

## 2008-2009 RW Part B MOA Attachment III Services and Fees

DENTAL	2008- 2009	
CODE	DESCRIPTION	FEE
	<b><u>Diagnostic and Preventative</u></b>	
D0120	Periodic Oral Evaluation	\$35.00
D0150	Comprehensive Oral Eval-New or Established	\$46.00
D0140	Emergency Oral Evaluation	\$46.00
D0210	Intraoral – Complete X-Rays, Including Bitewing (1 annually)	\$75.00
D0220	Intraoral – Periapical, 1st Film	\$15.00
D0230	Periapical Film, Each Additional Film	\$15.00
D0272	Bite-wings, 2 Films	\$25.00
D0274	Bite-wings, 4 Films	\$37.00
D0330	Panoramic Film (one annually)	\$67.00
D1110	Prophylaxis – Adult (twice annually)	\$60.00
	<b><u>Restorative</u></b>	
D2140	Amalgam – 1 Surface, Permanent	\$73.00
D2150	Amalgam – 2 Surfaces, Permanent	\$89.00
D2160	Amalgam – 3 Surfaces, Permanent	\$104.00
D2161	Amalgam – 4+ Surfaces, Permanent	\$120.00
D2330	Resin – 1 Surface, Anterior	\$85.00
D2331	Resin – 2 Surfaces, Anterior	\$103.00
D2332	Resin – 3 Surfaces, Anterior	\$125.00
D2335	Resin - 4+ Surfaces or Involving Incisal Angle (Anterior)	\$155.00
	<b><u>Prosthodontics</u></b>	
D5110	Complete Denture – Maxillary	\$785.00
D5120	Complete Denture – Mandibular	\$785.00
D5211	Upper Partial-Resign Base	\$500.00
D5212	Low Partial-Resign Base	\$500.00
D5213	Maxillary Partial Denture	\$875.00
D5214	Mandibular Partial Denture	\$875.00
D5410	Adjust Complete Denture-Maxillary	\$85.00
D5411	Adjust Complete Denture-Mandibular	\$75.00
D5640	Adjust Partial Denture-Mandibular-replace broken teeth -Per tooth	\$75.00
D5650	Add tooth to existing Partial Denture	\$86.00
D5660	Add Clasp to Existing Partial	\$105.00
	<b><u>Oral Surgery &amp; Periodontics</u></b>	
D4341	Periodontal Scalling and Root Planing - four or more teeth	\$150.00
D4342	Periodontal Scalling and Root Planing - one to three teeth	\$100.00
D4355	Debridement	\$85.00
D7140	Extraction, Erupted Tooth or Exposed Root	\$80.00
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$145.00
D7220	Removal of Impacted Tooth-Soft Tissue	\$172.00
D7230	Removal of Impacted Tooth – Partially Bony	\$205.00
D7240	Removal of Impacted Tooth – Completely Bony	\$255.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$155.00
D9110	Palliative(Emergency) Treatment of Dental Pain-Minor	\$45.00

updated 4/1/08

**Any service not listed will be paid at Medicaid rates and MUST be pre-approved.**

RWII is the payer of last resort. Clients who have coverage or are eligible for Medicaid, Medicare (A,B,D), Private Insurance or other coverage do not access RWII unless exceptions have been made (i.e. eligibility and coverage are pending approval).