

**Ryan White Title I (Part A) Oral Health Care Formulary
FY 2007-08**

NOTES: Oral health care (i.e., dental) codes and procedures identified with an asterisk (*) under the "State of Florida Medicaid Dental Fee Schedule Rates" column of this FY 2007-08 Ryan White Title I (Part A) Oral Health Care Formulary do not have an associated Florida Medicaid Services Fee Schedule rate. Therefore, they are subject to the approval by Miami-Dade County of a flat fee supplemental rate. All other oral health care procedures are subject to a multiplier rate, unless otherwise noted.

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(Special Ryan White Title I Add-ons)	Miscellaneous Services	00001	Unspecified Procedures, By Report	*	
(Special Ryan White Title I Add-ons)	Miscellaneous Services	00002	Duplication of X-Rays	*	
(Special Ryan White Title I Add-ons)	Miscellaneous Services	00003	Preventative Periodontal Prophylaxis (Periodontal Prophylaxis)	*	
Adjunctive General Services	Anesthesia	D9210	Local Anesthesia not in Conjunction with Operative or Surgical Procedures	*	
Adjunctive General Services	Anesthesia	D9215	Local Anesthesia	*	
Adjunctive General Services	Anesthesia	D9220	Deep Sedation/General Anesthesia - First 30 Minutes	\$57.00	
Adjunctive General Services	Anesthesia	D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	\$23.00	
Adjunctive General Services	Anesthesia	D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$28.00	
Adjunctive General Services	Anesthesia	D9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	\$50.00	
Adjunctive General Services	Anesthesia	D9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	\$20.00	
Adjunctive General Services	Miscellaneous Services	D9910	Application of Desensitizing Medicament	*	
Adjunctive General Services	Miscellaneous Services	D9930	Treatment of Complications (Post-Surgical)- Unusual Circumstances, By Report	*	
Adjunctive General Services	Miscellaneous Services	D9940	Occlusal Guard, By Report	*	

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Adjunctive General Services	Miscellaneous Services	D9951	Occlusal Adjustment-Limited	*	
Adjunctive General Services	Professional Consultation	D9310	Consultation - (Diagnostic Service Provided by Dentist or Physician Other than <i>Practitioner Providing Treatment</i>) - Requesting Dentist or Physician	\$18.00	
Diagnostic	Clinical Oral Evaluations	D0120	Periodic Oral Evaluation - <i>Established Patient</i>	\$15.00	
Diagnostic	Clinical Oral Evaluations	D0140	Limited Oral Evaluation - Problem Focused	\$8.00	
Diagnostic	Clinical Oral Evaluations	D0150	Comprehensive Oral Evaluation – New or Established Patient	\$16.00	
Diagnostic	Clinical Oral Evaluations	D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$50.00	Effective August 14, 2006. Flat fee reimbursement. No multiplier.
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0210	Intraoral - Complete Series (Including Bitewings)	\$32.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0220	Intraoral – Periapical, First Film	\$4.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0230	Intraoral – Periapical, Each Additional Film	\$3.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0240	Intraoral - Occlusal Film	\$8.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0250	Extraoral - First Film	\$24.00	

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Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0260	Extraoral - Each Additional Film	\$13.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0270	Bitewing - Single Film	\$6.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0272	Bitewings - Two Films	\$9.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0274	Bitewings - Four Films	\$11.00	
Diagnostic	Radiographs/Diagnostic Imaging (Including Interpretation)	D0330	Panoramic Film	\$30.00	
Endodontics	Apicoectomy / Periradicular Services	D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	*	
Endodontics	Endodontic Retreatment	D3346	Retreatment of Previous Root Canal Therapy-Anterior	*	
Endodontics	Endodontic Retreatment	D3347	Retreatment of Previous Root Canal Therapy-Bicuspid	*	
Endodontics	Endodontic Retreatment	D3348	Retreatment of Previous Root Canal Therapy-Molar	*	
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up	D3310	Anterior (Excluding Final Restoration)	\$148.00	
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up	D3320	Bicuspid (Excluding Final Restoration)	\$190.00	

