



Alabama Medicaid Fee Schedule Dental

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Units are subject to change upon Agency review

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Procedure	Procedure Description	Allowed Amount	Requires PA	Maximum Quantity	Benefit Limit	Procedure Auditing	Units	Unity Type	Time	Time Type
D0120	PERIODIC ORAL EVALUATION	\$18.00		1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D0120	PERIODIC ORAL EVALUATION	\$18.00		1	INITIAL AND PERIODIC ORAL EXAM LIMIT	Both	1	Units	6	Calendar Months
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$29.00		1	LIMITATION AUDIT FOR D0140	Both	1	Units	1	Calendar Years
D0145	ORAL EVALUATION, PT < 3YRS	\$22.00		1	DENTAL ORAL EVALUATION < 3 YRS (D0145) LIMIT	Both	1	Units	999	Calendar Years
D0150	COMPREHENSVE ORAL EVALUATION	\$22.00		1	INITIAL DENTAL EXAM CONTRA	Both	1	Units	999	Months
D0150	COMPREHENSVE ORAL EVALUATION	\$22.00		1	INITIAL AND PERIODIC ORAL EXAM LIMIT	Both	1	Units	6	Calendar Months
D0150	COMPREHENSVE ORAL EVALUATION	\$22.00		1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D0210	INTRAOR COMPLETE FILM SERIES	\$60.00		1	FULL SERIES/PANORAMIC X-RAY LIMIT	Both	1	Units	3	Calendar Years
D0210	INTRAOR COMPLETE FILM SERIES	\$60.00		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER 6 CAL MO	Both	1	Units	6	Calendar Months
D0220	INTRAORAL PERIAPICAL FIRST	\$11.00		1	DENTAL PERIAPICAL X-RAYS - LIMIT 5 PER CAL YEAR	Both	5	Units	1	Calendar Years
D0220	INTRAORAL PERIAPICAL FIRST	\$11.00		1	DENTAL PROCEDURE LIMIT - 1 PER DATE OF SERVICE	Same	1	Units	1	Days
D0230	INTRAORAL PERIAPICAL EA ADD	\$10.00		1	DENTAL PERIAPICAL X-RAYS - LIMIT 5 PER CAL YEAR	Both	5	Units	1	Calendar Years
D0240	INTRAORAL OCCLUSAL FILM	\$18.00		1						
D0250	EXTRAORAL 2D PROJECT IMAGE	\$21.00		1						
D0272	DENTAL BITEWINGS TWO IMAGES	\$18.00		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER 6 CAL MO	Both	1	Units	6	Calendar Months
D0274	BITEWINGS FOUR IMAGES	\$24.00		1	DENTAL BITEWING X-RAYS - LIMIT 1 PER 6 CAL MO	Both	1	Units	6	Calendar Months
D0330	PANORAMIC IMAGE	\$49.00		1	FULL SERIES/PANORAMIC X-RAY LIMIT	Both	1	Units	3	Calendar Years
D0470	DIAGNOSTIC CASTS	\$54.00	Y	1						
D1110	DENTAL PROPHYLAXIS ADULT	\$35.00		1	DENTAL PROPHYLAXIS LIMITATION	Both	1	Units	6	Calendar Months
D1120	DENTAL PROPHYLAXIS CHILD	\$28.00		1	DENTAL PROPHYLAXIS LIMITATION	Both	1	Units	6	Calendar Months
D1208	TOPICAL APP FLUORID EX VRNSH	\$15.00		1	DENTAL FLUORIDE LIMITATION	Both	1	Units	6	Calendar Months
D1351	DENTAL SEALANT PER TOOTH	\$26.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1510	SPACE MAINTAINER FXD UNILAT	\$157.00		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1510	SPACE MAINTAINER FXD UNILAT	\$157.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1515	FIXED BILAT SPACE MAINTAINER	\$271.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1515	FIXED BILAT SPACE MAINTAINER	\$271.00		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1520	REMOVE UNILAT SPACE MAINTAIN	\$100.00		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1520	REMOVE UNILAT SPACE MAINTAIN	\$100.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1525	REMOVE BILAT SPACE MAINTAIN	\$150.00		1	SPACE MAINTAINER LIMIT	Both	2	Units	999	Months
D1525	REMOVE BILAT SPACE MAINTAIN	\$150.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D1550	RECEMENT SPACE MAINTAINER	\$35.00		1						
D2140	AMALGAM ONE SURFACE PERMANEN	\$48.00		1						
D2150	AMALGAM TWO SURFACES PERMANE	\$60.00		1						

