



Division of
Children and Youth with Special Health Care Needs (CYSHCN)

Appendix 2
DENTAL SERVICES REIMBURSEMENT RATES

| CDT Code | Description | CYSHCN reimbursement rate |
|-----------------|---|----------------------------------|
| D0120 | Periodic oral evaluation – established patient | \$23.00 |
| D0140 | Limited oral evaluation – problem focused | \$38.50 |
| D0145 | Oral evaluation – patient under three years of age | \$36.00 |
| D0150 | Comprehensive oral evaluation – new or established patient | \$40.50 |
| D0160 | Detailed and extensive oral evaluation, problem focused by report | \$74.00 |
| D0210 | Intraoral – complete series of radiographic images | \$50.09 |
| D0220 | Intraoral – periapical first radiographic image | \$13.00 |
| D0230 | Intraoral – periapical each radiographic image | \$10.39 |
| D0240 | Intraoral – occlusal radiographic image | \$18.94 |
| D0250 | Extraoral – first radiographic image | \$13.00 |
| D0270 | Bitewing – single radiographic image | \$21.00 |
| D0272 | Bitewings – two radiographic images | \$55.00 |
| D0274 | Bitewings – four radiographic images | \$27.51 |
| D0330 | Panoramic radiographic image | \$50.09 |
| D1110 | Prophylaxis – adult | \$50.40 |
| D1120 | Prophylaxis – child | \$34.80 |
| D1206 | Topical application of fluoride varnish | \$27.00 |
| D1208 | Topical application of fluoride including fluoride gels or fluoride foams | \$16.20 |
| D1351 | Sealant – per tooth | \$65.00 |
| D1510 | Space maintainer – fixed – unilateral | \$230.00 |
| D1516 | Space maintainer – fixed – bilateral, maxillary | \$242.40 |
| D1517 | Space maintainer – fixed – bilateral, mandibular | \$242.40 |
| D2140 | Amalgam – one surface, primary or permanent | \$61.09 |
| D2150 | Amalgam – two surfaces, primary or permanent | \$79.42 |
| D2160 | Amalgam – three surfaces, primary or permanent | \$95.91 |
| D2161 | Amalgam – four or more surfaces, primary or permanent | \$116.68 |
| 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) | \$125.85 |
| D2390 | Resin-based composite, crown, anterior | \$152.73 |
| D2391 | Resin-based composite – one surface, posterior | \$80.03 |
| D2392 | Resin-based composite – two surfaces, posterior | \$104.46 |
| D2393 | Resin-based composite – three surfaces, posterior | \$129.51 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$158.83 |



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| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | \$126.46 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$139.00 |
| D2931 | Prefabricated stainless steel crown – permanent tooth | \$157.00 |
| D2932 | Prefabricated resin crown | \$171.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown – primary tooth | \$126.46 |
| 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 |
| 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 | \$659.17 |
| D5120 | Complete denture – mandibular | \$659.17 |
| D5211 | Maxillary partial denture – resin base | \$556.54 |
| D5212 | Mandibular partial denture – resin base | \$646.33 |
| D5511 | Repair broken complete denture base, mandibular D GENL | \$72.09 |
| D5512 | Repair broken complete denture base, maxillary D GENL | \$72.09 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | \$559.87 |
| D5611 | Repair resin partial denture base, mandibular D GENL | \$78.20 |
| D5612 | Repair resin partial denture base, maxillary D GENL | \$78.20 |
| D5640 | Replace broken teeth – per tooth | \$65.98 |
| D6999 | Unspecified fixed prosthodontic procedure, by report | \$475.00 |
| D7111 | Extraction, coronal remnants – deciduous tooth | \$66.60 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$88.80 |
| D7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$143.40 |
| D7220 | Removal of impacted tooth – soft tissue | \$179.40 |
| D7230 | Removal of impacted tooth – partially bony | \$238.80 |
| D7240 | Removal of impacted tooth – completely bony | \$280.80 |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$352.80 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$151.20 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$267.00 |
| 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 |



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| 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 |
| D7530 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | \$237.00 |
| D7550 | Partial ostectomy/sequestrectomy 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 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$90.24 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15-minute increment | \$90.24 |
| D9230 | Inhalation of nitrous oxide/analgesia | \$32.50 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | \$74.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia | \$74.00 |
| D9248 | Non-intravenous conscious sedation | \$105.00 |
| D9310 | Diagnostic service provided by a dentist or physician other than the requesting dentist or physician | \$62.00 |
| D9420 | General anesthesia and for intravenous or IV sedation in an outpatient hospital setting | \$87.50 |
| D9920 | Behavior management | \$55.00 |