



P R O V I D E R B U L L E T I N

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To: Dental Providers**Subject: Reduction in Dental Reimbursement**

Note: This bulletin is obsolete. Please see [BT201012](#) for the updated version of this bulletin.

Overview

The Office of Medicaid Policy and Planning (OMPP) is promulgating an emergency rule to avoid an anticipated budgetary shortfall and to remain within the available Medicaid appropriation. The result is a reduction in reimbursement for dental procedures.

General

Reimbursement for dental services with a “from” date of service on or after April 1, 2010, through June 30, 2011, will be reduced by 5 percent. Table 1 lists all dental codes, the current rate, and the new rate effective April 1, 2010, through June 30, 2011. Table 2 lists dental codes that are currently manually priced that will also be subject to a 5 percent reduction effective with dates of service on or after April 1, 2010. The Indiana Health Coverage Programs (IHCP) intends to establish rates for the services in Table 2, and providers will be given advance notice of the new rates.

Dental providers will be able to access the reduced fee schedule at www.indianamedicaid.com on and after April 1, 2010.

Table 1 – Dental Codes and New Rate Information

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D0120	Periodic oral exam	\$22.58	\$21.45		
D0140	Exam – limited, problem focused	\$37.08	\$35.23		
D0145	Oral evaluation, pt < 3yr	\$35.50	\$33.73		
D0150	Exam – comprehensive	\$35.50	\$33.73		
D0160	Exam – detailed, problem	\$50.00	\$47.50		
D0170	Re-eval, est pt, problem focus	\$20.00	\$19.00		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D0210	Intraoral – complete series	\$72.25	\$68.64		
D0220	Intraoral – periapical – first film	\$13.25	\$12.59		
D0230	Intraoral – periapical – each additional film	\$10.00	\$9.50		
D0240	Intraoral – occlusal film	\$18.50	\$17.58		
D0250	Extraoral – first film	\$17.75	\$16.86		
D0260	Extraoral – each additional film	\$11.25	\$10.69		
D0270	Bitewing – single film	\$17.29	\$16.43		
D0272	Bitewings – two films	\$24.81	\$23.57		
D0273	Bitewings – three films	\$27.75	\$26.36		
D0274	Bitewings – four films	\$35.17	\$33.41		
D0290	Postero – anterior and lateral skull and facial bone, survey film	\$51.50	\$48.93		
D0310	Sialography	\$61.75	\$58.66		
D0330	Panoramic film	\$64.52	\$61.29		
D0340	Cephalometric film	\$34.25	\$32.54		
D0486	Accession of brush biopsy	\$68.71	\$65.27		
D1110	Prophylaxis – adult	\$47.75	\$45.36		
D1120	Prophylaxis – child	\$34.50	\$32.78		
D1203	Topical application of fluoride – child	\$22.25	\$21.14		
D1204	Topical app fluoride – adult	\$22.25	\$21.14		
D1206	Topical fluoride varnish	\$22.25	\$21.14		
D1351	Sealant – per tooth	\$29.35	\$27.88		
D1510	Space maintainer – fixed – unilateral	\$194.34	\$184.62		
D1515	Space maintainer – fixed-bilateral	\$278.54	\$264.61		
D1520	Space maintainer – removable-unilateral	\$154.75	\$147.01		
D1525	Space maintainer – removable-bilateral	\$145.75	\$138.46		
D1550	Recementation of space maintainer	\$36.50	\$34.68		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D1555	Removal of fixed space maintainer	\$36.50	\$34.68		
D2140	Amalgam – one surface, primary or permanent	\$56.88	\$54.04		A-T
D2140	Amalgam – one surface, primary or permanent	\$61.90	\$58.81		01-32
D2150	Amalgam – two surfaces, primary or permanent	\$71.93	\$68.33		A-T
D2150	Amalgam – two surfaces, primary or permanent	\$81.14	\$77.08		01-32
D2160	Amalgam – three surfaces, primary or permanent	\$86.71	\$82.37		A-T
D2160	Amalgam – three surfaces, primary or permanent	\$96.47	\$91.65		01-32
D2161	Amalgam – four or more surfaces, primary or permanent	\$93.13	\$88.47		A-T
D2161	Amalgam – four or more surfaces, primary or permanent	\$116.27	\$110.46		01-32
D2330	Resin – one surface – anterior	\$79.18	\$75.22		
D2331	Resin – two surface – anterior	\$96.47	\$91.65		
D2332	Resin – three surface – anterior	\$111.58	\$106.00		
D2335	Composite resin crown – anterior-primary	\$154.74	\$147.00		
D2390	Ant resin-based cmpst crown	\$140.00	\$133.00		01-32
D2390	Ant resin-based cmpst crown	\$138.75	\$131.81		A-T
D2391	Resin-based cmp 1 srf posterior	\$55.50	\$52.73		01-32
D2391	Resin-based cmp 1 srf posterior	\$51.00	\$48.45		A-T
D2392	Resin-based cmp 2 srf posterior	\$72.75	\$69.11		01-32
D2392	Resin-based cmp 2 srf posterior	\$64.50	\$61.28		A-T
D2393	Resin-based cmp 3 srf posterior	\$86.50	\$82.18		01-32
D2393	Resin-based cmp 3 srf	\$77.75	\$73.86		A-T

