



# New Oral Health Rate Information

New oral health rates below, effective July 2022, represent fees paid through Adult Medicaid using the Average Allowed Amount at the 80th Percentile for zip code 02908.

CDT Code	Description	New Rate Eff. July 2022	Old Rate before 2022	Commercial* from FAIRHealth
<b>D0120</b>	PERIODIC ORAL EVALUATION	21.00	\$ 10.00	\$ 42.00
<b>D0140</b>	LIMITED ORAL EVALUATION-PROBLEM-FOCUSED	42.00	\$ 10.00	\$ 41.00
<b>D0150</b>	COMPREHENSIVE ORAL EVALUATION	40.00	\$ 20.00	\$ 47.00
<b>D0210</b>	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	74.00	\$ 40.00	\$ 84.00
<b>D0220</b>	INTRAORAL-PERiapICAL-FIRST FILM	15.00	\$ 10.00	\$ 28.00
<b>D0230</b>	INTRAORAL-PERiapICAL-EACH ADDITIONAL FILM	13.00	\$ 7.00	\$ 22.00
<b>D0272</b>	BITEWINGS-TWO FILMS	24.00	\$ 14.00	\$ 37.00
<b>D0274</b>	BITEWINGS-FOUR FILMS	35.00	\$ 22.00	\$ 53.00
<b>D0330</b>	PANORAMIC FILM	67.00	\$ 32.00	\$ 78.00
<b>D1110</b>	PROPHYLAXIS-ADULT	53.00	\$ 30.00	\$ 84.00
<b>D2140</b>	AMALGAM-ONE SURFACE, PERMANENT	62.00	\$ 28.00	\$ 93.00
<b>D2150</b>	AMALGAM-TWO SURFACES, PERMANENT	77.00	\$ 37.00	\$ 112.00
<b>D2160</b>	AMALGAM-THREE SURFACES, PERMANENT	92.00	\$ 46.00	\$ 154.00
<b>D2161</b>	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	116.00	\$ 55.00	\$ 161.00
<b>D2330</b>	RESIN-ONE SURFACE, ANTERIOR	72.00	\$ 35.00	\$ 107.00
<b>D2331</b>	RESIN-TWO SURFACES, ANTERIOR	92.00	\$ 44.00	\$ 125.00
<b>D2332</b>	RESIN-THREE SURFACES, ANTERIOR	116.00	\$ 54.00	\$ 162.00
<b>D2335</b>	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	146.00	\$ 65.00	\$ 208.00
<b>D2391</b>	RESIN-BASED COMPOSITE-ONE SURFACE,POSTERIOR	55.00	\$ 26.00	\$ 107.00
<b>D2392</b>	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	70.00	\$ 34.00	\$ 138.00
<b>D2393</b>	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	83.00	\$ 42.00	\$ 171.00
<b>D2394</b>	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	114.00	\$ 50.00	\$ 194.00
<b>D2940</b>	SEDATIVE FILLING	61.00	\$ 27.00	\$ 91.00
<b>D2950</b>	CORE BUILD-UP, INCLUDING ANY PINS	164.00	\$ 100.00	\$ 229.00

<b>D4341</b>	PERIODONTAL SCALING AND ROOT PLANING-PER QUADRANT	134.00	\$ 76.00	\$ 174.00
<b>D4346</b>	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION A- FULL MOUTH, AFTER ORAL EVALUATION	80.00	\$ 80.00	\$ 76.00
<b>D5110</b>	COMPLETE DENTURE-MAXILLARY	730.00	\$ 315.00	\$ 1,480.00
<b>D5120</b>	COMPLETE DENTURE-MANDIBULAR	730.00	\$ 315.00	\$ 1,287.00
<b>D5211</b>	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	556.00	\$ 227.00	\$ 1,025.00
<b>D5212</b>	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	595.00	\$ 227.00	\$ 1,025.00
<b>D7140</b>	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	73.00	\$ 73.00	\$ 149.00
<b>D7210</b>	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION	149.00	\$ 73.00	\$ 159.00
<b>D7220</b>	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	191.00	\$ 95.00	\$ 205.00
<b>D7230</b>	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	249.00	\$ 130.00	\$ 260.00
<b>D7240</b>	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	295.00	\$ 160.00	\$ 347.00
<b>D7510</b>	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	96.00	\$ 14.02	\$ 137.00
<b>D9110</b>	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	40.00	\$ 40.00	\$ 91.00
<b>D9310</b>	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT)	54.00	\$ 26.63	\$ 60.00
<b>D9410</b>	HOUSE/EXTENDED CARE FACILITY CALL	39.00	\$ 32.00	\$ 33.00
<b>D9920</b>	BEHAVIOR MANAGEMENT, BY REPORT	86.00	\$ 30.00	\$ 71.00