



The Ohio Department of Health HIV Care Services Section Oral Health Fee Schedule

There is a \$2500 maximum allowance per person per Ryan White Year (4/1/2016 to 3/31/2017)

NOTE: Providers must have a Provider Agreement with ODH prior to services.

***Services can be completed without an exception. Remaining services require an exception and treatment plan.**

Medicaid covered/not covered (NC) services have been added to the last column of the fee schedule.

ADA Code	Description	Rate	Medicaid
<u>Office Visit – 27.10</u>			
*D0120	Periodic Oral Exam	\$31.00	Covered
*D0140	Limited oral evaluation - problem focused	\$41.00	Covered
*D0150	Comprehensive oral evaluation	\$50.00	Covered
*D0160	Detailed and extensive specialist evaluation	\$50.00	NC
*D0180	Comprehensive periodontal evaluation	\$60.00	Covered
<u>Dental Cleaning – 27.20</u>			
*D1110	Adult prophylaxis, limited to two per Ryan White year	\$61.00	Covered
<u>Dental visit copay – 27.30</u>			
<u>Restorative (Crowns)- 27.35</u>			
D2140	Amalgam- One Surface, Primary or Permanent	\$80.00	Covered
D2150	Amalgam- Two Surfaces, Primary or Permanent	\$97.00	Covered
D2160	Amalgam- Three Surfaces, Primary or Permanent	\$125.00	Covered
D2161	Amalgam, four or more surfaces, Primary or Permanent	\$150.00	Covered
D2330	Composite Resin- One Surface, anterior	\$92.00	Covered
D2331	Resin Restoration, Two Surface, anterior	\$114.00	Covered
D2332	Resin Restoration, Three Surfaces, anterior	\$138.00	Covered
D2335	Comp Resin 4 Or More Surfaces involving incisal angle (anterior)	\$170.00	Covered
D2391	Resin Restoration - One Surface Posterior	\$92.00	Covered
D2392	Resin Restoration - Two Surfaces Posterior	\$130.00	Covered
D2393	Resin Restoration - Three Surfaces posterior	\$150.00	Covered
D2394	Resin Restoration – Four or more surface posterior	\$180.00	Covered
D2740	Crown porcelain/ceramic substrate	\$850.00	**Covered
D2750	Crown porcelain fused to high noble metal	\$800.00	NC
D2751	Crown porcelain fused w/ noble metal	\$800.00	**Covered
D2752	Crown porcelain w/ noble metal	\$770.00	**Covered
D2920	Dental recement crown	\$60.00	NC
D2931	Prefab Stainless Steel Crown-Perm. Tooth	\$210.00	Covered
D2940	Protective Restoration	\$75.00	NC
D2950	Core buildup	\$150.00	NC
D2951	Tooth Pin Retention	\$30.00	Covered
D2952	Post and Core Cast + Crown	\$245.00	Covered
<u>Endodontic Services- 27.45</u>			
D3220	Therapeutic Pulpotomy	\$150.00	Covered
D3310	Root Canal Therapy, Anterior Tooth	\$525.00	Covered
D3320	Root Canal Therapy, Bicuspid	\$600.00	Covered