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
	posterior				
D2394	Resin-based cmp 4 srf posterior	\$104.25	\$99.04		01-32
D2394	Resin-based cmp 4 srf posterior	\$83.50	\$79.33		A-T
D2910	Recement inlay, onlay or partial coverage restoration	\$56.00	\$53.20		
D2920	Recement crowns	\$58.27	\$55.36		
D2930	Prefabricated stainless steel crown – primary tooth	\$155.86	\$148.07		
D2931	Prefabricated stainless steel crown – permanent tooth	\$185.69	\$176.41		
D2932	Prefabricated resin crown	\$138.75	\$131.81		
D2933	Prefabricated stainless steel crown with resin window	\$161.75	\$153.66		
D2934	Prefab steel crown primary	\$155.86	\$148.07		
D2940	Sedative filling	\$60.78	\$57.74		
D2980	Crown repair, by report	\$160.25	\$152.24		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$105.11	\$99.85		
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	\$105.11	\$99.85		
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$136.06	\$129.26		
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final)	\$115.50	\$109.72		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$377.52	\$358.64		
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$464.23	\$441.02		
D3330	Endodontic therapy, molar (excluding final restoration)	\$569.32	\$540.85		
D3351	Apexification/recalcification	\$240.50	\$228.48		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D3352	Apexification/recalcification – interim medication replacement	\$49.50	\$47.03		
D3353	Apexification/recalcification – final visit includes completed root canal	\$49.50	\$47.03		
D3410	Apicoectomy/periradicular surgery – anterior	\$352.00	\$334.40		
D3430	Retrograde filling – per root	\$108.25	\$102.84		
D4210	Gingivectomy/plasty per quad	\$371.38	\$352.81		
D4211	Gingivectomy/plasty per one to three tooth	\$127.42	\$121.05		
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$154.74	\$147.00		
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$52.03	\$49.43		
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$98.14	\$93.23		
D5110	Complete upper (denture)	\$436.35	\$414.53	0-20	
D5110	Complete upper (denture)	\$391.25	\$371.69	21-999	
D5120	Complete lower (denture)	\$439.56	\$417.58	0-20	
D5120	Complete lower (denture)	\$394.13	\$374.42	21-999	
D5130	Immediate upper	\$391.25	\$371.69		
D5140	Immediate lower	\$394.13	\$374.42		
D5211	Upper partial – acrylic base	\$365.81	\$347.52	0-20	
D5211	Upper partial – acrylic base	\$656.00	\$623.20	21-999	
D5212	Lower partial – acrylic base	\$371.38	\$352.81	0-20	
D5212	Lower partial – acrylic base	\$333.00	\$316.35	21-999	
D5213	Maxillary partial denture – cast metal framework with resin denture bases	\$656.00	\$623.20	0-20	
D5213	Maxillary partial denture – cast metal framework with resin denture bases	\$328.00	\$311.60	21-999	
D5214	Lower partial –	\$788.25	\$748.84	0-20	

