

Targeted Reimbursement Rate Maximum Allowable Fee Schedule

In accordance with a provision of the 2015-17 biennial state budget (2015 Wisconsin Act 55), ForwardHealth is implementing a targeted reimbursement rate increase for pediatric dental care and certain adult dental services rendered in Brown, Marathon, Polk, and Racine counties effective for dates of service on and after October 1, 2016. The following table lists all impacted *Current Dental Terminology* (CDT) procedure codes, descriptions, and enhanced reimbursement rates. Refer to the September 2016 *ForwardHealth Update* (2016-38), titled “Targeted Reimbursement Rate Increase for Certain Dental Services Provided in Four Counties,” for more information.

Procedure Codes for Adult Dental Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D0140	Limited oral evaluation — problem focused	\$55.20
D0220	Intraoral–periapical first radiographic image	\$20.80
D0230	Intraoral–periapical–each additional radiographic image	\$16.80
D0330	Panoramic radiographic image	\$86.40
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	\$136.00
D7111	Extraction, coronal remnants — deciduous tooth	\$88.80
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and elevation of mucoperiosteal flap	\$203.20
D9110	Palliative (emergency) treatment of dental pain–minor procedures	\$88.00

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D0120	Periodic oral evaluation	\$36.00
D0150	Comprehensive oral examination — new or established patient	\$59.20
D0160	Detailed and extensive oral evaluation — problem focused, by report	\$95.20
D0170	Re-evaluation–limited, problem focused (established patient; not post-operative visit)	\$42.40
D0191	Assessment of a patient	\$21.66
D0210	Intraoral–complete series (radiographic image)	\$96.80
D0240	Intraoral–occlusal radiographic image	\$25.24
D0250	Extra–oral — 2D projection radiographic image created using a stationary radiation source, and detector	\$27.27
D0270	Bitewing–single radiographic image	\$20.18
D0272	Bitewings–two radiographic images	\$32.80
D0273	Bitewings–three radiographic images	\$39.20
D0274	Bitewings–four radiographic images	\$46.40
D0277	Vertical bitewings — 7 to 8 radiographic images	\$72.00
D0340	2D cephalometric radiographic image — acquisition, measurement and analysis	\$61.82

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$45.60
D0470	Diagnostic casts	\$78.40
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$107.66
D0999	Unspecified diagnostic procedure, by report	\$21.66
D1110	Prophylaxis-adult	\$63.20
D1120	Prophylaxis-child	\$47.20
D1206	Topical application of fluoride varnish	\$28.00
D1208	Topical application of fluoride — excluding varnish	\$27.20
D1351	Sealant-per tooth	\$37.60
D1510	Space maintainer-fixed unilateral	\$234.40
D1515	Space maintainer-fixed bilateral	\$312.00
D1550	Re-cement or re-bond space maintainer	\$47.50
D1555	Removal of fixed space maintainer	\$50.50
D2140	Amalgram-one surface, primary or permanent	\$96.00
D2150	Amalgram-two surfaces, primary or permanent	\$117.60
D2160	Amalgram-three surfaces, primary or permanent	\$141.60
D2161	Amalgram-four or more surfaces, primary or permanent	\$168.00
D2330	Resin-one surface, anterior	\$113.60
D2331	Resin-two surfaces, anterior	\$139.20
D2332	Resin-three surfaces, anterior	\$165.60
D2335	Resin-four or more surfaces or involving incisal angle (anterior)	\$206.40
D2390	Resin-based composite crown, anterior	\$266.40
D2391	Resin-based composite — one surface, posterior	\$124.00
D2392	Resin-based composite — two surfaces, posterior	\$158.40
D2393	Resin-based composite — three surfaces, posterior	\$196.80
D2394	Resin-based composite — four or more surfaces, posterior	\$231.20
D2791	Crown-full cast predominantly base metal	\$236.84
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$55.44
D2915	Re-cement or re-bond indirectly fabricated cast or prefabricated post and core	\$56.38
D2920	Re-cement or re-bond crown	\$76.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$98.86
D2929	Prefabricated porcelain/ceramic crown — primary tooth	\$193.98
D2930	Prefabricated stainless steel crown—primary tooth	\$206.40
D2931	Prefabricated stainless steel crown—permanent tooth	\$232.00
D2932	Prefabricated resin crown	\$227.55
D2933	Prefabricated stainless steel crown with resin window	\$236.65
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$239.40

