

Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D0120	Periodic oral evaluation	\$ 21.36	1.00	\$ 21.36	000	999
D0140	Limited Oral Evaluation Problem Focused	\$ 32.02	1.00	\$ 32.02	000	999
D0145	Oral evaluation, pt < 3yrs	\$ 30.44	1.00	\$ 30.44	000	2
D0150	Comprehensive Oral Evaluation	\$ 36.83	1.00	\$ 36.83	000	999
D0160	Detail & Ext Oral Eval, Prob Focus	\$ 66.72	1.00	\$ 66.72	000	999
D0170	Re-Eval Limit/Prob Focus, Est Patient	\$ 29.35	1.00	\$ 29.35	000	999
D0180	Comprehensive Periodontal Evaluation	\$ 40.04	1.00	\$ 40.04	000	999
D0190	Screening of a patient	\$ 15.91	1.00	\$ 15.91	003	20
<b>D0210</b>	<b>Intraor complete film series</b>	\$ 78.75	1.00	\$ 78.75	000	999
D0220	Intraoral periapical first	\$ 11.74	1.00	\$ 11.74	000	999
D0230	Intraoral periapical ea add	\$ 11.74	1.00	\$ 11.74	000	999
D0240	Intraoral occlusal film	\$ 18.68	1.00	\$ 18.68	000	20
D0250	Extraoral first film	\$ 26.68	1.00	\$ 26.68	000	20
D0260	Extraoral ea additional film	\$ 21.89	1.00	\$ 21.89	000	20
D0270	Dental bitewing single image	\$ 12.27	1.00	\$ 12.27	000	999
D0272	Dental bitewings two images	\$ 19.74	1.00	\$ 19.74	000	999
D0273	Bitewings - three images	\$ 23.26	1.00	\$ 23.26	000	999
D0274	Bitewings four images	\$ 27.75	1.00	\$ 27.75	000	999
D0277	Vert bitewings 7 to 8 images	\$ 41.11	1.00	\$ 41.11	000	999
D0290	Skull/facial bone image	\$ 53.90	1.00	\$ 53.90	000	20
D0310	Sialography	\$ 132.89	1.00	\$ 132.89	000	20
D0320	TMJ Arthrogram, Including Injection	\$ 256.46	1.00	\$ 256.46	000	20
D0321	Other TMJ images by report	\$ 92.33	1.00	\$ 92.33	000	20
D0322	Tomographic Survey	\$ 210.83	1.00	\$ 210.83	000	20
D0330	Panoramic image	\$ 49.09	1.00	\$ 49.09	006	999
D0340	Cephalometric image	\$ 55.51	1.00	\$ 55.51	000	20
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	\$ 29.89	1.00	\$ 29.89	000	20
D0351	3d photographic image	\$ 29.89	1.00	\$ 29.89	000	20
D0365	Cone beam ct interpret man	\$ 164.96	1.00	\$ 164.96	000	20
D0366	Cone beam ct interpret max	\$ 164.96	1.00	\$ 164.96	000	20
D0367	Cone beam ct interp both jaw	\$ 164.96	1.00	\$ 164.96	000	20

Targeted Rate Increase applied to codes in **bold**.

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D0381	Cone beam ct capt mandible	\$ 131.10	1.00	\$ 131.10	000	20
D0382	Cone beam ct capt maxilla	\$ 131.10	1.00	\$ 131.10	000	20
D0425	Caries Susceptibility Test	\$ 40.04	1.00	\$ 40.04	000	20
D0460	Pulp Vitality Tests	\$ 25.07	1.00	\$ 25.07	000	999
D0470	Diagnostic Casts	\$ 45.37	1.00	\$ 45.37	000	20
D1110	Prophylaxis Adult	\$ 39.21	1.00	\$ 39.21	012	999
D1120	Prophylaxis Child	\$ 29.35	1.00	\$ 29.35	000	20
D1206	Topical fluoride varnish	\$ 16.02	1.00	\$ 16.02	000	999
D1208	Topical application of fluoride - excluding varnish	\$ 10.90	1.00	\$ 10.90	000	999
<b>D1351</b>	<b>Sealant Per Tooth</b>	\$ 32.90	1.00	\$ 32.90	000	20
<b>D1352</b>	<b>Prev resin rest, perm tooth</b>	\$ 32.90	1.00	\$ 32.90	000	20
<b>D1353</b>	<b>Sealant repair - per tooth</b>	\$ 32.90	1.00	\$ 32.90	000	20
D1510	Space Maintainer Fixed Unilateral	\$ 138.23	1.00	\$ 138.23	000	20
D1515	Space Maintainer Fixed Bilateral	\$ 191.61	1.00	\$ 191.61	000	20
D1520	Space Maintainer Removable Unilateral	\$ 171.34	1.00	\$ 171.34	000	20
D1525	Space Maintainer Removable Bilateral	\$ 214.55	1.00	\$ 214.55	000	20
D1550	Re-cement or re-bond space maintainer	\$ 34.70	1.00	\$ 34.70	000	20
D1555	Remove fix space maintainer	\$ 34.70	1.00	\$ 34.70	005	20
<b>D2140</b>	<b>Amalgam One Surface Permanent</b>	\$ 82.43	1.00	\$ 82.43	000	999
<b>D2150</b>	<b>Amalgam Two Surfaces Permanent</b>	\$ 102.28	1.00	\$ 102.28	000	999
<b>D2160</b>	<b>Amalgam Three Surfaces Permanent</b>	\$ 122.95	1.00	\$ 122.95	000	999
<b>D2161</b>	<b>Amalgam 4 or &gt; Surfaces Permanent</b>	\$ 146.51	1.00	\$ 146.51	000	999
<b>D2330</b>	<b>Resin One Surface Anterior</b>	\$ 94.98	1.00	\$ 94.98	000	999
<b>D2331</b>	<b>Resin Two Surfaces Anterior</b>	\$ 117.53	1.00	\$ 117.53	000	999
<b>D2332</b>	<b>Resin Three Surfaces Anterior</b>	\$ 144.10	1.00	\$ 144.10	000	999
<b>D2335</b>	<b>Resin Four or &gt; Surface/Incis Anterior</b>	\$ 173.87	1.00	\$ 173.87	000	999
<b>D2390</b>	<b>Resin Based Composite Crown Anterior</b>	\$ 228.40	1.00	\$ 228.40	000	999
<b>D2391</b>	<b>Resin Based Comp One Surface Posterior</b>	\$ 104.81	1.00	\$ 104.81	000	999
<b>D2392</b>	<b>Resin Based Comp Two Surfaces Posterior</b>	\$ 136.46	1.00	\$ 136.46	000	999

