



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