

<b>PETI Dental Fee Schedule</b>			
<b>Effective September 1, 2011</b>			
<b>Procedure Code</b>	<b>Cost Per Unit</b>	<b>Medicaid Benefit</b>	<b>Procedure Description per ADA-CDT</b>
D0120	\$20.49	No	Periodic oral evaluation. Exam for a patient of record - a periodic scheduled check up or recall
D0140	\$29.89	Yes	Limited oral evaluation - problem focused.
D0150	\$34.38	Yes	Comprehensive oral evaluation - new or established patient
D0160	\$62.29	Yes	Detailed and extensive oral evaluation - problem focused by report
D0170	\$28.17	No	Re-evaluation - limited, problem focused. (Established patient; not post-operative visit)
D0180	\$37.38	Yes	Comprehensive periodontal evaluation
D0210	\$50.82	Yes	Intraoral - complete series (including bitewings). Full mouth set of x-rays - X-rays of all the teeth
D0220	\$11.96	Yes	Intraoral - periapical - first film. X-ray showing all of a tooth.
D0230	\$9.96	Yes	Intraoral - periapical - each additional film. X-ray showing all of the tooth
D0240	\$17.44	Yes	Intraoral - occlusal film. A larger x-ray of several teeth in the upper or lower jaw
D0250	\$24.91	Yes	Extraoral - first film. X-ray of the head or face
D0260	\$20.43	Yes	Extraoral - each additional film. X-ray of the head or face. After the first x-ray in a series
D0270	\$11.45	Yes	Bitewing - first film. One x-ray of the upper and lower teeth closed together
D0272	\$18.43	Yes	Bitewings - two films
D0274	\$25.90	Yes	Bitewings - four films. Four x-rays of the upper and lower teeth closed together
D0277	\$38.37	Yes	Vertical bitewings – 7 to 8 films
D0330	\$45.83	Yes	Panoramic film. Large single x-ray showing all the teeth and both jaws.
D0460	\$23.41	Yes	Pulp vitality tests. Use of testing methods to find out if the nerve of a tooth is alive or dead
D0999	\$15.23	No	Unspecified diagnostic procedure as performed by an unsupervised dental hygienist in unsupervised practice for a dental screening
D1110	\$37.63	No	Prophylaxis - adult (hygienists)
D1110	\$37.63	No	Prophylaxis - adult (DDS or under dentist's license)
D1204	\$15.37	No	Topical application of fluoride - Adult
D1351	\$23.05	No	Sealant - per tooth
D2140	\$55.32	No	Amalgam - one surface - primary or permanent
D2150	\$70.68	No	Amalgam - two surfaces - primary or permanent
D2160	\$84.76	No	Amalgam - three surfaces - primary or permanent
D2161	\$99.37	No	Amalgam - four or more surfaces - primary or permanent
D2330	\$66.07	No	Resin-based composite - one surface anterior
D2331	\$81.95	No	Resin-based composite - two surfaces anterior
D2332	\$97.32	No	Resin-based composite - three surfaces anterior
D2335	\$121.90	No	Resin-based composite - four or more surfaces anterior
D2391	\$55.32	No	Resin-based composite - one surface posterior
D2392	\$70.68	No	Resin-based composite - two surfaces posterior
D2393	\$83.49	No	Resin-based composite - three surfaces posterior

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D2394	\$99.37	No	Resin-based composite - four or more surfaces posterior
D2710	MP	No	Crown - Resin Based Composite
D2720	\$172.48	No	Crown - Resin Composites with high noble metal.
D2721	MP	No	Crown - Resin Composites with predominantly base metal
D2791	\$70.68	No	Crown - Full cast base metal for tooth # 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32
D2910	\$44.56	No	Re-cement inlay – onlay - Partial coverage restoration.
D2920	\$45.59	No	Re-cement crown
D2932	\$143.42	No	Pre-fabricated resin crown
D2933	\$148.03	No	Pre-fabricated stainless steel crown with resin window
D2940	\$47.12	No	Sedative filling
D2950	\$115.25	No	Core build-up including any pins
D2951	\$28.17	No	Pin retention
D2952	\$176.71	No	Cast post and core in addition to crown Indirectly fabricated
D2953	\$120.88	No	Each additional indirectly fabricated cast post-same tooth
D2954	\$140.34	No	Pre-fabricated post and core in addition to crown
D2955	\$120.88	No	Post Removal (not in conjunction with endodontic treatment)
D2957	\$68.12	No	Each additional pre-fabricated post-same tooth
D2980	\$116.27	No	Crown repair, by report
D2999	MP	No	Unspecified restorative procedure by report
D3110	\$33.81	No	Pulp cap direct (excluding final restoration)
D3120	\$33.81	No	Pulp cap - indirect (excluding final restoration).
D3220	\$79.39	No	Therapeutic pulpotomy (excluding final restoration)
D3221	\$96.62	No	This is a type of emergency partial root canal therapy done to relieve pain and infection
D3310	\$297.08	No	Endodontic therapy, Anterior tooth (excluding final restoration)
D3320	\$351.88	No	Endodontic therapy, Bicuspid tooth (excluding final restoration)
D3330	\$423.59	No	Endodontic therapy, Molar (excluding final restoration)
D3351	\$169.84	No	Apexification/recalcification - initial visit (apical closure/calcific repair of perforation - root resorption, etc.)
D3352	\$104.49	No	Apexification/recalcification - interim medication replacement
D3353	\$212.56	No	Apexification/recalcification - final visit (includes completed root canal therapy)
D3410	\$273.00	No	Apicoectomy/periradicular surgery - anterior
D3421	\$307.83	No	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	\$358.54	No	Apicoectomy/periradicular surgery - molar (first root)
D3426	\$147.51	No	Apicoectomy/periradicular surgery (each additional root)
D3430	\$112.68	No	Retrograde filling - per root
D3450	\$223.74	No	Root amputation - per root
D3470	\$332.93	No	Intentional replantation (including necessary splinting)
D3920	\$190.03	No	Hemisection (including any root removal), not including root canal therapy