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<b>D2393</b>	<b>Resin Base Comp Three Surface Posterior</b>	\$ 164.48	1.00	\$ 164.48	000	999
<b>D2394</b>	<b>Resin Base Comp 4 or &gt; Surface Posterior</b>	\$ 194.66	1.00	\$ 194.66	000	999
D2710	Crown, Resin-based composite (indirect)	\$ 229.07	1.00	\$ 229.07	000	999
D2712	Crown Resin Base Comp (Indirect)	\$ 229.07	1.00	\$ 229.07	000	999
D2721	Crown, Resin w predom. base metal	\$ 229.07	1.00	\$ 229.07	000	999
D2722	Crown Resin Noble Metal	\$ 229.07	1.00	\$ 229.07	000	999
D2740	Crown, Porcelain/Ceramic substrate	\$ 437.65	1.00	\$ 437.65	000	999
D2750	Crown Porcelain High Noble Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2751	Crown Porcelain Base Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2752	Crown Porcelain Noble Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2781	Crown 3/4 Base Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2782	Crown 3/4 Cast Noble Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2783	Crown 3/4 Porcelain/Ceramic	\$ 437.65	1.00	\$ 437.65	000	999
D2790	Crown Full Cast High Noble Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2791	Crown Full Cast Base Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2792	Crown Full Cast Noble Metal	\$ 437.65	1.00	\$ 437.65	000	999
D2794	Crown Titanium	\$ 437.65	1.00	\$ 437.65	000	999
D2799	Provisional crown	\$ 114.53	1.00	\$ 114.53	000	999
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 46.43	1.00	\$ 46.43	000	999
D2920	Re-cement or re-bond crown	\$ 47.50	1.00	\$ 47.50	000	999
D2930	Prefab Stainless Steel Crown Primary	\$ 119.55	1.00	\$ 119.55	000	20
D2931	Prefab Stainless Steel Crown Permanent	\$ 138.23	1.00	\$ 138.23	000	999
D2932	Prefabricated Resin Crown	\$ 149.46	1.00	\$ 149.46	000	20
D2933	Prefab Stainless Steel Crown with Resin	\$ 154.25	1.00	\$ 154.25	000	999
D2934	Prefab Stainless Steel Crown Primary	\$ 163.85	1.00	\$ 163.85	000	20
D2940	Protective Restoration	\$ 49.09	1.00	\$ 49.09	000	999
D2941	Interim Therapeutic Restoration	\$ 49.09	1.00	\$ 49.09	000	20
D2950	Core Buildup Including Pins	\$ 120.09	1.00	\$ 120.09	000	999

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D2951	Pin Retention Per Tooth	\$ 29.35	1.00	\$ 29.35	000	20
D2952	Post and core cast + crown	\$ 184.14	1.00	\$ 184.14	000	999
D2953	Each addtnl cast post	\$ 125.95	1.00	\$ 125.95	000	20
D2954	Prefab Post and Core + Crown	\$ 146.24	1.00	\$ 146.24	000	999
D2955	Post removal	\$ 125.95	1.00	\$ 125.95	000	20
D2957	Each Additional Prefab Post	\$ 70.99	1.00	\$ 70.99	000	20
D2980	Crown repair	\$ 121.17	1.00	\$ 121.17	000	20
D2999	Unspecified Restorative Procedure	Code is manually priced		Code is manually priced	000	999
D3110	Pulp Cap Direct	\$ 35.23	1.00	\$ 35.23	000	20
D3120	Pulp Cap Indirect	\$ 35.23	1.00	\$ 35.23	000	20
D3220	Therapeutic Pulpotomy	\$ 82.74	1.00	\$ 82.74	000	20
D3221	Pulpal Debridement	\$ 100.68	1.00	\$ 100.68	000	20
D3222	Part pulp for apexogenesis	\$ 82.74	1.00	\$ 82.74	000	20
D3230	Pulpal Therapy Anterior Primary	\$ 114.75	1.00	\$ 114.75	000	20
D3240	Pulpal Therapy Posterior Primary	\$ 132.89	1.00	\$ 132.89	000	20
D3310	End thxpy, anterior tooth	\$ 309.57	1.00	\$ 309.57	000	999
D3320	End thxpy, bicuspid tooth	\$ 366.67	1.00	\$ 366.67	000	999
D3330	End thxpy, molar	\$ 441.40	1.00	\$ 441.40	000	999
D3331	Root Canal Obstruction Non Surgical	Code is manually priced		Code is manually priced	000	20
D3332	Incomplete Endodontic Therapy	\$ 177.20	1.00	\$ 177.20	000	20
D3333	Internal Root Repair	\$ 122.76	1.00	\$ 122.76	000	20
D3346	Retreatment Root Canal Anterior	\$ 356.00	1.00	\$ 356.00	000	999
D3347	Retreatment Root Canal Bicuspid	\$ 410.97	1.00	\$ 410.97	000	999
D3348	Retreatment Root Canal Molar	\$ 486.23	1.00	\$ 486.23	000	999
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$ 176.97	1.00	\$ 176.97	000	20
D3352	Apexification/recalc interim	\$ 108.89	1.00	\$ 108.89	000	20
D3353	Apexification/Recalcification Final	\$ 221.49	1.00	\$ 221.49	000	20
D3355	Pupal regeneration Initial visit (replaces D3354)	\$ 176.97	1.00	\$ 176.97	000	20

