

**DMS DENTAL FEE SCHEDULE (Dental Procedures)**

June 2015

Proc Code	Procedure Description	UNDER AGE 21 Rate	21 and OVER Rate
	Current Dental Terminology (CDT) coding definitions shall apply to all procedures/services		
	Any limit or prior authorization requirement established in 907 KAR 1:026 or 907 KAR 1:626 shall apply to this fee schedule		
D0120	PERIODIC ORAL EVALUATION ON AN ESTABLISHED PATIENT (1 per recipient per 12 months)	\$27.50	n/c
D0140	LIMITED ORAL EVALUATION (LIMITED TO A SPECIFIC ORAL HEALTH PROBLEM OR COMPLAINT AND/OR DENTAL EMERGENCY) - <b>requires prepayment review - review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment</b>	\$41.25	\$41.25
D0150	COMPREHENSIVE ORAL EVALUATION	\$32.50	\$32.50
D0190	SCREENING OF A PATIENT	n/c	n/c
D0191	ASSESSMENT OF A PATIENT	\$25.00	n/c
D0210	INTRAORAL COMPLETE SERIES	\$79.63	\$61.25
D0220	INTRAORAL-PERIPICAL-FIRST FILM	\$13.00	\$10.00
D0230	INTRAORAL-PERAPICAL-EACH ADDIT	\$9.75	\$7.50
D0270	BITEWING-SINGLE FILM	\$11.38	\$8.75
D0272	BITEWING-TWO FILMS	\$22.75	\$17.50
D0274	BITEWING-FOUR FILMS	\$37.38	\$28.75
D0330	PANORAMIC FILM ( <b>REQUIRES PRIOR AUTHORIZATION AGES 5 AND UNDER</b> )	\$48.75	\$48.75
D0340	CEPHALOMETRIC FILM	\$76.38	\$58.75
D1110	PROPHYLAXIS-14 AND OVER	\$60.13	\$46.25
D1120	PROPHYLAXIS-13 AND UNDER	\$60.13	n/c
D1206	FLUORIDE VARNISH	\$18.75	n/c
D1208	TOPICAL APPLICATION OF FLUORIDE (limited to two per year)	\$18.75	n/c
D1351	SEALANT - PER TOOTH (AGES 5-20)	\$24.38	n/c
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$169.00	n/c
D1515	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$328.25	n/c
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$167.50	n/c
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$252.50	n/c
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$49.40	\$38.00
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$65.00	\$50.00
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$76.70	\$59.00
D2161	AMALGAM-FOUR/MORE SURFACES, PRIMARY OR PERMANENT	\$93.60	\$72.00
D2330	RESIN-ONE SURFACE, ANTERIOR	\$57.20	\$44.00
D2331	RESIN-TWO SURFACES, ANTERIOR	\$71.50	\$55.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$85.80	\$66.00
D2335	RESIN-FOUR/MORE SURFACES, ANTERIOR	\$101.40	\$78.00
D2390	RESIN-BASED COMPOSITE CROWN	\$101.40	n/c
D2391	RESIN-ONE SURFACE, POSTERIOR	\$57.20	\$44.00
D2392	RESIN-TWO SURFACES, POSTERIOR	\$71.50	\$55.00
D2393	RESIN-THREE SURFACES, POSTERIOR	\$85.80	\$66.00
D2394	RESIN FOUR OR MORE SURFACES, POSTERIOR	\$101.40	\$78.00
D2930	PREFAB STAINLESS STEEL CROWN-PRIMARY	\$119.60	n/c
D2931	PREFAB STAINLESS STEEL CROWN-PERMANENT	\$133.90	n/c
D2932	PREFAB RESIN CROWN	\$113.10	n/c
D2394	RESIN FOUR OR MORE SURFACES, POSTERIOR	\$119.60	n/c
D2951	PIN RETENTION-PER TOOTH, IN ADD. TO RESTOR	\$13.00	\$13.00
D3110	PULP CAP-DIRECT	\$17.00	n/c