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Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3330	Molar (Excluding Final Restoration)	\$235.00	
Endodontics	Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)	D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	*	
Endodontics	Pulpotomy	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)-Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$50.00	
Maxillofacial Prosthetics		D5986	Flouride Gel Carrier	*	
Oral and Maxillofacial Surgery	Alveoloplasty - Surgical Preparation of Ridge for Dentures	D7310	Alveoloplasty in Conjunction with Extractions - Per Quadrant Four or More Teeth or Tooth Spaces, Per Quadrant	\$45.00	
Oral and Maxillofacial Surgery	Alveoloplasty - Surgical Preparation of Ridge for Dentures	D7320	Alveoloplasty not in Conjunction with Extractions - Per Quadrant Four or More Teeth or Tooth Spaces, Per Quadrant	\$56.00	
Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7911	Complicated Suture--Up to 5 cm	*	

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Oral and Maxillofacial Surgery	Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure)	D7912	Complicated Suture Greater than 5 cm	*	
Oral and Maxillofacial Surgery	Dental Surgery	11100	Biopsy of Skin, Subcutaneous Tissue and/or Mucous Membrane (Including Simple Closure), unless otherwise listed (Separate Procedure); Simple Lesion	\$53.61	
Oral and Maxillofacial Surgery	Dental Surgery	20680	Removal of Implant; Deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)	\$287.12	
Oral and Maxillofacial Surgery	Dental Surgery	21031	Excision of Torus Mandibularis	\$190.89	
Oral and Maxillofacial Surgery	Dental Surgery	21032	Excision of Maxillary Torus Palatinus	\$192.86	
Oral and Maxillofacial Surgery	Dental Surgery	21040	Excision of Benign Cyst or Tumor of Mandible; By Enucleation and/or Curettage	\$247.65	
Oral and Maxillofacial Surgery	Dental Surgery	21041	Excision of Benign Cyst or Tumor of Mandible; Complex	*	
Oral and Maxillofacial Surgery	Dental Surgery	21320	Closed Treatment of Nasal Bone Fracture; With Stabilization	\$119.80	

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Oral and Maxillofacial Surgery	Dental Surgery	21356	Open Treatment of Depressed Zygomatic Arch Fracture (e.g., Gilles Approach)	\$235.67	
Oral and Maxillofacial Surgery	Dental Surgery	21360	Open Treatment of Depressed Malar Fracture, Including Zygomatic Arch and Malar Tripod	\$257.66	
Oral and Maxillofacial Surgery	Dental Surgery	21453	Closed Treatment of Mandibular Fracture; With Interdental Fixation	\$430.10	
Oral and Maxillofacial Surgery	Dental Surgery	21454	Open Treatment of Mandibular Fracture; With External Fixation	\$270.04	
Oral and Maxillofacial Surgery	Dental Surgery	21462	Open Treatment of Mandibular Fracture; With Interdental Fixation	\$1,068.37	
Oral and Maxillofacial Surgery	Dental Surgery	21465	Open Treatment of Mandibular Condylar Fracture	\$447.77	
Oral and Maxillofacial Surgery	Dental Surgery	40800	Drainage of Abscess, Cyst, Hematoma, Vestibule of Mouth; Simple	\$101.14	
Oral and Maxillofacial Surgery	Excision of Bone Tissue	D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	*	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7111	Extraction, Coronal Remnants-Deciduous Tooth	\$27.00	
Oral and Maxillofacial Surgery	Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7140	Extraction, Erupted Tooth or Exposed Root- (Elevation and/or Forceps Removal)	\$27.00	
Oral and Maxillofacial Surgery	Other Repair Procedures	D7970	Excision of Hyperplastic Tissue - Per Arch	\$84.00	

