

2010-2011 RWII MOA Attachment III Services and Fees

DENTAL	2010-2011	
CODE	DESCRIPTION	FEE
	<u>Diagnostic and Preventative</u>	
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
	<u>Restorative</u>	
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
D2391	Resin Based Composite Posterior 1 Surface Permanent	\$85.00
D2392	Resin Based Composite Posterior 2 Surface Permanent	\$103.00
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
	<u>Prosthodontics</u>	
D5130	Immediate Complete Denture – Maxillary	\$785.00
D5140	Immediate Complete Denture – Mandibular	\$785.00
D5211	Upper Partial-Resin Base	\$500.00
D5212	Low Partial-Resin Base	\$500.00
D5213	Maxillary Partial Denture, cast metal framework	\$875.00
D5214	Maxillary Partial Denture, cast metal framework	\$875.00
D5730	Reline Complete Denture-maxillary (chairside)	\$125.00

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D5731	Reline Complete Denture-mandibular (chairside)	\$125.00
D5740	Reline Partial Denture=Maxillary (chairside)	\$125.00
D5741	Reline Partial Denture=Maxillary (chairside)	\$125.00
D5650	Add tooth to existing Partial Denture	\$86.00
D5660	Add Clasp to Existing Partial	\$105.00
	<u>Endodontics</u>	
D3310	Endodontic Therapy Anterior(excluding final restorntn)	\$571.00
	<u>Oral Surgery & Periodontics</u>	
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
D4381	Localized Delivery of Antimicrobial Agents	\$40.00/tooth
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
Any service not listed will be paid at Medicaid rates and MUST be pre-approved.		

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