

Dental Health Providers	
Type of Visit	Rate
Initial Exam* (D0150/D0210)	\$45
Follow Up Standard Cleaning Only (D1110)	\$40
Basic & Major Dental Services including deeper cleaning procedures	100% of Medicaid Allowable
*Initial Exam includes x-rays and full dental exam.	

Code	Orthodontics	Rate – 100% of current Medicaid allowable
D8010	D8010 Limited orthodontic treatment of the primary dentition <i>includes control of harmful habit; excludes billing for Phase I treatment plan which should include this</i>	\$1500.00 \$600.00 due upfront with balance due in monthly payments over the course of treatment
D8020	Limited orthodontic treatment of the transitional dentition <i>considered Phase I treatment; 12 mos.</i>	\$1500.00 \$600.00 due upfront with balance due in monthly payments over the course of treatment
D8040	Limited orthodontic treatment of the adult dentition <i>includes control of harmful habits; excludes any billing for Phase I treatment plan which should include this: less than 20 years old only</i>	\$1500.00 \$600.00 due upfront with balance due in monthly payments over the course of treatment
D8080	Comprehensive orthodontic treatment of the adult dentition <i>treatment more than 24 mos.. But less than 30 mos; inclusive payment of all services except D8660</i>	\$3600.00 \$600.00 due upfront with balance due in monthly payments over the course of treatment
D8090	Comprehensive orthodontic treatment of the adult dentition <i>18-19 years only; treatment lasting more than 24 mos.. inclusive payment of all services except D8660; not done except to complete follow up of other approved treatment</i>	\$1500.00 \$600.00 due upfront with balance due in monthly payments over the course of treatment
D8660	Pre-orthodontic treatment visit <i>includes exam, diagnosis, two dx models and completion of HLD index</i>	\$49.20