ATTACHMENT C
DAKOTA XIX (MEDICAID) DENTAL PROGRAM
PROCEDURE CODES/ALLOWANCES
FOR CHILDREN (UP TO AGE 21) DENTAL SERVICES

DIAGNOSTIC		
PERIODIC ORAL EXAM	D0120	22.94
PROBLEM FOCUSED EXAM	D0140	33.60
ORAL EVAL FOR PATIENT UNDER 3 YRS	D0145	25.05
COMPREHENSIVE ORAL EXAM	D0150	33.60
RADIOGRAPHS		
INTRAORAL COMPLETE WITH BITEWINGS	D0210	72.06
INTRAORAL PERIAPICAL 1ST FILM	D0220	13.39
INTRAORAL PERIAPICAL EACH ADD FILM	D0230	7.54
OCCLUSAL FILM	D0240	11.34
BITEWINGS 1 FILM	D0270	13.39
BITEWINGS 2 FILMS	D0272	21.30
BITEWINGS 4 FILMS	D0274	29.09
PANORAMIC FILM	D0330	46.77
PREVENTIVE		
PROPHYLAXIS (12 YEARS OR OLDER)	D1110	43.78
PROPHYLAXIS (UNDER 12 YEARS OLD)	D1120	31.09
TOPICAL FLUORIDE TREATMENT		
TOPICAL APPLICATION OF FLUORIDE	D1203	18.00
TOPICAL FLUORIDE VARNISH	D1206	18.00
OTHER PREVENTATIVE SERVICES		
SEALANT (PER TOOTH/TO AGE 15)	D1351	24.97
SPACE MAINTENANCE		
FIXED UNILATERAL	D1510	142.69
FIXED BILATERAL	D1515	200.08
REMOVABLE UNILATERAL	D1520	88.29
REMOVABLE BILATERAL	D1525	210.45
RECEMENTING OF SPACE MAINTAINER	D1550	33.41
AMALGAM RESTORATIVE		
AMALGAM, ONE SURFACE	D2140	60.00
AMALGAM, TWO SURFACES	D2150	75.00
AMALGAM, THREE SURFACES	D2160	90.00
AMALGAM, FOUR SURFACES	D2161	108.00
RESIN RESTORATIONS		
RESIN ONE SURFACE, ANTERIOR	D2330	68.54
RESIN TWO SURFACES, ANTERIOR	D2331	88.55
RESIN THREE SURFACES, ANTERIOR	D2332	108.70
RESIN FOUR OR MORE SURFACES, ANTERIOR	D2335	129.20
RESIN ONE SURFACE, POSTERIOR	D2391	60.00
RESIN TWO SURFACES, POSTERIOR	D2392	75.00
RESIN THREE SURFACES, POSTERIOR	D2393	90.00
RESIN FOUR SURFACES, POSTERIOR	D2394	108.00
PROSTHETHICS (CROWNS)		
RESIN/PREDOMINANTLY BASE METAL	D2721	374.13
PORCELAIN/BASE METAL CROWN	D2751	476.40
FULL CAST CROWN	D2791	374.13
RECEMENT CROWN	D2920	37.58
PREFAB STAINLESS STEEL CROWN-PRIM	D2930	129.07
PREFAB STAINLESS STEEL CROWN-PERM	D2931	125.40
PREFAB RESIN CROWN	D2932	139.34
PREFAB SSC/RESIN WINDOW	D2933	172.00
SEDATIVE FILLING	D2940	40.92
CROWN BUILDUP INCLUDING ANY PINS	D2950	108.00
PIN RETENTION	D2951	19.51
CAST POST & CORE IN ADDITION TO CROWN	02952	141.98
PREFABRICATED POST/CORE IN ADDITION	D2954	131.95
ENDODONTICS		
PULP CAP (DIRECT)	D3110	26.73
PULP CAP (INDIRECT)	D3120	22.31
PULPOTOMY (PRIMARY TEETH ONLY)	D3220	68.00
PULPAL DEBRIDEMENT	D3221	51.79
ROOT CANAL THERAPY (ANTERIOR)	D3310	327.00
ROOT CANAL THERAPY (BICUSPID)	D3320	390.00
ROOT CANAL THERAPY (MOLAR)	D3330	511.00
APEX/RECALCIFICATION-INITIAL VISIT	D3351	104.39
APEX/RECALCIFICATION-NEXT VISIT	D3352	81.12
APEX/RECALCIFICATION-FINAL VISIT	D3353	90.67
APICOECTOMY (ANTERIOR)	D3410	208.78
APICOECTOMY (BICUSPID)	D3421	BR
APICOECTOMY (MOLAR)	D3425	BR
APICOECTOMY (EACH ADDITIONAL ROOT)	D3426	BR
RETROGRADE FILLING	D3430	35.79
PROSTHODONTICS		
COMPLETE UPPER DENTURE	D5110	700.00
COMPLETE LOWER DENTURE	D5120	700.00
IMMEDIATE UPPER DENTURE	D5130	746.00
IMMEDIATE LOWER DENTURE	D5140	746.00
UPPER ACRYLIC PARTIAL	D5211	655.00
LOWER ACRYLIC PARTIAL	D5212	655.00
UPPER CAST PARTIAL	D5213	655.00
LOWER CAST PARTIAL	D5214	655.00
UPPER FLEX PARTIAL	D5225	655.00
LOWER FLEX PARTIAL	D5226	655.00
ADJUST COMPLETE UPPER DENTURE	D5410	25.89
ADJUST COMPLETE LOWER DENTURE	D5411	25.89
ADJUST UPPER PARTIAL DENTURE	D5421	25.89
ADJUST LOWER PARTIAL DENTURE	D5422	25.89
REPAIR BROKEN COMPLETE DENTURE	D5510	69.09
REPLACE MISSING/BROKEN TEETH	D5520	62.88
REPAIR ACRYLIC SADDLE OR BASE	D5610	68.24
REPAIR CAST FRAMEWORK	D5620	73.24
REPAIR OR REPLACE BROKEN CLASP	D5630	135.84
REPLACE BROKEN TEETH (PER TOOTH)	D5640	58.85
ADD TOOTH TO EXISTING PARTIAL	D5650	77.98
ADD CLASP TO EXISTING PARTIAL	D5660	108.57
REBASE COMPLETE UPPER DENTURE	D5710	254.72
REBASE COMPLETE LOWER DENTURE	D5711	254.72
RELINE UPPER COMPLETE DENTURE	D5730	103.67
RELINE LOWER COMPLETE DENTURE	D5731	103.67
RELINE UPPER PARTIAL DENTURE	D5740	103.67
RELINE LOWER PARTIAL DENTURE	D5741	103.67
RELINE UPPER COMPLETE DENTURE	D5750	199.59
RELINE LOWER COMPLETE DENTURE	D5751	199.59
RELINE UPPER PARTIAL DENTURE	D5760	191.18
RELINE LOWER PARTIAL DENTURE	D5761	191.18
TEMPORARY COMPLETE DENTURE (U)	D5810	304.22
TEMPORARY COMPLETE DENTURE (L)	D5811	304.22
TEMPORARY UPPER PARTIAL	D5820	271.42
TEMPORARY LOWER PARTIAL	D5821	271.42
TISSUE CONDITIONING-MAXILLARY	D5850	43.28
TISSUE CONDITIONING-MANDIBULAR		D5851
43.28		
OVERDENTURE – COMPLETE (cusil-only)	D5860	617.99
ORAL SURGERY		
CORONAL REMNANTS-DECIDIOUS TOOTH	D7111	49.76
EXTRACTION SINGLE TOOTH	D7140	66.61
SURGICAL REMOVAL ERUPTED TOOTH	D7210	121.00
SURGICAL REMOVAL TISSUE IMPACTED	D7220	129.19
SURGICAL REMOVAL PARTIALLY BONY	D7230	188.00
SURGICAL REMOVAL FULL BONY	D7240	229.42
SURGICAL REMOVAL UNUSUAL COMP.	D7241	208.78
SURGICAL REMOVAL RESIDUAL ROOTS	D7250	108.57
TOOTH RE-IMPLANTATION	D7270	181.34