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D3356	Pupal regeneration interim medication replacement (replaces D3354)	\$ 108.89	1.00	\$ 108.89	000	20
D3357	Pupal regeneration completion of treatment (replaces D3354)	\$ 221.49	1.00	\$ 221.49	000	20
D3410	Apicoectomy/Periradicular Surgery Anter	\$ 284.48	1.00	\$ 284.48	000	20
D3421	Apicoectomy/Periradicular Surgery Bicus	\$ 320.76	1.00	\$ 320.76	000	20
D3425	Apicoectomy/Periradicular Surgery Molar	\$ 373.60	1.00	\$ 373.60	000	20
D3426	Apicoectomy/Periradicular Surgery Ea Add	\$ 153.71	1.00	\$ 153.71	000	20
D3430	Retrograde Filling Per Root	\$ 117.40	1.00	\$ 117.40	000	20
D3450	Root Amputation Per Root	\$ 233.15	1.00	\$ 233.15	000	20
D3460	Endodontic Endosseous Implant	\$ 579.10	1.00	\$ 579.10	000	20
D3470	Intentional Reimplantation	\$ 346.91	1.00	\$ 346.91	000	20
D3910	Isolation Tooth with Rubber Dam	\$ 89.12	1.00	\$ 89.12	000	20
D3920	Hemisection Incl Rt Remov Excl Rt Canal	\$ 198.02	1.00	\$ 198.02	000	20
D3950	Canal Prep and Fitting of Dowel/Post	\$ 107.82	1.00	\$ 107.82	000	20
D3999	Unspecified Endodontic Procedure	Code is manually priced		Code is manually priced	000	999
D4210	Gingivectomy/plasty 4 or mor	\$ 266.86	1.00	\$ 266.86	000	999
D4211	Gingivectomy/plasty 1 to 3	\$ 116.13	1.00	\$ 116.13	000	999
D4212	Gingivectomy/plasty rest	\$ 68.67	1.00	\$ 68.67	000	999
D4240	Gingival Flap Proc w Planin	\$ 315.97	1.00	\$ 315.97	000	20
D4245	Apically Positioned Flap	\$ 368.81	1.00	\$ 368.81	000	20
D4249	Crown Lengthening Hard Tissue	\$ 322.38	1.00	\$ 322.38	000	20
D4260	Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 453.68	1.00	\$ 453.68	000	20

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D4261	Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 373.60	1.00	\$ 373.60	000	20
D4263	Bone Replacement Graft First Site	\$ 281.81	1.00	\$ 281.81	000	20
D4264	Bone Replacement Graft Each Additional	Code is manually priced		Code is manually priced	000	20
D4266	Guided Tissue Regen Resorbable	\$ 372.54	1.00	\$ 372.54	000	999
D4267	Guided Tissue Regen Nonresorbable	\$ 435.53	1.00	\$ 435.53	000	20
D4268	Surgical revision procedure, per tooth	\$ 355.46	1.00	\$ 355.46	000	20
D4270	Pedicle soft tissue graft procedure	\$ 356.53	1.00	\$ 356.53	000	20
D4273	Subepithelial Connective Tissue Graft	\$ 453.68	1.00	\$ 453.68	000	20
D4274	Distal/Proximal Wedge	\$ 296.22	1.00	\$ 296.22	000	20
D4277	Soft tissue graft firsttooth	\$ 555.58	1.00	\$ 555.58	000	20
D4278	Soft tissue graft addl tooth	\$ 218.06	1.00	\$ 218.06	000	20
D4320	Provisional Splinting Intracoronal	\$ 217.76	1.00	\$ 217.76	000	20
D4321	Provisional Splinting Extracoronal	\$ 197.48	1.00	\$ 197.48	000	20
D4341	Periodontal Scaling & Root Planing	\$ 108.35	1.00	\$ 108.35	000	999
D4342	Periodontal Scaling 1 to 3 Teeth	\$ 87.18	1.00	\$ 87.18	000	999
D4355	Full Mouth Debridement	\$ 80.06	1.00	\$ 80.06	013	999
D4381	Localized delivery antimicro	\$ 75.25	1.00	\$ 75.25	000	20
D4910	Periodontal Maintenance	\$ 61.02	1.00	\$ 61.02	000	999
D4999	Unspecified Periodontal Procedure	Code is manually priced		Code is manually priced	000	999
D5110	Complete Denture Maxillary	\$ 756.95	1.00	\$ 756.95	000	999
D5120	Complete Denture Mandibular	\$ 758.30	1.00	\$ 758.30	000	999
D5130	Immediate Denture Maxillary	\$ 756.95	1.00	\$ 756.95	000	20
D5140	Immediate Denture Mandibular	\$ 758.30	1.00	\$ 758.30	000	20
D5211	Maxillary Partial Denture Resin	\$ 521.73	1.00	\$ 521.73	000	999
D5212	Mandibular Partial Denture Resin	\$ 521.73	1.00	\$ 521.73	000	999
D5213	Maxillary Partial Denture Cast Metal	\$ 747.23	1.00	\$ 747.23	000	999
D5214	Mandibular Partial Denture Cast Metal	\$ 747.23	1.00	\$ 747.23	000	999
D5225	Maxillary Partial Denture Flexible Base	\$ 656.85	1.00	\$ 656.85	000	999

