUCTION MAXILLA	REV REQ
D7630	FX,OPEN REDUCTION MANDIBLE	REV REQ
D7640	FX,CLOSED REDUCTION MANDIBLE	REV REQ
D7650	FX, OPEN REDUCTION ZYGOMATIC A	REV REQ
D7820	CLOSED REDUCTION OF DISLOCATIO	\$ 112.50
D7840	CONDYLECTOMY	\$ 675.00
D7850	MENISCECTOMY	\$ 630.00
D7860	ARTHROTOMY	\$ 450.00
D7870	ARTHROCENTESIS	\$ 36.00
D7910	SUTURES	\$ 190.00
D7911	DEBRIDEMENT & REPAIR OF SOFT T	\$ 307.00
D7940	OSTEOPLASTY(PROGNATHISM,MICROG	\$ 975.00
D7960	FRENULECTOMY	\$ 313.00
D8050	INTERCEP DENTAL TX PRIMARY	REV REQ
D8080	COMPRE DENTAL TX ADOLESCENT	REV REQ
D8110	Bite Plane	\$ 168.00
D8220	FIXED OR CEMENTED	\$ 677.00
D8999	ORTHODONTIC PROCEDURE	REV REQ
D9110	PALLIATIVE TREATMENT OF DENTAL	\$ 85.00
D9220	GENERAL ANESTHESIA	\$ 260.00
D9221	GENERAL ANESTHESIA EA AD 15M	\$ 112.00
D9230	ANALGESIA	\$ 46.00
D9310	CONSULTATION	\$ 112.50
D9420	HOSPITAL VISIT	\$ 33.00
D9430	CONSULTANT EVALUATION EXAM	\$ 67.50
D9940	OCCLUSAL EQUILIBRATION	\$ 40.00
D9951	LIMITED OCCLUSAL ADJUSTMENT	\$ 116.00
D9952	COMPLETE OCCLUSAL ADJUSTMENT	\$ 474.00