ATTACHMENT C
DAKOTA XIX (MEDICAID) DENTAL PROGRAM
PROCEDURE CODES/ALLOWANCES
FOR CHILDREN (UP TO AGE 21) DENTAL SERVICES - PAGE 2

OTHER SURGICAL PROCEDURES		
DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	D7283	140.70
ALVEOPLASTY		
IN CONJUNCTION WITH EXTRACTIONS (PER QUADRANT)	D7310	82.93
IN CONJUNCTION WITH EXTRACTIONS (ONE TO THREE TEETH, PER QUADRANT)	D7311	61.18
NOT IN CONJUNCTION WITH EXTRACTIONS	D7320	103.20
NOT IN CONJUNCTION WITH EXTRACTIONS (ONE TO THREE TEETH, PER QUADRANT)	D7321	77.61
VESTIBULOPLASTY		
UNCOMPLICATED (PER ARCH)	D7340	137.20
COMPLICATED (PER ARCH)	D7350	205.68
EXCISION OF BONE TISSUE		
REMOVAL OF EXOSTOSIS (PER SITE)	D7471	159.63
REMOVAL OF TORUS PALATINUS	D7472	226.60
REMOVAL OF TORUS MANDIBULARIS	D7473	212.44
SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	D7485	209.61
SURGICAL INCISION		
INCISION AND DRAINAGE OF ABCESS INTRAORAL SOFT TISSUE	D7511	461.13
INCISION AND DRAINAGE OF ABCESS EXTRAORAL SOFT TISSUE	D7521	750.61
TREATMENT OF FRACTURES		
ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	D7771	704.73
OTHER REPAIR PROCEDURES		
FRENULOPLASTY	D7963	233.40
LIMITED ORTHODONTICS (Requires Special Authorization)		
INTERCEPTIVE TREATMENT OF PRIMARY DENTITION	D8050	1650.00
INTERCEPTIVE TREATMENT OF TRANSITIONAL DENTITION	D8060	1650.00
COMPREHENSIVE TREATMENT OF TRANSITIONAL DENTITION	D8070	3000.00
COMPREHENSIVE TREATMENT OF TRANSITIONAL DENTITION	D8080	3150.00
COMPREHENSIVE TREATMENT OF ADULT DENTITION	D8090	3450.00
ADJUNCTIVE GENERAL SERVICES		
EMERGENCY TREATMENT PAIN	D9110	35.07
GENERAL ANESTHESIA (30 MINS)	D9220	162.00
GENERAL ANESTHESIA (ADD 15 MIN)	D9221	81.00
ANALGESIA	D9230	30.19
I.V. SEDATION (30 mins)	D9241	108.57
I.V. SEDATION (each additional 15 mins)	D9242	54.29
HOUSE CALL/EXTENDED CARE FACILITY	D9410	36.64
HOSPITAL CALL	D9420	121.11
OFFICE VISIT	D9430	20.17
BEHAVIOR MANAGEMENT DD PATIENTS ONLY	D9920	35.79