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Oral and Maxillofacial Surgery	Other Surgical Procedures	D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$27.00	
Oral and Maxillofacial Surgery	Other Surgical Procedures	D7285	Biopsy of Oral Tissue-Hard (Bone, Tooth)	*	
Oral and Maxillofacial Surgery	Other Surgical Procedures	D7286	Biopsy of Oral Tissue-Soft	*	
Oral and Maxillofacial Surgery	Repair of Traumatic Wounds	D7910	Suture of Recent Small Wounds Up to 5 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra- Osseous Lesions	D7440	Excision of Malignant Tumor-Lesion Diameter Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra- Osseous Lesions	D7441	Excision of Malignant Tumor-Lesion Diameter Greater than 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra- Osseous Lesions	D7450	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra- Osseous Lesions	D7451	Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra- Osseous Lesions	D7460	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Intra- Osseous Lesions	D7461	Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7410	Excision of Benign Lesion Up to 1.25 cm	*	
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$40.00	

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Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7220	Removal of Impacted Tooth - Soft Tissue	\$62.00	
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7230	Removal of Impacted Tooth - Partially Bony	\$77.00	
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7240	Removal of Impacted Tooth - Completely Bony	\$79.00	
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$82.00	
Oral and Maxillofacial Surgery	Surgical Extractions (Includes Local Anesthesia, Suturing, if needed, and Routine Postoperative Care)	D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$54.00	
Oral and Maxillofacial Surgery	Surgical Incision	D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$47.00	
Oral and Maxillofacial Surgery	Surgical Incision	D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$67.00	
Oral and Maxillofacial Surgery	Surgical Incision	D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	*	
Oral and Maxillofacial Surgery	Surgical Incision	D7550	Partial Ostectomy/Sequestrectomy for Removal of Non-Vital Bone	*	

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Periodontics	Non-Surgical Periodontal Service	D4320	Provisional Splinting-Intracoronal	*	
Periodontics	Non-Surgical Periodontal Service	D4321	Provisional Splinting-Extracoronal	*	
Periodontics	Non-Surgical Periodontal Service	D4341	Periodontal Scaling and Root Planing, Four or More Teeth, Per Quadrant	\$20.00	
Periodontics	Non-Surgical Periodontal Service	D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$100.00	Flat rate with no multiplier.
Periodontics	Other Periodontal Services	D4910	Periodontal Maintenance	\$75.00	Flat rate with no multiplier.
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$105.00	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$45.00	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4240	Gingival Flap Procedure, Including Root Planing-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	*	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4241	Gingival Flap Procedure, Including Root Planing-One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	*	
Periodontics	Surgical Services (Including Usual Postoperative Care)	D4260	Osseous Surgery (Including Flap Entry and Closure) – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$114.00	
Preventive	Dental Prophylaxis	D1110	Prophylaxis-Adult (Formerly a supplemental flat rate, now covered under Medicaid and subject to an approved multiplier)	\$18.00	
Preventive	Dental Prophylaxis	D1120	Prophylaxis-Child	\$14.00	

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Preventive	Other Preventive Services	D1330	Oral Hygiene Instructions	\$6.00	Procedure D1330 may be provided a maximum of twice per year (once every six months).
Preventive	Other Preventive Services	D1351	Sealant - Per Tooth	\$13.00	
Preventive	Topical Fluoride Treatment (Office Procedure)	D1203	Topical Application of Fluoride (Prophylaxis Not Included) – Child	\$11.00	
Preventive	Topical Fluoride Treatment (Office Procedure)	D1204	Topical Application of Fluoride (Prophylaxis Not Included)-Adult	*	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6241	Pontic-Porcelain Fused to Predominantly Base Metal	*	
Prosthodontics, fixed	Fixed Partial Denture Pontics	D6251	Pontic-Resin with Predominantly Base Metal	*	
Prosthodontics, fixed	Fixed Partial Denture Retainers - Inlays/Onlays	D6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	*	
Prosthodontics, fixed	Other Fixed Partial Denture Services	D6930	Recement Fixed Partial Denture	*	
Prosthodontics, removable	Adjustments to Dentures	D5410	Adjust Complete Denture – Maxillary	\$14.00	
Prosthodontics, removable	Adjustments to Dentures	D5411	Adjust Complete Denture - Mandibular	\$14.00	
Prosthodontics, removable	Adjustments to Dentures	D5421	Adjust Partial Denture - Maxillary	\$14.00	
Prosthodontics, removable	Adjustments to Dentures	D5422	Adjust Partial Denture - Mandibular	\$14.00	