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D5226	Mandibular Part Denture Flexible Base	\$ 656.85	1.00	\$ 656.85	000	999
D5281	Removable Unilateral Partial Denture	\$ 444.04	1.00	\$ 444.04	000	20
D5410	Adjust Complete Denture Maxillary	\$ 39.49	1.00	\$ 39.49	000	999
D5411	Adjust Complete Denture Mandibular	\$ 39.49	1.00	\$ 39.49	000	999
D5421	Adjust Partial Denture Maxillary	\$ 39.49	1.00	\$ 39.49	000	999
D5422	Adjust Partial Denture Mandibular	\$ 39.49	1.00	\$ 39.49	000	999
D5510	Repair Broken Complete Denture Base	\$ 75.25	1.00	\$ 75.25	000	999
D5520	Replace Complete Denture, Each Tooth	\$ 78.99	1.00	\$ 78.99	000	999
D5610	Repair Resin Denture Base	\$ 90.19	1.00	\$ 90.19	000	999
D5620	Repair Cast Framework	\$ 127.02	1.00	\$ 127.02	000	999
D5630	Repair/Replace Broken Clasp	\$ 115.28	1.00	\$ 115.28	000	999
D5640	Replace Broken Teeth, Per Tooth	\$ 80.06	1.00	\$ 80.06	000	999
D5650	Add Tooth to Existing Partial Denture	\$ 71.01	1.00	\$ 71.01	000	999
D5660	Add Clasp to Existing Partial Denture	\$ 120.09	1.00	\$ 120.09	000	999
D5670	Replace Teeth & Acrylic Cast Metal Max	\$ 296.53	1.00	\$ 296.53	000	999
D5671	Replace Teeth & Acrylic Cast Metal Mandi	\$ 296.53	1.00	\$ 296.53	000	999
D5710	Rebase Complete Maxillary Denture	\$ 250.85	1.00	\$ 250.85	000	999
D5711	Rebase Complete Mandibular Denture	\$ 251.92	1.00	\$ 251.92	000	999
D5720	Rebase Maxillary Partial Denture	\$ 240.70	1.00	\$ 240.70	000	999
D5721	Rebase Mandibular Partial Denture	\$ 240.70	1.00	\$ 240.70	000	999
D5730	Reline Complete Maxillary Denture Chair	\$ 160.12	1.00	\$ 160.12	000	999
D5731	Reline Comp Mandibular Denture Chair	\$ 160.12	1.00	\$ 160.12	000	999
D5740	Reline Maxillary Partial Denture Chair	\$ 157.99	1.00	\$ 157.99	000	999
D5741	Reline Mandibular Partial Denture Chair	\$ 159.58	1.00	\$ 159.58	000	999
D5750	Reline Complete Maxillary Denture Lab	\$ 202.82	1.00	\$ 202.82	000	999
D5751	Reline Complete Mandibular Denture Lab	\$ 203.87	1.00	\$ 203.87	000	999
D5760	Reline Maxillary Partial Denture Lab	\$ 201.22	1.00	\$ 201.22	000	999
D5761	Reline Mandibular Partial Denture Lab	\$ 201.22	1.00	\$ 201.22	000	999
D5810	Interim Complete Denture Maxillary	\$ 354.40	1.00	\$ 354.40	000	20
D5811	Interim Complete Denture Mandibular	\$ 354.93	1.00	\$ 354.93	000	20

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D5820	Interim Partial Denture Maxillary	\$ 293.55	1.00	\$ 293.55	000	20
D5821	Interim Partial Denture Mandibular	\$ 293.55	1.00	\$ 293.55	000	20
D5850	Tissue Conditioning Maxillary	\$ 87.53	1.00	\$ 87.53	000	999
D5851	Tissue Conditioning Mandibular	\$ 87.53	1.00	\$ 87.53	000	999
D5862	Precision attachment, by report	\$ 293.55	1.00	\$ 293.55	000	999
D5863	Overdenture-complete maxillary	\$ 428.32	1.00	\$ 428.32	000	20
D5864	Overdenture-partial maxillary	\$ 426.98	1.00	\$ 426.98	000	20
D5865	Overdenture-complete mandibular	\$ 428.32	1.00	\$ 428.32	000	20
D5866	Overdenture-partial mandibular	\$ 426.98	1.00	\$ 426.98	000	20
D5867	Replacement of Precision Attachment	\$ 141.43	1.00	\$ 141.43	000	999
D5875	Modification of Removable Prosthesis	\$ 157.99	1.00	\$ 157.99	000	20
D5899	Unspecified Removable Prosthodontic	Code is manually priced		Code is manually priced	000	20
D5911	Facial moulage (sectional)	Code is manually priced		Code is manually priced	000	20
D5912	Facial moulage (complete)	Code is manually priced		Code is manually priced	000	20
D5913	Nasal Prosthesis	Code is manually priced		Code is manually priced	000	20
D5914	Auricular Prosthesis	Code is manually priced		Code is manually priced	000	20
D5915	Orbital Prosthesis	Code is manually priced		Code is manually priced	000	20
D5916	Ocular Prosthesis	Code is manually priced		Code is manually priced	000	20
D5919	Facial Prosthesis	Code is manually priced		Code is manually priced	000	20
D5922	Nasal Septal Prosthesis	Code is manually priced		Code is manually priced	000	20
D5923	Ocular Prosthesis Interim	Code is manually priced		Code is manually priced	000	20
D5924	Cranial Prosthesis	Code is manually priced		Code is manually priced	000	20

