

**Codes for Dental Services that are NOT covered due to the  
Court Decision of June 29<sup>th</sup>, 2018 for Adults on the  
Alternative Benefit Plan**

<b>CODE</b>	<b>Description</b>	<b>Fee Schedule</b>
<b>D0140</b>	Limit oral eval problm focus	\$ 41.25
<b>D0150</b>	Comprehensive Oral Evaluation	\$ 32.50
<b>D0210</b>	Intraoral Complete Series	\$ 61.25
<b>D0220</b>	Intraoral - Peripical - First Film	\$ 10.00
<b>D0230</b>	Intraoral - Peripical - Each Additional	\$ 7.50
<b>D0270</b>	Bitewing - Single film	\$ 8.75
<b>D0272</b>	Bitewing - Two Films	\$ 17.50
<b>D0274</b>	Bitewing - Four Films	\$ 28.75
<b>D0330</b>	Panoramic Film	\$ 48.75
<b>D0340</b>	Cephalometric Film	\$ 58.75
<b>D1110</b>	Dental Prophylaxis Adult	\$ 46.25
<b>D1354</b>	Interim Caries Med App - Silver Diamine Floride	\$ 25.00
<b>D2140</b>	Amalgam-one surface, primary or permanent	\$ 38.00
<b>D2150</b>	Amalgam-two surfaces, primary or permanent	\$ 50.00
<b>D2160</b>	Amalgam-three surfaces, primary or permanent	\$ 59.00
<b>D2161</b>	Amalgam-four/more surfaces, primary or permanent	\$ 72.00
<b>D2330</b>	Resin-one surface, anterior	\$ 44.00
<b>D2331</b>	Resin-two surfaces, anterior	\$ 55.00
<b>D2332</b>	Resin-three surfaces, anterior	\$ 66.00
<b>D2335</b>	Resin-four/more surfaces, anterior	\$ 78.00
<b>D2391</b>	Resin-one surface, posterior	\$ 44.00
<b>D2392</b>	Resin-two surfaces, posterior	\$ 55.00
<b>D2393</b>	Resin-three surfaces, posterior	\$ 66.00
<b>D2394</b>	Resin four or more surfaces, posterior	\$ 78.00
<b>D2951</b>	Pin retention-per tooth, in add. To restor13	\$ 13.00
<b>D3410</b>	Apicoectomy-anterior	\$ 155.00
<b>D3421</b>	Apicoectomy-bicuspid first root	\$ 155.00
<b>D3425</b>	Apicoectomy-molar first root	\$ 155.00
<b>D3426</b>	Apicoectomy-per tooth each addit root	\$ 197.00
<b>D4210</b>	Gingivectomy/gingivoplasty-four or more teeth per quadrant	\$ 259.00
<b>D4211</b>	Gingivectomy/gingivoplasty-one to three teeth per quadrant	\$ 104.00
<b>D4341</b>	Periodontal scaling and root planing-per quadrant	\$ 78.00
<b>D7111</b>	Coronal remnants deciduous tooth	\$ 38.00
<b>D7140</b>	Extraction erupted tooth/exr	\$ 38.00
<b>D7210</b>	Rem imp tooth w mucoper flp	\$ 72.00
<b>D7220</b>	Impact tooth remov soft tiss	\$ 98.00
<b>D7230</b>	Impact tooth remov part bony	\$ 138.00
<b>D7240</b>	Impact tooth remov comp bony	\$ 166.00
<b>D7241</b>	Impact tooth rem bony w/comp	\$ 171.00
<b>D7250</b>	Tooth root removal	\$ 83.00
<b>D7510</b>	I&d absc intraoral soft tiss	\$ 52.00

<b>D9110</b>	Tx dental pain minor proc	\$ 21.00
<b>D9222*</b>	General anesthesia first 15m	\$ 75.00
<b>D9223*</b>	General anesthesia each 15m	\$ 75.00
<b>D9243*</b>	Iv sedation each 15m	\$ 79.30

\*These codes will be included as payable on the MCO side as well in case they are used in conjunction with a medical dental procedure.