



A-3 SCHEDULE OF ALLOWABLE FEES
Tennessee TennCare Adults

PLEASE REFER TO OFFICE REFERENCE MANUAL FOR COVERED SERVICES

Procedure Code	Procedure Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.11
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$24.40
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$30.71
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROBLEM FOCUSED, BY REPORT	\$41.93
D0210	INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	\$63.64
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$12.81
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$9.85
D0250	EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$14.63
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	\$14.63
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$11.82
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$18.71
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$23.63
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$28.56
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$50.72
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$50.72
D1110	PROPHYLAXIS - ADULT	\$45.63
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$22.55
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$22.55
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT- PER TOOTH	\$9.91
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$66.62
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$79.93
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$91.18
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$97.33
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$66.62
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$79.93
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$91.18
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$97.33



D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$66.62
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$79.93
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$91.18
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$97.33
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$575.82
D2722	CROWN - RESIN WITH NOBLE METAL	\$575.82
D2740	CROWN - PORCELAIN/CERAMIC	\$575.82
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$575.82
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$575.82
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$575.82
D2753	CROWN- PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$575.82
D2781	CROWN - ¾ CAST PREDOMINANTLY BASE METAL	\$575.82
D2782	CROWN - ¾ CAST NOBLE METAL	\$575.82
D2783	CROWN - ¾ PORCELAIN/CERAMIC	\$575.82
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$575.82
D2792	CROWN - FULL CAST NOBLE METAL	\$575.82
D2920	RE-CEMENT OR RE-BOND CROWN	\$43.88
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$144.29
D2991	APPLICATION OF HYDROXYAPATITE REGENERATION MEDICAMENT – PER TOOTH	\$35.16
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$449.92
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$538.64
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$708.37
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$144.78
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$36.46
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$97.25
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$77.02
D5110	COMPLETE DENTURE - MAXILLARY	\$705.83
D5120	COMPLETE DENTURE - MANDIBULAR	\$705.83
D5130	IMMEDIATE DENTURE - MAXILLARY	\$731.18
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$732.16
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$535.23



D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$540.10
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$779.92
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$779.92
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	\$467.95
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE--ONE PIECECAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	\$467.95
D5284	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE FLEXIBLE BASE- PER QUADRANT	\$324.06
D5286	REMOVEABLE UNILATERAL PARTIAL DENTURE- ONE PIECE RESIN BASE- PER QUADRANT	\$324.06
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$92.62
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$92.62
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$146.24
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$146.24
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$121.87
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$82.87
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$102.37
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$121.80
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$170.61
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$170.61
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$222.28
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$214.48
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$70.93
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$137.70
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$173.16
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$137.70
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$171.58
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$129.67



D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$65.32
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$177.43
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$88.72
D7471	REMOVAL OF EXOSTOSIS - PER SITE	\$150.13
D7472	REMOVAL OF TORUS PALATINUS	\$150.13
D7473	REMOVAL OF TORUS MANDIBULARIS	\$150.13
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$150.13
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT	\$51.18
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$30.42