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D5925	Facial Augmentation Implant Prosthesis	Code is manually priced		Code is manually priced	000	20
D5926	Nasal Prosthesis Replacement	Code is manually priced		Code is manually priced	000	20
D5927	Auricular Prosthesis Replacement	Code is manually priced		Code is manually priced	000	20
D5928	Orbital Prosthesis Replacement	Code is manually priced		Code is manually priced	000	20
D5929	Facial Prosthesis Replacement	Code is manually priced		Code is manually priced	000	20
D5931	Obturator Prosthesis Surgical	Code is manually priced		Code is manually priced	000	20
D5932	Obturator Prosthesis Definitive	\$ 1,138.47	1.00	\$ 1,138.47	000	20
D5933	Obturator Prosthesis Modification	Code is manually priced		Code is manually priced	000	20
D5934	Mandibular Resection Prosthesis Flange	Code is manually priced		Code is manually priced	000	20
D5935	Mandibular Resect Prosthesis w/o Flange	Code is manually priced		Code is manually priced	000	20
D5936	Obturator/prosthesis, interim	Code is manually priced		Code is manually priced	000	20
D5937	Trimus Appliance not for TMD	\$ 275.41	1.00	\$ 275.41	000	20
D5951	Feeding Aid	\$ 357.19	1.00	\$ 357.19	000	20
D5952	Speech Aid Prosthesis Pediatric	\$ 388.42	1.00	\$ 388.42	000	20
D5954	Palatal Augmentation Prosthesis	Code is manually priced		Code is manually priced	000	20
D5955	Palatal Life Prosthesis Definitive	Code is manually priced		Code is manually priced	000	20
D5958	Palatal Lift Prosthesis Interim	Code is manually priced		Code is manually priced	000	20
D5959	Palatal Lift Prosthesis Modification	Code is manually priced		Code is manually priced	000	20

Targeted Rate Increase applied to codes in **bold**.

\*0.5% Across the Board rate increase applied to all codes.

Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D5960	Speech Aid Prosthesis Modification	Code is manually priced		Code is manually priced	000	20
D5982	Surgical Stent	\$ 181.47	1.00	\$ 181.47	000	20
D5983	Radiation Carrier	Code is manually priced		Code is manually priced	000	20
D5984	Radiation Shield	Code is manually priced		Code is manually priced	000	20
D5985	Radiation Cone Locator	Code is manually priced		Code is manually priced	000	20
D5986	Fluoride Gel Carrier	\$ 84.86	1.00	\$ 84.86	000	20
D5987	Commissure Splint	Code is manually priced		Code is manually priced	000	20
D5988	Surgical Splint	\$ 596.59	1.00	\$ 596.59	000	20
D5991	Topical medicament carrier	\$ 84.86	1.00	\$ 84.86	000	20
D5992	Adjust max prost appliance	Code is manually priced		Code is manually priced	000	20
D5993	Main/clean max prosthesis	Code is manually priced		Code is manually priced	000	20
D5994	Periodontal medicament carrier w peripheral seal - laboratory processed	\$ 90.83	1.00	\$ 90.83	000	20
D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced		Code is manually priced	000	999
D6055	Implant connecting bar	\$ 1,199.30	1.00	\$ 1,199.30	000	20
D6056	Prefabricated abutment	\$ 320.24	1.00	\$ 320.24	000	20
D6057	Custom abutment	\$ 412.05	1.00	\$ 412.05	000	20
D6060	Abutment Support Porc to Base Metal	\$ 546.54	1.00	\$ 546.54	000	20
D6063	Abutment Support Base Metal	\$ 533.73	1.00	\$ 533.73	000	20
D6070	Abut Supp Retain Por-Base Metal	\$ 533.73	1.00	\$ 533.73	000	20
D6073	Abut Supp Retain Base Metal	\$ 533.73	1.00	\$ 533.73	000	20
D6078	Implant/Abut Supp Fix Denture-Complete	\$ 1,979.09	1.00	\$ 1,979.09	000	20
D6079	Implant/Abut Supp Fix Denture-Part	\$ 1,517.39	1.00	\$ 1,517.39	000	20
D6080	Implant Maintenance	\$ 120.09	1.00	\$ 120.09	000	20

Targeted Rate Increase applied to codes in **bold**.

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D6090	Repair Implant Supported Prosthesis	\$ 320.24	1.00	\$ 320.24	000	20
D6092	Re-cement or re-bond implant/abutment supported crown	\$ 69.38	1.00	\$ 69.38	012	20
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 75.79	1.00	\$ 75.79	012	20
D6095	Repair implant abutment, by report	\$ 318.62	1.00	\$ 318.62	000	20
D6100	Implant removal, by report	\$ 336.26	1.00	\$ 336.26	000	20
D6199	Unspecified implant procedure, by report	Code is manually priced		Code is manually priced	000	999
D6211	Pontic Cast Predominantly Base Metal	\$ 428.04	1.00	\$ 428.04	000	20
D6241	Pontic Porcelain-Base Metal	\$ 440.33	1.00	\$ 440.33	000	20
D6545	Retainer Cast Metal	\$ 330.91	1.00	\$ 330.91	000	20
D6751	Crown Porcelain Fused Base Metal	\$ 437.65	1.00	\$ 437.65	000	20
D6791	Crown Full Cast Predominantly Base Metal	\$ 429.66	1.00	\$ 429.66	000	20
D6920	Connector Bar	\$ 428.04	1.00	\$ 428.04	000	20
D6930	Re-cement or re-bond fixed partial denture	\$ 71.51	1.00	\$ 71.51	000	20
D6940	Stress Breaker	\$ 181.47	1.00	\$ 181.47	000	20
D6950	Precision Attachment	\$ 279.68	1.00	\$ 279.68	000	20
D6980	Fixed partial repair	\$ 165.45	1.00	\$ 165.45	000	20
D6999	Unspecified Fixed Prosthodontic	Code is manually priced		Code is manually priced	000	999
<b>D7111</b>	<b>Extraction, coronal remnants</b>	\$ 72.12	1.00	\$ 72.12	000	20
<b>D7140</b>	<b>Extraction Erupted Tooth/Exposed Root</b>	\$ 96.97	1.00	\$ 96.97	000	999
<b>D7210</b>	<b>Rem imp tooth w mucoper flap</b>	\$ 155.19	1.00	\$ 155.19	000	999
<b>D7220</b>	<b>Removal Impacted Tooth Soft Tissue</b>	\$ 178.40	1.00	\$ 178.40	000	999
<b>D7230</b>	<b>Removal Impacted Tooth Partially Bony</b>	\$ 224.39	1.00	\$ 224.39	000	999
<b>D7240</b>	<b>Removal Impacted Tooth Complete Bony</b>	\$ 263.31	1.00	\$ 263.31	000	999
<b>D7241</b>	<b>Remov Impact Tooth Comp Bony Surg Comp</b>	\$ 351.75	1.00	\$ 351.75	000	999