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
	predominantly base cast base with acrylic saddles				
D5214	Lower partial – predominantly base cast base with acrylic saddles	\$333.00	\$316.35	21-999	
D5225	Maxillary partial denture – flexible base	\$656.00	\$623.20	0-20	
D5225	Maxillary partial denture – flexible base	\$328.00	\$311.60	21-999	
D5226	Mandibular partial denture – flexible base	\$788.25	\$748.84	0-20	
D5226	Mandibular partial denture – flexible base	\$333.00	\$316.35	21-999	
D5510	Repair broken – complete denture base	\$105.50	\$100.23		
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$83.25	\$79.09		
D5610	Repair resin denture base	\$100.00	\$95.00		
D5620	Repair cast framework	\$159.75	\$151.76		
D5630	Repair or replace broken clasp	\$144.25	\$137.04		
D5640	Replace broken teeth – per tooth	\$83.25	\$79.09		
D5650	Add tooth to existing partial denture	\$111.00	\$105.45		
D5660	Add clasp to existing partial	\$155.50	\$147.73		
D5730	Reline upper complete denture	\$194.25	\$184.54		
D5731	Reline lower complete denture (chairside)	\$194.25	\$184.54		
D5740	Reline upper partial denture (chairside)	\$126.25	\$119.94		
D5741	Reline lower partial denture (chairside)	\$69.50	\$66.03		
D5750	Reline complete maxillary denture laboratory	\$249.75	\$237.26		
D5751	Reline complete mandibular denture (laboratory)	\$249.75	\$237.26		
D5760	Reline maxillary partial denture (laboratory)	\$200.00	\$190.00		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D5761	Reline mandibular partial denture (laboratory)	\$144.50	\$137.28		
D5952	Pediatric speech aid	\$1,352.25	\$1,284.64		
D7111	Extraction, coronal remnants – deciduous tooth	\$72.25	\$68.64		
D7140	Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$77.24	\$73.38		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone	\$154.20	\$146.49		
D7220	Removal of impacted tooth – soft tissue	\$185.69	\$176.41		
D7230	Removal of impacted tooth – partially bony	\$247.59	\$235.21		
D7240	Removal of impacted tooth – completely bony	\$321.76	\$305.67		
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$333.00	\$316.35		
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$185.69	\$176.41		
D7260	Oroantral fistula closure	\$355.75	\$337.96		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$216.25	\$205.44		
D7280	Surgical access of an unerupted tooth	\$158.50	\$150.58		
D7285	Biopsy of oral tissue – hard	\$210.50	\$199.98		
D7286	Biopsy of oral tissue – soft	\$172.59	\$163.96		
D7288	Brush biopsy – transepithelial sample collection	\$35.00	\$33.25		
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$185.69	\$176.41		
D7311	Alveoloplasty in conjunction with extractions – one to	\$157.89	\$150.00		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
	three teeth or tooth spaces, per quadrant				
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$247.59	\$235.21		
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$198.94	\$188.99		
D7410	Excision of benign lesion up to 1.25cm	\$111.48	\$105.91		
D7411	Excision of benign lesion greater than 1.25cm	\$477.75	\$453.86		
D7440	Excision of malignant tumor, lesion diameter up to 1.2cm	\$152.00	\$144.40		
D7441	Excision of malignant tumor, lesion diameter over 1.25 cm	\$171.00	\$162.45		
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25cm	\$233.00	\$221.35		
D7451	Removal of benign odontogenic	\$347.75	\$330.36		
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	\$162.25	\$154.14		
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25cm	\$360.50	\$342.48		
D7471	Removal of lateral exostosis (maxilla or mandible)	\$270.50	\$256.98		
D7510	Incision and drainage of abscess – intraoral soft tissue	\$87.50	\$83.13		
D7520	Incision and drainage of abscess – extraoral soft tissue	\$96.25	\$91.44		
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$153.50	\$145.83		
D7620	Maxilla – closed reduction (teeth immobilized if present)	\$486.00	\$461.70		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D7640	Mandible – closed reduction (teeth immobilized if present)	\$1,313.25	\$1,247.59		
D7660	Malar and/or zygomatic arch – closed reduction	\$143.25	\$136.09		
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$311.25	\$295.69		
D7710	Maxilla – open reduction	\$542.75	\$515.61		
D7720	Maxilla – closed reduction	\$435.25	\$413.49		
D7730	Mandible – open reduction	\$2,522.25	\$2,396.14		
D7750	Malar and/or zygomatic arch – open reduction	\$744.00	\$706.80		
D7760	Malar and/or zygomatic arch – closed reduction	\$143.25	\$136.09		
D7770	Alveolus – open reduction	\$495.00	\$470.25		
D7780	Facial bones – complicated reduction	\$1,173.00	\$1,114.35		
D7810	Open reduction of dislocation	\$487.00	\$462.65		
D7820	Closed reduction of dislocation	\$335.25	\$318.49		
D7910	Facial bones – complicated reduction	\$117.66	\$111.78		
D7911	Suture of recent small wound up to 5cm	\$117.75	\$111.86		
D7912	Suture – over 5cm	\$245.50	\$233.23		
D7951	Sinus augmentation with bone or bone substitutes	\$259.66	\$246.68		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$205.25	\$194.99		
D7980	Sialolithotomy	\$244.75	\$232.51		
D7982	Sialodochoplasty	\$243.50	\$231.33		
D7983	Closure of salivary fistula	\$238.50	\$226.58		
D8210	Removable appliance therapy	\$455.00	\$432.25		
D9220	Deep sedation/general anesthesia – first 30 minutes	\$107.25	\$101.89		