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D2160	AMALGAM THREE SURFACES PERMA	\$73.00		1						
D2161	AMALGAM 4 OR > SURFACES PERM	\$79.20		1						
D2330	RESIN ONE SURFACE-ANTERIOR	\$59.00		1						
D2331	RESIN TWO SURFACES-ANTERIOR	\$72.00		1						
D2332	RESIN THREE SURFACES-ANTERIO	\$86.00		1						
D2335	RESIN 4/> SURF OR W INCIS AN	\$98.00		1						
D2391	POST 1 SRFC RESINBASED CMPST	\$59.00		1						
D2392	POST 2 SRFC RESINBASED CMPST	\$77.00		1						
D2393	POST 3 SRFC RESINBASED CMPST	\$88.00		1						
D2394	POST >=4SRFC RESINBASE CMPST	\$115.00		1						
D2750	CROWN PORCELAIN W/ H NOBLE M	\$434.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2750	CROWN PORCELAIN W/ H NOBLE M	\$434.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2750	CROWN PORCELAIN W/ H NOBLE M	\$434.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2751	CROWN PORCELAIN FUSED BASE M	\$427.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2751	CROWN PORCELAIN FUSED BASE M	\$427.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2751	CROWN PORCELAIN FUSED BASE M	\$427.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2752	CROWN PORCELAIN W/ NOBLE MET	\$435.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2752	CROWN PORCELAIN W/ NOBLE MET	\$435.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2752	CROWN PORCELAIN W/ NOBLE MET	\$435.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2791	CROWN FULL CAST BASE METAL	\$423.00		1						
D2792	CROWN FULL CAST NOBLE METAL	\$431.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2792	CROWN FULL CAST NOBLE METAL	\$431.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2792	CROWN FULL CAST NOBLE METAL	\$431.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2920	RE-CEMENT OR RE-BOND CROWN	\$43.00		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2930	PREFAB STNLSS STEEL CRWN PRI	\$90.00		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2930	PREFAB STNLSS STEEL CRWN PRI	\$90.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2931	PREFAB STNLSS STEEL CROWN PE	\$94.00		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2931	PREFAB STNLSS STEEL CROWN PE	\$94.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2932	PREFABRICATED RESIN CROWN	\$97.00		1	DENTAL CROWNS LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2932	PREFABRICATED RESIN CROWN	\$97.00		1	DENTAL TWO PER LIFETIME PER TOOTH	Same	2	Units	999	Months
D2940	PROTECTIVE RESTORATION	\$47.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS	\$99.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS	\$99.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2950	CORE BUILD-UP INCL ANY PINS	\$99.00		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2951	TOOTH PIN RETENTION	\$33.00		1						
D2952	POST AND CORE CAST + CROWN	\$151.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2952	POST AND CORE CAST + CROWN	\$151.00		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2952	POST AND CORE CAST + CROWN	\$151.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2953	EACH ADDTNL CAST POST	\$145.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2953	EACH ADDTNL CAST POST	\$145.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN	\$132.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN	\$132.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D2954	PREFAB POST/CORE + CROWN	\$132.00		1	DENTAL CORE LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D2957	EACH ADDTNL PREFAB POST	\$132.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months

