



Division of Children's Health
Children and Youth with Special Health Care Needs (CSHCN) Program

DENTAL SERVICES REIMBURSEMENT RATES

(effective December 1, 2007)

CDT Code	Description	Fee
D0120	Periodic oral evaluation – established patient	\$22.00
D0140	Limited oral evaluation – problem focused	\$37.00
D0150	Comprehensive oral evaluation – new or established patient	\$30.00
D0220	Intraoral – periapical first radiographic image	\$13.00
D0230	Intraoral – periapical each radiographic image	\$10.00
D0240	Intraoral – occlusal radiographic image	\$13.00
D0250	Extraoral – first radiographic image	\$13.00
D0270	Bitewing – single radiographic image	\$21.00
D0272	Bitewings – two radiographic image	\$55.00
D0330	Panoramic radiographic image	\$35.00
D1110	Prophylaxis – adult	\$31.00
D1120	Prophylaxis – child	\$17.00
D1203	Topical application of fluoride	\$17.00
D1204	Topical application of fluoride	\$17.00
D1206	Topical application of fluoride varnish	\$27.00
D1351	Sealant – per tooth	\$174.00
D1510	Space maintainer – fixed – unilateral	\$230.00
D1515	Space maintainer – fixed – bilateral	\$230.00
D2140	Amalgam – one surface, primary or permanent	\$58.00
D2150	Amalgam – two surfaces, primary or permanent	\$75.00
D2160	Amalgam – three surfaces, primary or permanent	\$91.00
D2161	Amalgam – four or more surfaces, primary or permanent	\$91.00
D2330	Resin-based composite – one surface, anterior	\$69.00
D2331	Resin-based composite – two surfaces, anterior	\$88.00
D2332	Resin-based composite – three surfaces, anterior	\$107.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$107.00
D2391	Resin-based composite – one surface, posterior	\$58.00
D2392	Resin-based composite – two surfaces, posterior	\$75.00
D2393	Resin-based composite – three surfaces, posterior	\$91.00
D2394	Resin-based composite – four or more surfaces, posterior	\$91.00
D2930	Prefabricated stainless steel crown – primary tooth	\$139.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$157.00
D2932	Prefabricated resin crown	\$171.00
D2940	Protective restoration	\$53.00
D2950	Core buildup, including any pins	\$133.00
D2951	Pin retention – per tooth, in addition to restoration	\$28.00
D2954	Prefabricated post and core in addition to crown	\$168.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$87.00



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D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$367.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$448.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$579.00
D5110	Complete denture – maxillary	\$651.00
D5120	Complete denture – mandibular	\$651.00
D5211	Maxillary partial denture – resin base	\$550.00
D5212	Mandibular partial denture – resin base	\$639.00
D5510	Repair broken complete denture	\$71.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$59.00
D5610	Repair resin denture base	\$77.00
D5640	Replace broken teeth – per tooth	\$65.00
D6999	Unspecified fixed prosthodontic procedure, by report	\$475.00
D7111	Extraction, coronal remnants – deciduous tooth	\$31.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$62.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning	\$124.00
D7220	Removal of impacted tooth – soft tissue	\$155.00
D7230	Removal of impacted tooth – partially bony	\$207.00
D7240	Removal of impacted tooth – completely bony	\$243.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$306.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$131.00
D7270	Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth	\$267.00
D7281	Surgical access of an unerupted tooth	\$248.00
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$518.00
D7286	Biopsy of oral tissue – soft	\$212.00
D7410	Excision of benign lesion up to 1.25	\$461.00
D7411	Excision of benign lesion greater than 1.25	\$788.00
D7412	Excision of benign lesion, complicated	\$788.00
D7413	Excision of malignant lesion up to 1.25	\$815.00
D7414	Excision of malignant lesion greater than 1.25	\$1,266.00
D7415	Excision of malignant lesion, complicated	\$1,266.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$263.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25	\$815.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25	\$1,266.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25	\$461.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25	\$725.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25	\$461.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter > 1.25	\$743.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$138.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$659.00



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D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$237.00
D7550	Partial osteotomy/sequetrectomy for removal of non-vital bone	\$164.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$1,028.00
D7671	Alveolus – open reduction, may include stabilization of teeth	\$1,028.00
D7770	Alveolus – open reduction stabilization of teeth	\$1,226.00
D7771	Alveolus, closed reduction stabilization of teeth	\$1,226.00
D7910	Suture of recent small wounds up to 5	\$211.00
D7911	Complicated suture – up to 5	\$527.00
D7912	Complicated suture – greater than 5	\$949.00
D9220	Deep sedation/general anesthesia – first 30 minutes	\$192.00
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	\$26.00
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$189.00
D9248	Non-intravenous conscious sedation	\$105.00
D9920	Behavior management	\$55.00

[Click here for orthodontic codes](#)