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. Current Dental Terminology ©2024, American Dental Association. All rights reserved.

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

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

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