Targeted Rate Increase applied to codes in **bold**.

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
<b>D7250</b>	<b>Surg Remov Residual Tooth Roots</b>	\$ 164.16	1.00	\$ 164.16	000	999
<b>D7251</b>	<b>Coronectomy</b>	\$ 337.68	1.00	\$ 337.68	000	999
D7260	Oral Antral Fistula Closure	\$ 336.79	1.00	\$ 336.79	000	999
D7261	Primary Closure Sinus Perforation	\$ 422.61	1.00	\$ 422.61	000	999
D7270	Tooth Reimplantation	\$ 233.77	1.00	\$ 233.77	000	20
D7272	Tooth Transplantation	\$ 381.13	1.00	\$ 381.13	000	20
D7280	Surgical Access an Unerupted Tooth	\$ 204.94	1.00	\$ 204.94	000	999
D7282	Mobilize Erupt/Malpo Tooth	\$ 238.64	1.00	\$ 238.64	000	20
D7283	Place device impacted tooth	\$ 230.03	1.00	\$ 230.03	000	20
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$ 165.98	1.00	\$ 165.98	000	999
D7286	Incisional biopsy of oral tissue - soft	\$ 132.37	1.00	\$ 132.37	000	999
D7287	Cytology Sample Collection	Code is manually priced		Code is manually priced	000	999
D7290	Surgical repositioning of teeth	\$ 205.49	1.00	\$ 205.49	000	20
D7291	Transseptal Fiberotomy	\$ 130.23	1.00	\$ 130.23	000	20
D7295	Bone harvest,auto graft proc	Code is manually priced		Code is manually priced	000	20
D7310	Alveoplasty w/ extraction	\$ 123.30	1.00	\$ 123.30	000	999
D7311	Alveoloplasty with Extractions 1-3	\$ 123.30	1.00	\$ 123.30	000	999
D7320	Alveoplasty w/o extraction	\$ 181.47	1.00	\$ 181.47	000	999
D7321	Alveoloplasty not w/extracts	\$ 181.47	1.00	\$ 181.47	000	999
D7340	Vestibuloplasty Ridge Extension	\$ 423.78	1.00	\$ 423.78	000	999
D7350	Vestibuloplasty Ridge Extension Grafts	\$ 859.83	1.00	\$ 859.83	000	20
D7410	Excision of Benign Lesion up to 1.25 cm	\$ 169.73	1.00	\$ 169.73	000	999
D7411	Excision Benign Lesion > 1.25 cm	\$ 251.40	1.00	\$ 251.40	000	999
D7412	Excision Benign Lesion Complicated	\$ 629.95	1.00	\$ 629.95	000	999
D7413	Excision Malignant Lesion up to 1.25 cm	\$ 282.88	1.00	\$ 282.88	000	999
D7414	Excision Malignant Lesion > 1.25 cm	\$ 424.32	1.00	\$ 424.32	000	999
D7415	Excision Malignant Lesion Complicated	\$ 520.40	1.00	\$ 520.40	000	999
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$ 234.85	1.00	\$ 234.85	000	999

Targeted Rate Increase applied to codes in **bold**.

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D7441	Excision Malignant Tumor Lesion > 1.25 c	\$ 453.50	1.00	\$ 453.50	000	999
D7450	Remov Ben Odontogenic Cyst to 1.25 cm	\$ 207.63	1.00	\$ 207.63	000	999
D7451	Remov Ben Odontogenic Cyst > 1.25 cm	\$ 272.19	1.00	\$ 272.19	000	999
D7460	Remov Ben Nonodontogenic Cyst to 1.25 cm	\$ 216.17	1.00	\$ 216.17	000	999
D7461	Remov Ben Nonodontogenic Cyst > 1.25 cm	\$ 306.36	1.00	\$ 306.36	000	999
D7465	Destruction Lesion Physical/Chemical	\$ 164.40	1.00	\$ 164.40	000	20
D7471	Removal Lateral Exostosis	\$ 266.86	1.00	\$ 266.86	000	999
D7472	Removal of Torus Palatinus	\$ 315.42	1.00	\$ 315.42	000	999
D7473	Removal of Torus Mandibularis	\$ 307.43	1.00	\$ 307.43	000	999
D7485	Surgical Reduction of Osseous Tuberosity	\$ 283.95	1.00	\$ 283.95	000	999
D7490	Radical Resection of Mandible	\$ 3,576.00	1.00	\$ 3,576.00	000	999
D7510	Incision & Drainage Abscess Intraoral	\$ 97.14	1.00	\$ 97.14	000	999
D7511	Incision/drain abscess intra	\$ 281.24	1.00	\$ 281.24	000	999
D7520	Incis & Drain Abscess Extraoral Soft	\$ 165.98	1.00	\$ 165.98	000	999
D7521	Incision/drain abscess extra	\$ 235.39	1.00	\$ 235.39	000	999
D7530	Removal Foreign Body/Skin/Tissue	\$ 149.98	1.00	\$ 149.98	000	999
D7540	Removal Reaction Producing Foreign Body	\$ 309.54	1.00	\$ 309.54	000	999
D7550	Part Ostectomy/Sequestrectomy	\$ 220.44	1.00	\$ 220.44	000	999
D7560	Maxillary Sinusotomy	\$ 483.56	1.00	\$ 483.56	000	999
D7610	Maxilla Open Reduction Teeth Immobilize	\$ 1,817.89	1.00	\$ 1,817.89	000	999
D7620	Maxilla Close Reduction Teeth Immobilize	\$ 1,438.94	1.00	\$ 1,438.94	000	999
D7630	Mandible Open Reduction Teeth Immobilize	\$ 1,819.48	1.00	\$ 1,819.48	000	999
D7640	Mandible Close Reduct Teeth Immobilize	\$ 1,404.78	1.00	\$ 1,404.78	000	999

