OAP Dental Assistance Program – Reimbursement Schedule (Jan. 16, 2013)

TABLE OF ALLOWABLE PROCEDURES AND FEES

CDT 2013	Procedure Description	Maximum Allowable Fee	Program Payment	Maximum Patient Co-pay
	Diagnostic			
0120	Periodic Oral Evaluation – Est. Pt.	$ 46	$ 46	$ 0
0140	Limited Oral Evaluation	$ 62	$ 52	$ 10
0150	Comprehensive Oral Exam	$ 81	$ 81	$ 0
0180	Comprehensive periodontal evaluation – new or est. pt.	$ 88	$ 88	$ 0
0210	Intraoral– Complete series of radiographic images	$ 125	$ 125	$ 0
0220	Periapical – 1st radiographic image	$ 25	$ 25	$ 0
0230	Periapical – each additional radiographic image	$ 23	$ 23	$ 0
0270	Bitewing – single film	$ 26	$ 26	$ 0
0272	Bitewings – two films	$ 42	$ 42	$ 0
0273	Bitewings – three films	$ 52	$ 52	$ 0
0274	Bitewings – four films	$ 60	$ 60	$ 0
0330	Panoramic radiographic image	$ 63	$ 63	$ 0
	Preventive			
1110	Prophylaxis (Adult)	$ 88	$ 88	$ 0
1206	Topical Fluoride Varnish	$ 52	$ 52	$ 0
1208	Topical Fluoride	$ 52	$ 52	$ 0

	Restorative			
2140	Amalgam – one surface	$ 107	$ 97	$ 10
2150	Amalgam – two surfaces	$ 138	$ 128	$ 10
2160	Amalgam – three surfaces	$ 167	$ 157	$ 10
2161	Amalgam – four + surfaces	$ 203	$ 193	$ 10
2330	Resin – one surface, anterior	$ 115	$ 105	$ 10
2331	Resin – two surface, anterior	$ 146	$ 136	$ 10
2332	Resin – three surface, anterior	$ 179	$ 169	$ 10
2335	Resin – four surface, incisal angle	$ 212	$ 202	$ 10
2391	Resin – one surface, posterior	$ 134	$ 124	$ 10
2392	Resin – two surface, posterior	$ 176	$ 166	$ 10
2393	Resin – three surface, posterior	$ 218	$ 208	$ 10
2394	Resin – four surface, posterior	$ 268	$ 258	$ 10
2951	Pin retention per tooth	$ 50	$ 40	$ 10
	Periodontics			
4341	Scaling and Root Planing ≥ 4 teeth/quad	$ 177	$ 167	$ 10
4342	Scaling and Root Planing ≤ 3 teeth/quad	$ 128	$ 128	$ 0
4910	Periodontal Maintenance	$ 136	$ 136	$ 0
	Prosthetics (Patient co-pay for these services are not to exceed 10%)			
5110	Complete denture - maxillary	$ 793	$ 713	$ 80

5120	Complete denture, mandibular	$ 793	$ 713	$ 80
5211	Partial denture, maxillary – resin, inc. clasps, rests, teeth	$ 700	$ 640	$ 60
5212	Partial denture, mandibular – resin, inc. clasps, rests, teeth	$ 778	$ 718	$ 60
5510	Repair broken complete denture	$ 87	$ 77	$ 10
5520	Replace missing or broken teeth – Complete denture/tooth	$ 73	$ 63	$ 10
5610	Repair broken partial base	$ 95	$ 85	$ 10
5630	Replace or repair broken clasp	$ 123	$ 113	$ 10
5640	Replace missing or broken teeth – partial denture/tooth	$ 80	$ 70	$ 10
5650	Add tooth to existing partial	$ 109	$ 99	$ 10
5660	Add clasp to existing partial	$ 131	$ 121	$ 10
5710	Rebase complete denture - maxillary	$ 322	$ 297	$ 25
5711	Rebase complete denture – mandibular	$ 308	$ 283	$ 25
5720	Rebase partial denture – maxillary	$ 304	$ 279	$ 25
5721	Rebase partial denture – mandibular	$ 304	$ 279	$ 25
5730	Reline denture – maxillary - chair-side	$ 182	$ 172	$ 10
5731	Reline denture – mandibular – chairside	$ 182	$ 172	$ 10
5740	Reline partial – maxillary - chair-side	$ 167	$ 157	$ 10

5741	Reline partial – mandibular – chairside	$ 167	$ 157	$ 10
5750	Reline denture – maxillary - laboratory	$ 243	$ 218	$ 25
5751	Reline denture – mandibular – laboratory	$ 243	$ 218	$ 25
5760	Reline partial – maxillary - laboratory	$ 239	$ 214	$ 25
5761	Reline partial – mandibular – laboratory	$ 239	$ 214	$ 25
	Oral Surgery			
7140	Extraction erupted tooth or exposed root	$ 82	$ 72	$ 10
7210	Surgical removal of erupted tooth	$ 135	$ 125	$ 10
7250	Surgical removal of residual tooth roots	$ 143	$ 133	$ 10
7286	Biopsy, soft tissue	$ 381	$ 381	$ 0
7310	Alveoloplasty (w/extractions) (Four or more teeth)	$ 150	$ 140	$ 10
7311	Alveoloplasty (w/extractions) (Three teeth or less)	$ 138	$ 128	$ 10
7320	Alveoloplasty (w/out extractions)(Four or more teeth)	$ 150	$ 140	$ 10
7321	Alveoloplasty (w/out extractions) (Three teeth or less)	$ 138	$ 128	$ 10
7510	Incision and drainage of abscess – intraoral soft tissue	$ 193	$ 183	$ 10
9110	Palliative treatment – ER treatment of dental pain - minor procedure (limited to one exam per year)	$ 61	$ 36	$ 25