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Prosthodontics, removable	Complete Dentures (Including Routine Post-Delivery Care)	D5110	Complete Denture - Maxillary	\$310.00	Procedure D5110 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.
Prosthodontics, removable	Complete Dentures (Including Routine Post-Delivery Care)	D5120	Complete Denture - Mandibular	\$310.00	Procedure D5120 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.
Prosthodontics, removable	Denture Rebase Procedures	D5710	Rebase Complete Maxillary Denture	*	
Prosthodontics, removable	Denture Rebase Procedures	D5711	Rebase Complete Mandibular Denture	*	
Prosthodontics, removable	Denture Rebase Procedures	D5720	Rebase Maxillary Partial Denture	*	
Prosthodontics, removable	Denture Rebase Procedures	D5721	Rebase Mandibular Partial Denture	*	
Prosthodontics, removable	Denture Reline Procedures	D5730	Reline Complete Maxillary Denture (Chairside)	\$63.00	
Prosthodontics, removable	Denture Reline Procedures	D5731	Reline Complete Mandibular Denture (Chairside)	\$63.00	
Prosthodontics, removable	Denture Reline Procedures	D5740	Reline Maxillary Partial Denture (Chairside)	\$63.00	

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Prosthodontics, removable	Denture Reline Procedures	D5741	Reline Mandibular Partial Denture (Chairside)	\$63.00	
Prosthodontics, removable	Denture Reline Procedures	D5750	Reline Complete Maxillary Denture (Laboratory)	\$113.00	
Prosthodontics, removable	Denture Reline Procedures	D5751	Reline Complete Mandibular Denture (Laboratory)	\$113.00	
Prosthodontics, removable	Denture Reline Procedures	D5760	Reline Maxillary Partial Denture (Laboratory)	\$113.00	
Prosthodontics, removable	Denture Reline Procedures	D5761	Reline Mandibular Partial Denture (Laboratory)	\$113.00	
Prosthodontics, removable	Other Removable Prosthetic Services	D5850	Tissue Conditioning, Maxillary	*	
Prosthodontics, removable	Other Removable Prosthetic Services	D5851	Tissue Conditioning, Mandibular	*	
Prosthodontics, removable	Other Removable Prosthetic Services	D5862	Precision Attachment, by Report	*	
Prosthodontics, removable	Other Removable Prosthetic Services	D5899	Unspecified Removable Prosthodontic Procedure, by Report	*	
Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$165.00	Procedure D5211 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.

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A CATEGORY OF SERVICE	B SUB-CATEGORY OF SERVICE	C ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT-2007-08)	D ORAL HEALTH CARE PROCEDURE	E REIMBURSEMENT RATE	F COMMENT / NOTATION
Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$165.00	Procedure D5212 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.
Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$315.00	Procedure D5213 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.
Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$315.00	Procedure D5214 may be provided a maximum of two times during the lifetime of a patient. A written statement from a dentist, on letterhead, must be placed in the client's file if an emergency necessitates a waiver of this restriction.
Prosthodontics, removable	Partial Dentures (Including Routine Post-Delivery Care)	D5281	Removable Unilateral Partial Denture-One Piece Cast Metal (Including Clasps and	*	
Prosthodontics, removable	Repairs to Complete Dentures	D5510	Repair Broken Complete Denture Base	\$44.00	