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D3950	\$103.46	No	Canal preparation and fitting of preformed dowel or post
D3999	MP	No	Used for a procedure that is not adequately described by a code. Describe procedure.
D4210	\$249.12	Yes	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	\$95.16	Yes	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
D4240	\$294.96	Yes	Gingival flap procedure, including root planing--four or more contiguous teeth or tooth bounded spaces per quadrant
D4245	\$353.93	No	Apically positioned flap
D4274	\$284.27	No	Distal or proximal wedge
D4320	\$208.98	No	Provisional splinting - intracoronal
D4321	\$184.34	Yes	Provisional splinting - extracoronal
D4341	\$101.15	Yes	Periodontal scaling and root planning - four teeth per quadrant
D4342	MP	No	Periodontal scaling and root planning - one to three teeth per quadrant
D4355	\$74.74	Yes	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381	\$70.25	Yes	Localized delivery of antimicrobial agents into diseased crevicular tissue - per tooth
D4910	MP	No	Periodontal maintenance
D5110	\$800.00	No	Complete denture - maxillary
D5120	\$800.00	No	Complete denture - mandibular
D5130	\$750.00	No	Immediate denture - maxillary
D5140	\$750.00	No	Immediate denture - mandibular
D5211	\$499.40	No	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	\$501.96	No	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5213	\$777.00	No	Maxillary partial denture - cast metal framework with resin denture base. (including clasps, rests, etc.)
D5214	\$777.00	No	Mandibular partial denture - cast metal framework with resin denture base. (incl. clasps, rests and teeth)
D5281	\$426.13	No	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
D5410	\$37.90	No	Adjust complete denture - maxillary
D5411	\$37.90	No	Adjust complete denture - mandibular
D5421	\$37.90	No	Adjust partial denture - maxillary
D5422	\$37.90	No	Adjust partial denture - mandibular
D5510	\$72.21	No	Repair broken complete denture base
D5520	\$75.81	No	Repair missing broken teeth - complete denture (each tooth)
D5610	\$86.56	No	Repair resin denture base
D5620	\$121.90	No	Repair cast framework
D5630	\$110.64	No	Repair or replace broken clasp

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D5640	\$76.83	No	Replace broken teeth - per tooth
D5650	\$68.14	No	Add tooth to existing partial denture
D5660	\$115.25	No	Add clasp to existing partial denture
D5710	\$240.73	No	Rebase complete maxillary denture
D5711	\$241.76	No	Rebase complete mandibular denture
D5720	\$231.00	No	Rebase maxillary partial denture
D5721	\$231.00	No	Rebase mandibular partial denture
D5730	\$153.66	No	Reline complete maxillary denture (chairside)
D5731	\$153.66	No	Reline complete mandibular denture (chairside)
D5740	\$151.61	No	Reline maxillary partial denture (chairside)
D5741	\$153.15	No	Reline mandibular partial denture (chairside)
D5750	\$250.00	No	Reline complete maxillary denture (laboratory)
D5751	\$250.00	No	Reline complete mandibular denture (laboratory)
D5760	\$193.10	No	Reline maxillary partial denture (laboratory)
D5761	\$193.10	No	Reline mandibular partial denture (laboratory)
D5810	\$340.10	No	Interim complete denture (maxillary)
D5811	\$340.61	No	Interim complete denture (mandibular)
D5820	\$281.71	No	Interim partial denture (maxillary)
D5821	\$281.71	No	Interim partial denture (mandibular)
D5850	\$84.00	No	Tissue conditioning maxillary
D5851	\$84.00	No	Tissue conditioning mandibular
D5860	\$822.08	No	Overdenture - complete
D5861	\$819.52	No	Overdenture – partial
D5862	\$281.71	No	Precision attachment
D5867	\$135.73	No	Replacement of replaceable part of semi-precision or precision attachment. (male or female component)
D6210	MP	No	Pontic - Cast high noble metal
D6211	\$410.78	No	Pontic - cast predominantly base metal
D6240	MP	No	Pontic - porcelain fused to high noble metal
D6241	\$422.57	No	Pontic - porcelain fused to predominantly base metal
D6242	MP	No	Pontic - porcelain fused noble metal
D6545	\$317.56	No	Retainer - cast metal for resin bonded fixed prosthesis
D6720	MP	No	Crown - resin with high noble metal
D6721	MP	No	Crown - resin with predominantly base metal
D6722	MP	No	Crown - resin with noble metal
D6750	MP	No	Crown - porcelain fused to high noble metal
D6751	\$420.00	No	Crown - porcelain fused to predominantly base metal
D6752	MP	No	Crown - porcelain fused to noble metal
D6791	\$412.32	No	Crown - full cast predominantly base metal
D6920	\$410.78	No	Connector bar