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D2940	Protective restoration	\$83.20
D2941	Interim therapeutic restoration — primary dentition	\$98.86
D2951	Pin retention-per tooth, in addition to restoration	\$29.50
D2952	Post and core in addition to crown, indirectly fabricated	\$289.60
D2954	Prefabricated post and core in addition to crown	\$246.60
D2971	Additional procedures to construct new crown under existing partial denture framework	\$219.60
D2999	Unspecified restorative procedure, by report	\$498.26
D3221	Pulpal debridement, primary and permanent teeth	\$152.80
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	\$156.46
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$536.80
D3320	Endodontic therapy bicuspid tooth (excluding final restoration)	\$624.00
D3330	Endodontic therapy molar (excluding final restoration)	\$753.60
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$239.20
D3410	Apicoectomy/periradicular surgery-anterior	\$453.60
D3430	Retrograde filling-per root	\$131.58
D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	\$428.80
D4211	Gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	\$177.60
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	\$185.60
D4342	Periodontal scaling and root planing — one to three teeth, per quadrant	\$128.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$132.00
D4910	Periodontal maintenance	\$102.40
D5110	Complete denture — maxillary	\$1,121.60
D5120	Complete denture — mandibular	\$1,121.60
D5211	Upper partial-resin base (including any conventional clasps, rests and teeth)	\$840.00
D5212	Lower partial-resin base (including any conventional clasps, rests and teeth)	\$840.00
D5213	Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,200.00
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,200.00
D5225	Maxillary partial denture — flexible base (including any clasps, rests and teeth)	\$1,080.00
D5226	Mandibular partial denture — flexible base (including any clasps, rests and teeth)	\$1,080.00
D5510	Repair broken complete denture base	\$148.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$128.00
D5610	Repair resin denture base	\$144.00
D5620	Repair cast framework	\$142.18
D5630	Repair or replace broken clasp-per tooth	\$137.16

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D5640	Replace broken teeth-per tooth	\$128.00
D5650	Add tooth to existing partial denture	\$158.40
D5660	Add clasp to existing partial denture-per tooth	\$200.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$406.14
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$422.36
D5750	Reline complete maxillary denture (laboratory)	\$336.00
D5751	Reline complete mandibular denture (laboratory)	\$338.40
D5760	Reline maxillary partial denture (laboratory)	\$316.22
D5761	Reline mandibular partial denture (laboratory)	\$307.10
D5922	Nasal septal prosthesis	\$409.66
D5923	Ocular prosthesis, interim	\$4,662.74
D5925	Facial augmentation implant prosthesis	\$1,006.12
D5926	Nasal prosthesis, replacement	\$4,662.74
D5927	Auricular prosthesis, replacement	\$4,662.74
D5928	Orbital prosthesis, replacement	\$4,662.74
D5929	Facial prosthesis, replacement	\$1,006.12
D5932	Oburator prosthesis, definitive	\$1,061.80
D5936	Oburator/prosthesis, interim	\$727.24
D5955	Palatal lift prosthesis, definitive	\$2,634.56
D5958	Palatal lift prosthesis, interim	\$1,737.26
D5959	Palatal lift prosthesis, modification	\$450.00
D5960	Speech aid prosthesis, modification	\$450.00
D5991	Vesicobullous disease medicament carrier	\$90.00
D6211	Pontic-cast predominantly base metal	\$711.32
D6241	Pontic-porcelain fused to predominantly base metal	\$756.00
D6545	Retainer-cast metal for resin bonded fixed prosthesis	\$459.20
D6751	Retainer crown-porcelain fused to predominantly base metal	\$753.60
D6791	Retainer crown-full cast predominantly base metal	\$731.80
D6930	Re-cement or re-bond fixed partial denture	\$115.20
D6980	Bridge repair necessitated by restorative material failure	\$320.42
D6985	Pediatric partial denture, fixed	\$295.43
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$117.60
D7220	Removal of impacted tooth-soft tissue	\$234.40
D7230	Removal of impacted tooth-partially bony	\$288.00
D7240	Removal of impacted tooth-completely bony	\$340.80
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$346.33
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$218.40
D7260	Oral antral fistula closure	\$620.92

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D7261	Primary closure of a sinus perforation	\$620.92
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$197.94
D7280	Surgical access of an unerupted tooth	\$185.44
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$273.86
D7283	Placement of device to facilitate eruption of impacted tooth	\$192.90
D7285	Incisional biopsy of oral tissue — hard (bone, tooth)	\$197.94
D7286	Incisional biopsy of oral tissue — soft	\$227.20
D7287	Exfoliative cytological sample collection	\$129.22
D7288	Brush biopsy — transepithelial sample collection	\$128.00
D7310	Alveoplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$214.40
D7311	Alveoplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$101.00
D7320	Alveoplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$289.60
D7321	Alveoplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$101.00
D7410	Excision of benign lesion up to 1.25 cm	\$204.80
D7411	Excision of benign lesion greater than 1.25 cm	\$383.50
D7412	Excision of benign lesion, complicated	\$433.50
D7413	Excision of malignant lesion up to 1.25 cm	\$483.50
D7414	Excision of malignant lesion greater than 1.25 cm	\$704.00
D7415	Excision of malignant lesion, complicated	\$977.00
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	\$583.50
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	\$804.00
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	\$324.40
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	\$605.90
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	\$308.66
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	\$469.68
D7471	Removal of lateral exostosis (maxilla or mandible)	\$495.40
D7472	Removal of torus palatinus	\$646.62
D7473	Removal of torus mandibularis	\$544.20
D7485	Surgical reduction of osseous tuberosity	\$678.72
D7490	Radical resection of maxilla or mandible	\$3,013.34
D7510	Incision and drainage of abscess-intraoral soft tissue	\$199.98
D7511	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	\$149.28
D7520	Incision and drainage of abscess-extraoral soft tissue	\$298.64
D7521	Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$398.50