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D3220	THERAPEUTIC PULPOTOMY	\$67.60	n/c
D3310	ROOT CANAL THERAPY-ANTERIOR	\$274.30	n/c
D3320	ROOT CANAL THERAPY-BICUSPID	\$344.50	n/c
D3330	ROOT CANAL THERAPY-MOLAR	\$481.00	n/c
D3410	APICOECTOMY-ANTERIOR	\$201.50	\$155.00
D3421	APICOECTOMY-BISCUSPID FIRST ROOT	\$201.50	\$155.00
D3425	APICOECTOMY-MOLAR FIRST ROOT	\$201.50	\$155.00
D3426	APICOECTOMY-PER TOOTH EACH ADDIT ROOT	\$197.00	\$197.00
D4210	GINGIVECTOMY/GINGIVOPLASTY-FOUR OR MORE TEETH PER QUADRANT <b>(requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment)</b>	\$336.70	\$259.00
D4211	GINGIVECTOMY/GINGIVOPLASTY-ONE TO THREE TEETH PER QUADRANT <b>(requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment)</b>	\$135.20	\$104.00
D4341	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT <b>(requires prior authorization)</b>	\$101.40	\$78.00
D4355	FULL MOUTH DEBRIDEMENT- procedure effective 9/30/2006 - LIMITED TO PREGNANT WOMEN ONLY	\$68.50	\$68.50
D5520	REPLACE MISSING/BROKEN TEETH-DENTURE	\$40.30	n/c
D5610	REPAIR RESIN DENTURE BASE	\$61.10	n/c
D5620	REPAIR CAST FRAMEWORK	\$97.50	n/c
D5640	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	\$36.40	n/c
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$128.70	n/c
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$128.70	n/c
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$319.80	n/c
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$336.70	n/c
D5913	NASAL PROSTHESIS	\$2,036.00	\$2,036.00
D5914	AURICULAR PROSTHESIS	\$1,881.00	\$1,881.00
D5919	FACIAL PROSTHESIS	\$3,408.00	\$3,408.00
D5931	OBTURATOR (TEMPORARY)	\$1,121.90	\$863.00
D5932	OBTURATOR (PERMANENT)	\$1,992.00	\$1,992.00
D5934	MANDIBULAR RESECTION PROSTHESIS	\$1,660.00	\$1,660.00
D5952	SPEECH AID-PEDIATRIC (13 AND UNDER)	\$2,036.00	n/c
D5953	SPEECH AID-ADULT (14 AND OVER)	\$2,036.00	\$2,036.00
D5954	PALATAL AUGMENTATION PROSTHESIS	\$1,550.00	\$1,550.00
D5955	PALATAL LIFT PROSTHESIS	\$1,836.00	\$1,836.00
D5988	ORAL SURGICAL SPLINT	\$896.00	\$896.00
D5999	UNLISTED MAXILLOFACIAL PROSTHETIC PROC <b>(requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment)</b>	<b>manually priced</b>	<b>manually priced</b>
D7111	CORONAL REMNANTS DECIDUOUS TOOTH	\$49.40	\$38.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$49.40	\$38.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$93.60	\$72.00
D7220	REMOVAL OF IMPACTED TOOTH (SOFT TISSUE)	\$127.40	\$98.00
D7230	REMOVAL OF IMPACTED TOOTH (PARTIALLY BONY)	\$179.40	\$138.00
D7240	REMOVAL OF IMPACTED TOOTH (COMPLETELY BONY)	\$215.80	\$166.00
D7241	REMOVAL OF IMPACTED TOOTH (COMP BONY-UNUSUAL]	\$222.30	\$171.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$107.90	\$83.00
D7260	OROANTRAL FISTULA CLOSURE	\$135.20	\$104.00
D7280	SURGICAL EXPOSURE OF IMPACTED/UNERUPTED <b>(requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment)</b>	<b>manually priced</b>	<b>manually priced</b>

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**June 2015**

D7310	ALVEOPLASTY IN CONJUN WITH EXTRACT/PER QUAD	\$101.40	\$78.00
D7320	ALVEOPLASTY NOT IN CONJ WITH EXTRACT/PER QUAD	\$101.40	\$78.00
D7410	EXCISION OF BENIGN SOFT TISSUE LESION LESS THAN 1.25 CM	\$87.10	\$67.00
D7411	EXCISION OF BENIGN SOFT TISSUE LESION GREATER THAN 1.25 CM	\$87.10	\$67.00
D7472	REMOVAL OF TORUS PALATINUS UPPER ARCH (1 PER LIFETIME)	\$302.47	\$302.47
D7473	SURGICAL REMOVAL OF TORUS MANDIBULARIS	\$209.28	\$209.28
D7510	INCISION & DRAINAGE OF ABSCESS (INTRAORAL)	\$67.60	\$52.00
D7520	INCISION & DRAINAGE OF ABSCESS (EXTRAORAL)	\$80.60	\$62.00
D7530	REMOVAL OF FOREIGN BODY	\$201.50	\$155.00
D7880	OCCLUSAL ORTHOTIC DEVICE (requires prior authorization)	\$424.00	n/c
D7910	SUTURE OF RECENT SMALL WOUND	\$67.60	\$52.00
D7960	SURGICAL FRENECTOMY (one)	\$167.60	\$129.00
D7960	SURGICAL FRENECTOMY (2nd one performed on same day)	\$83.80	\$64.50
D8210	REMOVABLE APPLIANCE THERAPY (requires prior authorization)	\$362.00	n/c
D8220	FIXED APPLIANCE THERAPY (requires prior authorization)	\$259.00	n/c
D8660	PRE-ORTHODONTIC TREATMENT VISIT (requires prior authorization ) - and only if individual ultimately not approved for orthodontic treatment)	\$76.50	n/c
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	n/c	n/c
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	n/c	n/c
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	\$27.30	\$21.00
D9241	INTRAVENOUS SEDATION	\$158.60	n/c
D9420	HOSPITAL CALL	\$67.60	\$52.00
D9986	MISSED APPOINTMENT	n/c	n/c
D9987	CANCELLED APPOINTMENT	n/c	n/c
	n/c = not covered		