Targeted Rate Increase applied to codes in **bold**.

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D7650	Malar/Zygomatic Arch Open Reduction	\$ 1,635.89	1.00	\$ 1,635.89	000	999
D7660	Malar/Zygomatic Arch Closed Reduction	\$ 1,346.07	1.00	\$ 1,346.07	000	999
D7670	Alveolus Closed Reduction	\$ 575.89	1.00	\$ 575.89	000	999
D7671	Alveolus Open Reduction	\$ 763.64	1.00	\$ 763.64	000	999
D7680	Facial Bones Complicated Reduction	\$ 2,726.31	1.00	\$ 2,726.31	000	999
D7710	Maxilla Open Reduction	\$ 1,895.28	1.00	\$ 1,895.28	000	999
D7720	Maxilla Closed Reduction	\$ 1,416.53	1.00	\$ 1,416.53	000	999
D7730	Mandible Open Reduction	\$ 2,007.90	1.00	\$ 2,007.90	000	999
D7740	Mandible Closed Reduction	\$ 1,512.59	1.00	\$ 1,512.59	000	999
D7750	Malar/Zygomatic Arch Open Reduction	\$ 1,728.23	1.00	\$ 1,728.23	000	999
D7760	Malar/Zygomatic Arch Close Reduction	\$ 2,003.11	1.00	\$ 2,003.11	000	999
D7770	Alveolus Open Reduction Stabilization	\$ 1,129.37	1.00	\$ 1,129.37	000	999
D7771	Alveolus Closed Reduction Stabilization	\$ 1,081.84	1.00	\$ 1,081.84	000	999
D7780	Facial Bones Complicated Reduction	\$ 3,376.93	1.00	\$ 3,376.93	000	999
D7810	Open Reduction of Dislocation	\$ 1,780.53	1.00	\$ 1,780.53	000	999
D7820	Closed Reduction of Dislocation	\$ 240.19	1.00	\$ 240.19	000	999
D7830	Manipulation Under Anesthesia	\$ 319.70	1.00	\$ 319.70	000	999
D7840	Condylectomy	\$ 2,241.68	1.00	\$ 2,241.68	000	999
D7850	Surgical Discectomy with/without Implant	\$ 3,489.78	1.00	\$ 3,489.78	000	999
D7852	Disc Repair	\$ 2,365.50	1.00	\$ 2,365.50	000	999
D7854	Synovectomy	\$ 2,196.69	1.00	\$ 2,196.69	000	999
D7856	Myotomy	\$ 1,477.36	1.00	\$ 1,477.36	000	999
D7858	Joint Reconstruction	Code is manually priced		Code is manually priced	000	999
D7860	Arthrotomy	Code is manually priced		Code is manually priced	000	999
D7865	Arthroplasty	Code is manually priced		Code is manually priced	000	999
D7870	Arthrocentesis	\$ 171.87	1.00	\$ 171.87	000	999
D7871	Non-Arthroscopic Lysis and Lavage	Code is manually priced		Code is manually priced	000	999

Targeted Rate Increase applied to codes in **bold**.

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D7872	Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced		Code is manually priced	000	999
D7873	Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced		Code is manually priced	000	999
D7874	Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced		Code is manually priced	000	999
D7875	Arthroscopy Surgical Synovectomy	Code is manually priced		Code is manually priced	000	999
D7876	Arthroscopy Surgica Discectomy	Code is manually priced		Code is manually priced	000	999
D7877	Arthroscopy Surgical Debridement	Code is manually priced		Code is manually priced	000	999
D7880	Occlusal Orthotic Device	\$ 469.48	1.00	\$ 469.48	000	20
D7899	Unspecified TMD Therapy	Code is manually priced		Code is manually priced	000	999
D7910	Suture Recent Small Wounds up to 5 cm	\$ 125.95	1.00	\$ 125.95	000	999
D7911	Complicated Suture up to 5 cm	\$ 236.41	1.00	\$ 236.41	000	999
D7912	Complicated Suture > 5 cm	\$ 379.08	1.00	\$ 379.08	000	999
D7920	Skin Graft Identify Defect Covered	\$ 1,017.29	1.00	\$ 1,017.29	000	999
D7940	Osteoplasty Orthognathic Deformities	\$ 1,540.88	1.00	\$ 1,540.88	000	20
D7941	Osteotomy Mandibular Rami	\$ 3,961.89	1.00	\$ 3,961.89	000	20
D7943	Osteotomy Mandibular Rami w/ Bone Graft	\$ 3,646.47	1.00	\$ 3,646.47	000	20
D7944	Bone cutting segmented	Code is manually priced		Code is manually priced	000	20
D7945	Osteotomy Body Mandible	\$ 4,618.84	1.00	\$ 4,618.84	000	20
D7946	LeFort I Maxilla Total	\$ 3,527.44	1.00	\$ 3,527.44	000	20
D7947	LeFort I Maxilla Segmented	\$ 3,671.00	1.00	\$ 3,671.00	000	999
D7948	LeFort II/LeFortIII w/o Bone Graft	\$ 4,183.94	1.00	\$ 4,183.94	000	20
D7949	LeFort II/LeFortIII w/ Bone Graft	\$ 4,710.72	1.00	\$ 4,710.72	000	20
D7950	Mandible graft	\$ 1,341.98	1.00	\$ 1,341.98	000	999
D7951	Sinus aug w bone or bone sub	\$ 1,183.82	1.00	\$ 1,183.82	012	20
D7955	Repair Maxillofacial Soft & Hard Tissue	\$ 2,271.89	1.00	\$ 2,271.89	000	999