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$91.88
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system	\$240.92
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$720.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$523.82
D7610	Maxilla-open reduction (teeth immobilized if present)	\$3,252.50
D7620	Maxilla-closed reduction (teeth immobilized if present)	\$2,070.52
D7630	Mandible-open reduction (teeth immobilized if present)	\$2,992.46
D7640	Mandible-closed reduction (teeth immobilized if present)	\$2,683.18
D7650	Malar and/or zygomatic arch-open reduction	\$809.46
D7660	Malar and/or zygomatic arch-closed reduction	\$151.84
D7670	Alveolus — closed reduction, may include stabilization of teeth	\$1,422.00
D7671	Alveolus — open reduction, may include stabilization of teeth	\$1,521.46
D7680	Facial bones-complicated reduction with fixation and multiple surgical approaches	\$3,609.72
D7710	Maxilla-open reduction	\$3,552.50
D7720	Maxilla-closed reduction	\$2,370.50
D7730	Mandible-open reduction	\$3,292.46
D7740	Mandible-closed reduction	\$2,975.96
D7750	Malar and/or zygomatic arch-open reduction	\$1,109.46
D7760	Malar and/or zygomatic arch-closed reduction	\$451.84
D7770	Alveolus — open reduction stabilization of teeth	\$1,821.46
D7771	Alveolus, closed reduction stabilization of teeth	\$1,722.00
D7780	Facial bones-complicated reduction with fixation and multiple surgical approaches	\$4,191.58
D7810	Open reduction of dislocation	\$1, 279.80
D7820	Closed reduction of dislocation	\$865.80
D7830	Manipulation under anesthesia	\$537.94
D7840	Condylectomy	\$1,633.18
D7850	Surgical discectomy; with/without implant	\$2,744.14
D7852	Disc repair	\$2,008.38
D7854	Synovectomy	\$669.46
D7856	Myotomy	\$334.74
D7858	Joint reconstruction	\$2,619.92
D7860	Arthrotomy	\$4,525.18
D7865	Arthroplasty	\$2,110.34
D7871	Non-arthroscopic lysis and lavage	\$427.22
D7872	Arthroscopy-diagnosis, with or without biopsy	\$962.34
D7873	Arthroscopy-surgical: lavage and lysis of adhesions	\$1,262.36
D7874	Arthroscopy-surgical: disc repositioning and stabilization	\$2,008.38
D7875	Arthroscopy-surgical: synovectomy	\$669.46

Procedure Codes for Pediatric Dental Care Services Eligible for Targeted Reimbursement Rate		
Code	Description	Reimbursement Rate
D7876	Arthroscopy-surgical: discectomy	\$2,619.92
D7877	Arthroscopy-surgical: debridement	\$669.46
D7910	Suture of recent small wounds up to 5 cm	\$180.00
D7911	Complicated suture-up to 5 cm	\$510.28
D7912	Complicated suture-greater than 5 cm	\$725.28
D7940	Osteoplasty-for orthognathic deformities	\$4,892.14
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla — autogenous or nonautogenous, by report	\$1,034.52
D7951	Sinus augmentation with bone or bone substitutes	\$1,034.52
D7960	Frenulectomy also known as frenectomy or frenotomy-separate procedure not incidental to another procedure	\$314.40
D7970	Excision of hyperplastic tissue-per arch	\$314.40
D7972	Surgical reduction of fibrous tuberosity	\$331.36
D7980	Sialolithotomy	\$1,498.00
D7991	Coronoidectomy	\$2,188.98
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$105.14
D8660	Pre-orthodontic examination to monitor growth and development	\$121.88
D8693	Re-cement or re-bond of fixed retainer	\$101.00
D9223	Deep sedation/general anesthesia — each 15 minute increment	\$170.44
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$44.00
D9243	Intravenous moderate (conscious) sedation/analgesia — each 15 minute increment	\$118.16
D9248	Non-intravenous conscious sedation	\$208.12
D9410	House/extended care facility call	\$140.00
D9420	Hospital or ambulatory surgical center call	\$148.00
D9610	Therapeutic parenteral drug, single administration	\$31.20
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$64.60
D9910	Application of desensitizing medicament	\$37.60