

ABCD (HCA/Medicaid) Fee Schedule Summary as of October 1, 2011

This reflects HCA/Medicaid fee schedule changes, retroactive to dates of service on-or-after 10/1/11(subject to revision).

Disclaimer:

This summary is for quick reference purposes only & there is a possibility of omission & error. It is always superseded by the most current online HCA/Medicaid Billing Instructions.

For further essential details refer to: 10/11 “HCA Dental Program Fee Schedule”; 5/10 “HCA Dental Program Billing Instructions (B.I.) & 5/10 ABCD Supplemental B.I.”,

@ [Provider Services Links](http://hrsa.dshs.wa.gov/provider/links.shtml) (<http://hrsa.dshs.wa.gov/provider/links.shtml>) or [Dental Services Webpage](http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html) (<http://hrsa.dshs.wa.gov/DentalProviders/DentalIndex.html>).

The ProviderOne Billing & Resource Guide can also be found @ [Provider Services Links](http://hrsa.dshs.wa.gov/provider/links.shtml) .

Procedures indicated in bold below, are eligible for the ABCD-enhanced rate.

Enhanced fees are allowable only for ABCD certified dental providers for current Medicaid patients from birth through age 5.

Note that ABCD children are entitled to the full scope of care, as described in HCA/Medicaid Dental Billing Instructions.

Procedure Code	Procedure Name	Frequency Allowable	ABCD Maximum Allowable	Non-ABCD Maximum Allowable
D0150	Comprehensive (initial) Oral Evaluation	1 per client, per dentist as needed	\$40.38	\$33.64
D0120	Periodic oral evaluation (six months must elapse since initial comp. exam)	Every 6 months	\$29.46	\$21.73
D1120	Prophylaxis-Child through age 13 (Note: for teens 14-20 yrs, bill w/code D1110 @ \$36.25)	Every 6 months (see ≤ 20 Dental B.I.)	See non-ABCD	\$22.98
D1203	Topical application of fluoride	3 times per 12 months through age 6 (2 times per year ages 7 through 18). Additional applications w/prior auth..	\$23.41	\$13.25
D1351	Topical application of sealant, per tooth. See Billing Instructions for details.	1x per tooth per 3 years or w/prior auth.	See non-ABCD	\$21.98
D9999	Family oral health education (Document FOHE in chart: see ABCD billing instructions)	>Two times per 12-months per child, but only once per day per family.	\$27.58	NA
D2140	Amalgam- one surface , primary or permanent (allowance for all amalgams includes polishing)	See Billing Instructions for more detail 1x per 2-years for same surface of same tooth or with written justification. Tooth/surface designation required.	\$63.61	\$49.97
D2150	Amalgam – two surfaces , primary or permanent	“	\$69.97	\$61.97
D2160	Amalgam –three or more surfaces , primary or permanent (Note: If billed on a primary first molar, payment is at the rate for a two-surface restoration.)	“	\$85.87	\$69.96
D2161	Amalgam – four or more surfaces, primary or permanent (Note: If billed on a primary 1 st or 2 nd molar, payment is at the rate for a two-surface restoration.)	“	See non-ABCD	\$69.96
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D2330	Resin-based Composite- one surface , anterior	See Billing Instructions for details.	\$63.61	\$59.37
D2331	Resin-based Composite- two surfaces , anterior	“	\$95.41	\$64.96
D2332	Resin-based - three surfaces , anterior	“	\$111.31	\$69.96
D2335	Resin-based Composite- 4+ surfaces or involving incisal angle (anterior); (<u>not allowed on primary teeth</u>)	“	See non-ABCD	\$69.96
D2391	Resin-based composite- 1 surface , posterior	See Billing Instructions for details.	\$63.61	\$49.97
D2392	Resin-based composite- 2 surface , posterior	“	\$75.00	\$61.97
D2393	Resin-based composite-3 surface , posterior (If billed on a primary 1 st or 2 nd molar, paid at D2392 rate)	“	\$80.00	\$69.96
D2394	Resin-based composite- 4 surface, posterior (If billed on a primary 1 st or 2 nd molar, paid at D2392 rate.)	“	See non-ABCD	\$69.96
D2390	Resin-based composite crown, anterior	See Billing Instructions for details.	\$216.26	\$94.00
D2930	Prefabricated stainless steel crown – primary tooth (radiographic justification is required.)	“	\$155.00	\$89.05
D2933	Prefabricated stainless steel crown with resin window- (radiographic justification is required.)	“	See non-ABCD	\$103.90
D3220	Therapeutic Pulpotomy (Primary posterior only)	See Billing Instructions for details.	\$95.41	\$43.97
D9920	Behavior management- requires one add’l staff person to protect patient	PA <u>not</u> needed for ages 8 and younger	\$28.10	\$26.72
D9230	Inhalation of nitrous oxide, analgesia, anxiolysis	Once per day.	See non-ABCD	\$6.43