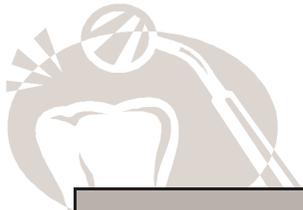




Colorado Medicaid Adult Dental Rates

Rates Effective for Services Rendered 04/01/2014 - 06/30/2014

| Service | Procedure Code | Modifiers | | | Rate | Unit |
|------------------------------------------------------------------------------------------------------------|----------------|-----------|-------|-------|----------|-------------|
| | | Mod 1 | Mod 2 | Mod 3 | | |
| Diagnostic: Clinical Oral Evaluations | | | | | | |
| periodic oral evaluation – established patient | D0120 | | | | \$ 20.84 | 1 Procedure |
| limited oral evaluation – problem focused | D0140 | | | | \$ 31.24 | 1 Procedure |
| comprehensive oral evaluation – new or established patient | D0150 | | | | \$ 35.93 | 1 Procedure |
| comprehensive periodontal evaluation – new or established patient | D0180 | | | | \$ 39.06 | 1 Procedure |
| Diagnostic: Radiographs/Diagnostic Imaging (Including Interpretation) | | | | | | |
| intraoral – complete series of radiographic image | D0210 | | | | \$ 53.11 | 1 Procedure |
| intraoral – periapical first radiographic image | D0220 | | | | \$ 12.50 | 1 Procedure |
| intraoral – periapical each additional radiographic image | D0230 | | | | \$ 10.41 | 1 Procedure |
| dental bitewing – single radiographic image | D0270 | | | | \$ 11.97 | 1 Procedure |
| dental bitewings – two radiographic images | D0272 | | | | \$ 19.26 | 1 Procedure |
| dental bitewings – four radiographic images | D0274 | | | | \$ 27.07 | 1 Procedure |
| vertical bitewings – 7 to 8 radiographic images | D0277 | | | | \$ 40.10 | 1 Procedure |
| panoramic radiographic image | D0330 | | | | \$ 47.89 | 1 Procedure |
| <ul style="list-style-type: none"> Limited to clients age 6 years and over | | | | | | |
| Diagnostic: Tests and Examinations | | | | | | |
| pulp vitality tests | D0460 | | | | \$ 24.46 | 1 Procedure |
| <ul style="list-style-type: none"> Includes multiple teeth & contra lateral comparisons | | | | | | |



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| | | Mod 1 | Mod 2 | Mod 3 | | |
| Preventative: Dental Prophylaxis | | | | | | |
| prophylaxis – adult • Limited to twice annually; limited to clients age 12 years and over | D1110 | | | | \$ 38.25 | 1 Procedure |
| Restorative: Amalgam Restorations (Including Polishing) | | | | | | |
| amalgam – one surface, primary or permanent | D2140 | | | | \$ 56.23 | 1 Procedure |
| amalgam – two surfaces, primary or permanent | D2150 | | | | \$ 71.84 | 1 Procedure |
| amalgam – three surfaces, primary or permanent | D2160 | | | | \$ 84.87 | 1 Procedure |
| amalgam – four or more surfaces, primary or permanent | D2161 | | | | \$ 101.02 | 1 Procedure |
| Restorative: Resin-Based Composite Restorations – Direct | | | | | | |
| resin-based composite – one surface, anterior | D2330 | | | | \$ 67.16 | 1 Procedure |
| resin-based composite – two surfaces, anterior | D2331 | | | | \$ 83.31 | 1 Procedure |
| resin-based composite – three surfaces, anterior | D2332 | | | | \$ 98.93 | 1 Procedure |
| resin-based composite – four or more surfaces or involving incisal angle (anterior) | D2335 | | | | \$ 123.91 | 1 Procedure |
| resin-based composite – one surface, posterior | D2391 | | | | \$ 56.23 | 1 Procedure |
| resin-based composite – two surfaces, posterior | D2392 | | | | \$ 71.84 | 1 Procedure |
| resin-based composite – three surfaces, posterior | D2393 | | | | \$ 84.87 | 1 Procedure |
| resin-based composite – four or more surfaces, posterior | D2394 | | | | \$ 101.02 | 1 Procedure |



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|-------|-------|-----------|-------------|
| | | Mod 1 | Mod 2 | Mod 3 | | |
| Oral and Maxillofacial Surgery: Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care) | | | | | | |
| extraction, erupted tooth or exposed root (elevation and/or forceps removal) | D7140 | | | | \$ 68.22 | 1 Procedure |
| Oral and Maxillofacial Surgery: Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care) | | | | | | |
| surgical removal of residual tooth roots (cutting procedure) | D7250 | | | | \$ 128.08 | 1 Procedure |
| Oral and Maxillofacial Surgery: Surgical Incision | | | | | | |
| incision & drainage of abscess – intraoral soft tissue | D7510 | | | | \$ 94.76 | 1 Procedure |
| incision & drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | D7511 | | | | \$ 274.35 | 1 Procedure |
| incision & drainage of abscess – extraoral soft tissue | D7520 | | | | \$ 161.92 | 1 Procedure |
| Adjunctive General Services: Unclassified Treatment | | | | | | |
| <p>palliative (emergency) treatment of dental pain – minor procedure</p> <ul style="list-style-type: none"> This code can only be billed for minor dental procedures to relieve dental pain in emergencies. The nature of the emergency and the specific treatment provided must be documented in the patient’s chart. This code may not be used for writing prescriptions dispensing medications in the office, or administering drugs orally. It may be used in conjunction with a problem focused examination code, radiographs, and other diagnostic procedures needed to support diagnosis prior to performance of the palliative treatment. | D9110 | | | | \$ 49.46 | 1 Procedure |
| Adjunctive General Services: Professional Visits | | | | | | |
| house/extended care facility call | D9410 | | | | \$ 91.11 | 1 Procedure |