**Ryan White Title I (Part A) Oral Health Care Formulary
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A	B	C	D	E	F
CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT-2007-08)	ORAL HEALTH CARE PROCEDURE	REIMBURSEMENT RATE	COMMENT / NOTATION
Prosthodontics, removable	Repairs to Complete Dentures	D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$39.00	
Prosthodontics, removable	Repairs to Partial Dentures	D5610	Repair Resin Denture Base	\$44.00	
Prosthodontics, removable	Repairs to Partial Dentures	D5620	Repair Cast Framework	\$47.00	
Prosthodontics, removable	Repairs to Partial Dentures	D5630	Repair or Replace Broken Clasp	\$56.00	
Prosthodontics, removable	Repairs to Partial Dentures	D5640	Replace Broken Teeth - Per Tooth	\$39.00	
Prosthodontics, removable	Repairs to Partial Dentures	D5650	Add Tooth to Existing Partial Denture	\$42.00	
Prosthodontics, removable	Repairs to Partial Dentures	D5660	Add Clasp to Existing Partial Denture	\$52.00	
Restorative	Amalgam Restorations (Including Polishing)	D2140	Amalgam Restorations - One Surface, Primary or Permanent	\$31.00	
Restorative	Amalgam Restorations (Including Polishing)	D2150	Amalgam Restorations - Two Surfaces, Primary or Permanent	\$41.00	
Restorative	Amalgam Restorations (Including Polishing)	D2160	Amalgam Restorations - Three Surfaces, Primary or Permanent	\$51.00	
Restorative	Amalgam Restorations (Including Polishing)	D2161	Amalgam Restorations - Four or More Surfaces, Primary or Permanent	\$61.00	
Restorative	Crowns - Single Restorations Only	D2751	Crown-Porcelain Fused to Predominantly Base Metal	*	
Restorative	Crowns - Single Restorations Only	D2799	Provisional Crown	*	
Restorative	Other Restorative Services	D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	*	
Restorative	Other Restorative Services	D2920	Recement Crown	\$17.00	
Restorative	Other Restorative Services	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$68.00	
Restorative	Other Restorative Services	D2932	Prefabricated Resin Crown	\$68.00	

**Ryan White Title I (Part A) Oral Health Care Formulary
FY 2007-08**

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT-2007-08)	ORAL HEALTH CARE PROCEDURE	REIMBURSEMENT RATE	COMMENT / NOTATION
Restorative	Other Restorative Services	D2940	Sedative Filling	\$18.00	
Restorative	Other Restorative Services	D2950	Core Buildup, Including Any Pins	\$65.00	
Restorative	Other Restorative Services	D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$2.00	
Restorative	Other Restorative Services	D2952	Cast Post and Core In Addition to Crown, Indirectly Fabricated	*	
Restorative	Other Restorative Services	D2954	Prefabricated Post and Core In Addition to Crown	\$53.00	
Restorative	Other Restorative Services	D2955	Post Removal (Not in Conjunction with Endodontic Therapy)	*	
Restorative	Resin-based Composite Restorations - Direct	D2330	Resin-Based Composite Restorations - One Surface, Anterior	\$34.00	
Restorative	Resin-based Composite Restorations - Direct	D2331	Resin-Based Composite Restorations - Two Surfaces, Anterior	\$39.00	
Restorative	Resin-based Composite Restorations - Direct	D2332	Resin-Based Composite Restorations - Three Surfaces, Anterior	\$44.00	
Restorative	Resin-based Composite Restorations - Direct	D2335	Resin-Based Composite Restorations - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$72.00	
Restorative	Resin-based Composite Restorations - Direct	D2391	Resin-Based Composite Restorations – One Surface, Posterior	\$31.00	Procedure D2391 may not be used solely for cosmetic purposes.
Restorative	Resin-based Composite Restorations - Direct	D2392	Resin-Based Composite Restorations – Two Surfaces, Posterior	\$41.00	Procedure D2392 may not be used solely for cosmetic purposes.

**Ryan White Title I (Part A) Oral Health Care Formulary
FY 2007-08**

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CATEGORY OF SERVICE	SUB-CATEGORY OF SERVICE	ORAL HEALTH CARE PROCEDURE CODE (ADA ¹ /CDT-2007-08)	ORAL HEALTH CARE PROCEDURE	REIMBURSEMENT RATE	COMMENT / NOTATION
Restorative	Resin-based Composite Restorations - Direct	D2393	Resin-Based Composite Restorations-Three Surfaces, Posterior	\$51.00	Procedure D2393 may not be used solely for cosmetic purposes.
Restorative	Resin-based Composite Restorations - Direct	D2394	Resin-Based Composite Restorations-Four or More Surfaces, Posterior	*	Procedure D2394 may not be used solely for cosmetic purposes.