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D7960	Frenulectomy/frenectomy	\$ 189.47	1.00	\$ 189.47	000	20
D7963	Frenuloplasty	\$ 213.49	1.00	\$ 213.49	000	20
D7970	Excision Hyperplastic Tissue per Arch	\$ 213.49	1.00	\$ 213.49	000	999
D7971	Excision Pericoronary Gingiva	\$ 99.80	1.00	\$ 99.80	000	999
D7972	Surgical Reduction Fibrous Tuberosity	\$ 310.64	1.00	\$ 310.64	000	999
D7980	Sialolithotomy	\$ 349.52	1.00	\$ 349.52	000	999
D7981	Excision of salivary gland, by report	Code is manually priced		Code is manually priced	000	999
D7982	Sialodochoplasty	\$ 717.33	1.00	\$ 717.33	000	999
D7983	Closure Salivary Fistula	\$ 521.47	1.00	\$ 521.47	000	999
D7990	Emergency Tracheotomy	\$ 540.15	1.00	\$ 540.15	000	999
D7991	Coronoidectomy	Code is manually priced		Code is manually priced	000	999
D7995	Synthetic Graft Mandible/Facial Bones	Code is manually priced		Code is manually priced	000	20
D7996	Implant Mandible Augmentation Purposes	Code is manually priced		Code is manually priced	000	20
D7997	Appliance Removal	\$ 121.17	1.00	\$ 121.17	000	999
D7999	Unspecified Oral Surgery	Code is manually priced		Code is manually priced	000	999
D8050	Interceptive Ortho Primary Dentition	\$ 973.85	1.00	\$ 973.85	000	20
D8060	Interceptive Ortho Transition Dentition	\$ 1,144.84	1.00	\$ 1,144.84	000	20
D8070	Comprehen Ortho Transition Dentition	\$ 2,543.44	1.00	\$ 2,543.44	000	20
D8080	Comprehen Ortho Adolescent Dentition	\$ 2,861.37	1.00	\$ 2,861.37	000	20
D8090	Comprehen Ortho Adult Dentition	\$ 3,179.30	1.00	\$ 3,179.30	000	20
D8210	Removable Appliance Therapy	\$ 373.60	1.00	\$ 373.60	000	20
D8220	Fixed Appliance Therapy	\$ 426.98	1.00	\$ 426.98	000	20
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$ 133.44	1.00	\$ 133.44	000	20
D8691	Repair of Orthodontic Appliance	\$ 164.22	1.00	\$ 164.22	000	20
D8692	Replacement of lost or broken retainer	\$ 140.91	1.00	\$ 140.91	000	20
D8693	Re-cement or re-bond fixed retainer	\$ 101.94	1.00	\$ 101.94	005	20

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Medicaid Dental FFS Fee Schedule  
(Effective 7/1/2015)

CDT Procedure Code	Procedure Code Desc	[Updated] FFS Base Value Eff. 7/1/2015	Conversion Factor	Total CO Medicaid Allowable (Base Value x Conversion Factor)	Min Age	Max Age
D8694	Repair of fixed retainers, includes reattachment	\$ 70.46	1.00	\$ 70.46	005	20
D8999	Unspec orthodontic procedure by report	Code is manually priced		Code is manually priced	000	20
D9110	Palliative Emergency Minor	\$ 50.70	1.00	\$ 50.70	000	999
D9219	Evaluation for deep sedation or general anesthesia	\$ 38.96	1.00	\$ 38.96	000	999
D9220	General Anesthesia 1st 30 Minutes	\$ 190.75	1.00	\$ 190.75	000	999
D9221	General Anesthesia Ea Add 15 Minutes	\$ 82.61	1.00	\$ 82.61	000	999
D9230	Analgesia	\$ 29.89	1.00	\$ 29.89	000	20
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$ 190.75	1.00	\$ 190.75	000	999
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$ 82.61	1.00	\$ 82.61	000	999
D9248	Non-intravenous moderate (conscious) sedation	\$ 133.44	1.00	\$ 133.44	000	20
D9310	Dental consultation	\$ 38.96	1.00	\$ 38.96	000	999
D9410	House/Extended Care Facility Call	\$ 93.40	1.00	\$ 93.40	000	999
D9420	Hospital/ASC call	\$ 106.75	1.00	\$ 106.75	000	999
D9911	Application Desensitizing Resin	\$ 33.10	1.00	\$ 33.10	000	20
D9940	Occlusal guard, by report	\$ 254.06	1.00	\$ 254.06	000	20
D9951	Occlusal Adjustment Limited	\$ 74.21	1.00	\$ 74.21	000	20
D9952	Occlusal Adjustment Complete	\$ 210.90	1.00	\$ 210.90	000	20
D9971	Odontoplasty 1-2 Teeth	\$ 70.44	1.00	\$ 70.44	000	20
D9999	Unspec adjunctive procedure, by report	Code is manually priced		Code is manually priced	000	999

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