Procedure Code	Description	Current Rate	New Rate Effective April 1, 2010	Age Range	Tooth Range
D9221	Deep sedation/general anesthesia – first 30 minutes	\$25.00	\$23.75		
D9230	Analgesia	\$30.95	\$29.40		
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$107.25	\$101.89		
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$25.00	\$23.75		
D9248	Non-intravenous conscious sedation	\$38.50	\$36.58		
D9920	Behavior management, by report	\$46.75	\$44.41		

Table 2 – Manually Priced Dental Procedure Codes

Dental Code	Description
D3346	Retreatment of previous root canal therapy – anterior
D3347	Retreatment of previous root canal – bicuspid
D3348	Retreatment of previous root canal therapy – molar
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)
D3425	Apicoectomy/periradicular surgery – molar first root
D3426	Apicoectomy/periradicular surgery each additional root
D4240	Gingival flap proc w/planin
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant
D4260	Osseous surgery, per quadrant
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)
D5951	Feeding aid
D6930	Recement bridge
D6980	Bridge repair, by report
D7261	Primary closure of a sinus perforation
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25cm
D7414	Excision of malignant lesion greater than 1.25cm
D7415	Excision of malignant lesion, complicated
D7472	Removal of torus palatinus

D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7511	Incision/drain abscess intra
Dental Code	Description
D7521	Incision and drainage of abscess – extraoral soft tissue
D7610	Maxilla – open reduction (teeth immobilized if present)
D7630	Mandible – open reduction (teeth immobilized if present)
D7650	Malar and/or zygomatic arch – open reduction
D7671	Alveolus – open reduction, may include stabilization of teeth
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches
D7740	Mandible – closed reduction
D7771	Alveolus, closed reduction stabilization of teeth
D7972	Surgical reduction of fibrous tuberosity
D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8050	Interceptive orthodontic treatment of the primary dentition
D8060	Interceptive orthodontic treatment of the transitional dentition
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8220	Fixed appliance therapy
D9120	Fixed partial denture sectioning

Contact Information

Questions regarding this bulletin may be directed to Customer Assistance at (317) 655-3240 or toll free at 1-800-577-1278.

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