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D2957	EACH ADDTNL PREFAB POST	\$132.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3110	PULP CAP DIRECT	\$27.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3120	PULP CAP INDIRECT	\$24.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3220	THERAPEUTIC PULPOTOMY	\$82.00		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3220	THERAPEUTIC PULPOTOMY	\$82.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3230	PULPAL THERAPY ANTERIOR PRIM	\$175.00		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3240	PULPAL THERAPY POSTERIOR PRI	\$210.00		1	DENTAL PULPAL THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3310	END THXPY, ANTERIOR TOOTH	\$365.00		1	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3310	END THXPY, ANTERIOR TOOTH	\$365.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3310	END THXPY, ANTERIOR TOOTH	\$365.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3320	END THXPY, BICUSPID TOOTH	\$424.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3320	END THXPY, BICUSPID TOOTH	\$424.00		1	DENTAL ENDONTIC THERAPY LIMITED TO 6 PER DAY	Both	6	Units	1	Days
D3320	END THXPY, BICUSPID TOOTH	\$424.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3330	END THXPY, MOLAR	\$516.00		1	PROCEDURE LIMITED TO ONCE PER LIFETIME	Same	1	Units	999	Months
D3330	END THXPY, MOLAR	\$516.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3332	INCOMPLETE ENDODONTIC TX	\$177.00	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3351	APEXIFICATION/RECALC INITIAL	\$64.00		1						
D3410	APICOECTOMY - ANTERIOR	\$253.00	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D3430	RETROGRADE FILLING	\$145.00	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D4341	PERIODONTAL SCALING & ROOT	\$123.00	Y	1						
D4355	FULL MOUTH DEBRIDEMENT	\$50.00	Y	1	DENTAL PROCEDURE SIX-MONTH LIMITATIONS	Same	1	Units	6	Calendar Months
D4910	PERIODONTAL MAINT PROCEDURES	\$59.00	Y	1						
D5213	DENTURES MAXILL PART METAL	\$555.00	Y	1						
D5214	DENTURES MANDIBL PART METAL	\$548.00	Y	1						
D5281	REMOVABLE PARTIAL DENTURE	\$360.00	Y	1						
D6212	BRIDGE NOBLE METAL CAST	\$338.00	Y	1						
D6240	BRIDGE PORCELAIN HIGH NOBLE	\$346.00	Y	1						
D6241	BRIDGE PORCELAIN BASE METAL	\$340.00	Y	1						
D6242	BRIDGE PORCELAIN NOBEL METAL	\$348.00	Y	1						
D6750	CROWN PORCELAIN HIGH NOBLE	\$346.00	Y	1						
D6751	CROWN PORCELAIN BASE METAL	\$341.00	Y	1						
D6752	CROWN PORCELAIN NOBLE METAL	\$345.00	Y	1						
D6792	CROWN FULL NOBLE METAL CAST	\$328.00	Y	1						
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$53.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7210	REM IMP TOOTH W MUCOPER FLP	\$99.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7220	IMPACT TOOTH REMOV SOFT TISS	\$141.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7230	IMPACT TOOTH REMOV PART BONY	\$180.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7240	IMPACT TOOTH REMOV COMP BONY	\$212.00	Y	2	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7241	IMPACT TOOTH REM BONY W/COMP	\$238.00	Y	1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7250	TOOTH ROOT REMOVAL	\$96.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7270	TOOTH REIMPLANTATION	\$210.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7280	EXPOSURE IMPACT TOOTH ORTHOD	\$116.00		1	DENTAL SERVICE LIMITED TO ONCE PER TOOTH/PER LIFET	Same	1	Units	999	Months
D7285	BIOPSY OF ORAL TISSUE HARD	\$42.00		1						
D7286	BIOPSY OF ORAL TISSUE SOFT	\$130.00		1						

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D7410	RAD EXC LESION UP TO 1.25 CM	\$90.00		1						
D7450	REM ODONTOGEN CYST TO 1.25CM	\$75.00		1						
D7451	REM ODONTOGEN CYST > 1.25 CM	\$100.00		1						
D7460	REM NONODONTO CYST TO 1.25CM	\$75.00		1						
D7461	REM NONODONTO CYST > 1.25 CM	\$125.00		1						
D7471	REM EXOSTOSIS ANY SITE	\$162.00		1						
D7510	I&D ABSC INTRAORAL SOFT TISS	\$85.00		1						
D7520	I&D ABSCESS EXTRAORAL	\$50.00		1						
D7610	MAXILLA OPEN REDUCT SIMPLE	\$117.00		1						
D7620	CLSD REDUCT SIMPL MAXILLA FX	\$209.00		1						
D7630	OPEN RED SIMPL MANDIBLE FX	\$550.00		1						
D7640	CLSD RED SIMPL MANDIBLE FX	\$550.00		1						
D7820	CLOSED TMP MANIPULATION	\$25.00		1						
D7911	DENTAL SUTURE WOUND TO 5 CM	\$68.00		1						
D7960	FRENLECTOMY/FRENECTOMY	\$185.00		2						
D7970	EXCISION HYPERPLASTIC TISSUE	\$133.00	Y	1						
D7971	EXCISION PERICORONAL GINGIVA	\$78.00		1						
D8080	COMPRE DENTAL TX ADOLESCENT	\$1,000.00	Y	1						
D8680	ORTHODONTIC RETENTION	\$400.00	Y	1						
D9110	TX DENTAL PAIN MINOR PROC	\$40.00		1						
D9223	GENERAL ANESTHESIA EACH 15M	\$112.00		2						
D9230	ANALGESIA	\$25.00		1						
D9243	IV SEDATION EACH 15M	\$67.50		2						
D9310	DENTAL CONSULTATION	\$43.00		1						
D9430	OFFICE VISIT DURING HOURS	\$0.01		1	FQHC DENTAL ENCOUNTER CONTRA (D9430)	Both	1	Units	1	Days
D9610	DENT THERAPEUTIC DRUG INJECT	\$9.00		1						
D9612	THERA PAR DRUGS 2 OR > ADMIN	\$9.00		1						