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D6930	\$68.63	No	Re-cement fixed partial denture
D6940	\$174.15	No	Stress breaker
D6950	\$268.39	No	Precision attachment
D6970	\$182.34	No	Cast post and core in addition to fixed partial denture retainer
D6971	MP	No	Cast post and core as part of fixed partial denture
D6972	\$142.39	No	Prefab post and core in addition to fixed partial denture retainer
D6973	\$117.29	No	Core build up for retainer including any pins
D6975	\$299.12	No	Coping – metal
D6976	\$117.81	No	Each additional cast post - same tooth
D6977	\$75.29	No	Each additional prefabricated post - same tooth
D6980	\$158.78	No	Fixed partial denture repair
D6999	MP	No	Unspecified fixed prosthodontic procedure
D7140	\$65.28	Yes	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	\$112.11	Yes	Extraction - surgical removal of erupted tooth
D7220	\$127.05	Yes	Extraction - removal of impacted tooth – soft tissue
D7230	\$162.43	Yes	Extraction - removal of impacted tooth – partially bony
D7240	\$199.29	Yes	Extraction - removal of impacted tooth – completely bony
D7241	\$243.30	No	Extraction - removal of completely bony - with unusual surgical complications
D7250	\$122.56	Yes	Extraction - surgical removal of residual tooth roots - cutting procedure
D7260	\$314.39	Yes	Oroantral fistula closure
D7261	\$394.51	Yes	Primary closure of sinus perforation
D7270	\$224.34	No	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
D7272	\$365.76	No	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	\$196.68	No	Surgical access of an unerupted tooth
D7290	\$197.20	No	Surgical repositioning of teeth
D7310	\$118.32	No	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces per quadrant usually in preparation for a prosthesis
D7320	\$174.15	No	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces per quadrant no extractions performed in an edentulous area
D7471	\$256.10	No	Removal of lateral exostosis
D7510	\$90.68	Yes	Incision and drainage of abscess – intraoral soft tissue
D7520	\$154.95	Yes	Incision and drainage of abscess – extraoral soft tissue
D7530	\$140.01	Yes	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	\$288.96	Yes	Removal of reaction-producing foreign bodies - musculoskeletal system
D7999	MP	Yes	Unspecified oral surgery procedure
D9110	\$47.33	Yes	Palliative (emergency) treatment of dental pain - minor procedures
D9220	\$178.07	Yes	Deep sedation/general anesthesia-first 30 minutes

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D9221	\$62.78	Yes	Deep sedation/general anaesthesiaeach additional 15 minutes
D9230	\$28.68	No	Analgesia – anxiolysis - inhalation of nitrous oxide
D9241	\$150.46	Yes	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	\$58.80	Yes	Intravenous conscious sedation/analgesia - each additional 15 minutes
D9248	\$128.05	No	Non-intravenous conscious sedation
D9310	\$36.37	Yes	Consultation (diagnostic services provided by dentist or physician other than requesting dentist or physician.
D9410	\$90.00	No	House/extended care facility call-Dentist
D9410	\$20.00	No	House/extended care- Independent Hygienists
D9420	\$99.66	Yes	Hospital call-dentist
D9911	\$31.76	No	Application of desensitizing resin for cervical and/or root surface - per tooth
D9940	\$243.81	No	Occlusal guard to reduce unnatural wear on teeth from grinding, bruxisum, bruxing
D9951	\$71.20	No	Occlusal adjustment - limited - Used to adjust some permanent teeth 1-32, on a per visit basis
D9952	\$202.39	No	Occlusal adjustment - complete
D9999	MP	No	Unspecified adjunctive procedures