D3330	Root Canal Therapy, Molar	\$750.00	Covered
D3346	Retreatment of previous root canal therapy, Anterior Tooth	\$800.00	NC
D3347	Retreatment of previous root canal therapy, Bicuspids	\$900.00	NC
D3348	Retreatment of previous root canal therapy, Molar	\$1,000.00	NC
*D9110	Palliative emergency TX of dental pain-minor procedure	\$50.00	NC
<i>Dentures - 27.50</i>			
D5110	Complete Denture – maxillary (upper) – limited to once every 5 years	\$800.00	Covered
D5120	Complete Denture – mandibular (lower)– limited to once every 5 years	\$800.00	Covered
D5130	Immediate denture- maxillary (upper)	\$900.00	NC
D5140	Immediate denture- mandibular (lower)	\$900.00	NC
D5211	Base Maxillary partial denture (upper)	\$600.00	Covered
D5212	Mandibular partial denture (lower)	\$600.00	Covered
D5213	Upper Partial denture ,Cast Metal Base Acrylic Sad 2 Clasp	\$972.00	Covered
D5214	Lower Partial denture ,Cast Metal Base Acryl. Sad 2 Clasp	\$972.00	Covered
D5410	Denture adjustments- complete maxillary (upper)	\$50.00	NC
D5411	Denture adjustments- complete mandibular (lower)	\$50.00	NC
D5421	Dentures adjustments- partial maxillary (upper)	\$50.00	NC
D5422	Denture adjustments- partial mandibular (lower)	\$50.00	NC
D5510	Repair Broken Complete Denture Base	\$110.00	Covered
D5520	Replace missing or broken tooth	\$90.00	Covered
D5610	Repair acrylic saddle or base, partial denture	\$110.00	Covered
D5630	Repair/replace broken clasp	\$133.00	Covered
D5640	Replace broken tooth	\$100.00	Covered
D5650	Add Tooth To Existing Partial Denture	\$125.00	Covered
D5660	Add Clasp To Existing Partial Denture	\$133.00	Covered
D5710, D5711	Rebase complete denture (upper or lower)	\$400.00	NC
D5720, D5721	Rebase partial denture (upper or lower)	\$385.00	NC
D5750, D5751	Reline Complete (Maxillary or Mandibular) Denture (Lab)	\$316.00	Covered
D5760, D5761	Reline Partial (Maxillary or Mandibular) Denture (Lab)	\$275.00	Covered
D6930	Dental recement bridge	\$130.00	NC
<i>Periodontic Services- 27.55</i>			
D4341	Periodontal scaling & root planing – four or more teeth per quadrant	\$150.00	Covered
D4342	Periodontal scaling & root planing – one to three teeth per quadrant	\$100.00	Covered
D4355	Full mouth debridement	\$120.00	NC
*D4910	Periodontal maintenance	\$90.00	Covered
<i>Dental X-rays – 27.60</i>			
*D0210	Intraoral - Complete Series (Including Bite wings)	\$108.00	Covered
*D0220	Intraoral- Periapical Single, First Film	\$15.00	Covered
*D0230	Intraoral- Periapical Each Additional Film	\$12.00	Covered
*D0240	Intraoral-Occlusal	\$22.00	Covered
*D0270	Bitewing, Single Film	\$15.00	Covered
*D0272	Bitewings, Two Films	\$25.00	Covered
*D0273	Bitewings, Three Films	\$30.00	Covered
*D0274	Bitewings, Four Films	\$36.00	Covered
*D0330	Panoramic- Maxilla And Mandible Film	\$83.00	Covered

Oral Surgery- 27.65			
*D7140	Extraction, Erupted Tooth Or Exposed Root	\$94.00	Covered
D7210	Surgical extraction	\$150.00	NC
D7220	Soft Tissue Impaction Removal	\$200.00	Covered
D7230	Removal of impacted tooth, partially bony	\$273.00	Covered
D7240	Removal of impacted tooth, completely bony	\$340.00	Covered
D7241	Removal of impacted tooth, bony with unusual surgical implications	\$360.00	Covered
D7250	Root Recovery, Complications	\$165.00	Covered
D7270	Tooth reimplantation and/or stabilization	\$430.00	Covered
D7286	Soft tissue biopsy	\$234.00	Covered
D7310	Alveoloplasty in conjunction with extractions- 4 or more teeth or tooth spaces, pre quadrant	\$150.00	Covered
D7311	Alveoloplasty in conjunction with extractions- 1-3 teeth or tooth spaces, pre quadrant	\$125.00	NC
D7320	Alveoloplasty not in conjunction with extractions- 4 or more teeth or tooth spaces, pre quadrant	\$200.00	Covered
D7321	Alveoloplasty not in conjunction with extractions- 1-3 teeth or tooth spaces, pre quadrant	\$150.00	NC
D7450	Excision of cyst	\$1,000.00	Covered
D7471	Removal of lateral exostosis (maxilla or mandible)	\$250.00	Covered
D7472	Removal of torus palatinus	\$250.00	Covered
D7473	Removal of torus mandibularis	\$250.00	Covered
D7510	Incision & drainage of intraoral abscess	\$140.00	Covered
D9223- replaces D9220 that is now inactive.	Deep sedation/general anesthesia (15 minute increments)	\$140.00	Covered
D9230	Analgesia	\$60.00	NC

**D2740 (Crown porcelain/ceramic substrate), D2751 (Crown porcelain fused w/ noble metal) and D2752 (Crown porcelain w/ noble metal) are Medicaid covered services for anterior teeth only. Medicaid will not cover these codes for posterior. The Ohio Department of Health does not require a Medicaid denial for posterior crowns to be paid with Ryan White Part B dollars.