

ESID ONLY			
Class	1 CoPay Per Visit	Description of Services	Prior Authorization
A	\$0	Diagnostic & Preventive Care- cleanings,	Some require prior authorization
B	\$10	Basic Care, Restorative, Endodontic,	Some require prior authorization
C	\$25	Major Care, Prosthodontic- crowns, bridges	Some require prior authorization
D	\$25	Orthodontics- Only as medically necessary;	Requires prior authorization

Procedure Type	Procedure Code	Child	Program Health Code	Benefit Date Effective	Benefit Date End	Prior Authorize	Tooth # Required	Additional Criteria
EXAMINATION	D0120	\$21.34	ESID	10/01/22	12/31/99	N		
EXAMINATION	D0140	\$30.49	ESID	10/01/22	12/31/99	N		
EXAMINATION	D0150	\$30.49	ESID	10/01/22	12/31/99	N		
RADIOGRAPHS/TEST	D0210	\$60.98	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
RADIOGRAPHS/TEST	D0220	\$15.24	ESID	10/01/22	12/31/99	N	X	
RADIOGRAPHS/TEST	D0230	\$7.62	ESID	10/01/22	12/31/99	N	X	
RADIOGRAPHS/TEST	D0240	\$18.29	ESID	10/01/22	12/31/99	N		
RADIOGRAPHS/TEST	D0270	\$15.24	ESID	10/01/22	12/31/99	Y		
RADIOGRAPHS/TEST	D0272	\$18.29	ESID	10/01/22	12/31/99	N		
RADIOGRAPHS/TEST	D0274	\$30.49	ESID	10/01/22	12/31/99	N		
RADIOGRAPHS/TEST	D0310	\$128.05	ESID	10/01/22	12/31/99	Y		
RADIOGRAPHS/TEST	D0330	\$48.78	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
RADIOGRAPHS/TEST	D0340	\$60.98	ESID	10/01/22	12/31/99	N		
RADIOGRAPHS/TEST	D0350	\$30.49	ESID	10/01/22	12/31/99	N		
RADIOGRAPHS/TEST	D0470	\$38.11	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
PROPHYLAXIS/SEALANTS	D1110	\$45.73	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
PROPHYLAXIS/SEALANTS	D1208	\$15.24	ESID	10/01/22	12/31/99	N		
PROPHYLAXIS/SEALANTS	D1351	\$24.39	ESID	10/01/22	12/31/99	N	X	
PROPHYLAXIS/SEALANTS	D1354	\$76.22	ESID	10/01/22	12/31/99	N		
SPACE MAINTENANCE - PASSI	D1510	\$121.95	ESID	10/01/22	12/31/99	N	1, 2	Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1516	\$182.93	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1517	\$182.93	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1551	\$36.59	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1552	\$36.59	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria

SPACE MAINTENANCE - PASSI	D1553	\$36.59	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1556	\$33.54	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1557	\$33.54	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1558	\$33.54	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSI	D1575	\$121.95	ESI	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
AMALGAM RESTORATIONS	D2140	\$60.98	ESID	10/01/22	12/31/99	N	X	
AMALGAM RESTORATIONS	D2150	\$121.95	ESID	10/01/22	12/31/99	N	X	
AMALGAM RESTORATIONS	D2160	\$164.64	ESID	10/01/22	12/31/99	N	X	
AMALGAM RESTORATIONS	D2161	\$100.61	ESID	10/01/22	12/31/99	N	X	
RESIN BASED COMPOSITE RES	D2330	\$60.98	ESID	10/01/22	12/31/99	N	X	
RESIN BASED COMPOSITE RES	D2331	\$91.47	ESID	10/01/22	12/31/99	N	X	
RESIN BASED COMPOSITE RES	D2332	\$106.71	ESID	10/01/22	12/31/99	N	X	
RESIN BASED COMPOSITE RES	D2335	\$121.95	ESID	10/01/22	12/31/99	N	X	
RESIN BASED COMPOSITE RES	D2391	\$60.98	ESID	10/01/22	12/31/99	N	X	
RESIN BASED COMPOSITE RES	D2392	\$121.95	ESID	10/01/22	12/31/99	N	X	
SINGLE CROWNS	D2710	\$304.89	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2721	\$457.33	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2751	\$487.82	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2791	\$426.84	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2920	\$45.73	ESID	10/01/22	12/31/99	N	X	
OTHER RESTORATIVE	D2930	\$121.95	ESID	10/01/22	12/31/99	N	X	
OTHER RESTORATIVE	D2931	\$182.93	ESID	10/01/22	12/31/99	N	X	
OTHER RESTORATIVE	D2932	\$146.35	ESID	10/01/22	12/31/99	N	X	
OTHER RESTORATIVE	D2940	\$45.73	ESID	10/01/22	12/31/99	N	X	
OTHER RESTORATIVE	D2951	\$30.49	ESID	10/01/22	12/31/99	N	X	
OTHER RESTORATIVE	D2954	\$152.44	ESID	10/01/22	12/31/99	Y	X	
OTHER RESTORATIVE	D2960	\$182.93	ESID	10/01/22	12/31/99	Y	X	
ENDODONTICS	D3120	\$30.49	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3221	\$121.95	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3230	\$100.61	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3240	\$112.81	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria

ENDODONTICS	D3310	\$310.98	ESID	10/01/22	12/31/99	N		X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3320	\$350.62	ESID	10/01/22	12/31/99	Y		X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3330	\$426.84	ESID	10/01/22	12/31/99	Y		X	Refer to Provider Guidelines for additional criteria
PERIODONTAL SERVICES	D4341	\$152.44	ESID	10/01/22	12/31/99	Y		Quad.	
PERIODONTAL SERVICES	D4342	\$82.32	ESID	10/01/22	12/31/99	Y		Quad.	
PERIODONTAL SERVICES	D4910	\$60.98	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5110	\$762.22	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5120	\$762.22	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5130	\$838.44	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5140	\$838.44	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5211	\$518.31	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5212	\$539.65	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5213	\$914.66	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5214	\$914.66	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5284	\$408.55	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5286	\$408.55	ESID	10/01/22	12/31/99	Y			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5410	\$36.59	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5411	\$36.59	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5421	\$36.59	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5422	\$36.59	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5511	\$91.47	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5512	\$91.47	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5520	\$60.98	ESID	10/01/22	12/31/99	N		X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5611	\$91.47	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5612	\$91.47	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5621	\$125.00	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5622	\$125.00	ESID	10/01/22	12/31/99	N			Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5630	\$112.81	ESID	10/01/22	12/31/99	N		X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5640	\$91.47	ESID	10/01/22	12/31/99	N		X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5650	\$91.47	ESID	10/01/22	12/31/99	N		X	Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5660	\$152.44	ESID	10/01/22	12/31/99	N		X	Refer to Provider Guidelines for additional criteria

REMOVABLE PROSTHODONTIC	D5750	\$243.91	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5751	\$243.91	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5760	\$243.91	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTIC	D5761	\$243.91	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
SURGICAL SERVICES - IMPLAN	D6105	\$106.71	ESID	01/01/23	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6211	\$426.84	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6241	\$548.80	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6251	\$426.84	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6721	\$457.33	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6751	\$487.82	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6791	\$426.84	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6930	\$60.98	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
FIXED PROSTHODONTICS	D6980	\$158.54	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7111	\$60.98	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7140	\$67.08	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7210	\$121.95	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7220	\$140.25	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7230	\$182.93	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7240	\$219.52	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7241	\$304.89	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7250	\$121.95	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7261	\$320.13	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7270	\$219.52	ESID	10/01/22	12/31/99	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7280	\$182.93	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7283	\$231.71	ESID	10/01/22	12/31/99	Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7285	\$158.54	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7286	\$121.95	ESID	10/01/22	12/31/99	N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7310	\$128.05	ESID	10/01/22	12/31/99	N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SU	D7321	\$234.76	ESID	10/01/22	12/31/99	N	Quad	Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7410	\$152.44	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7411	\$253.06	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria

EXCISION/REMOVAL OF LESIO	D7412	\$332.33	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7413	\$304.89	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7414	\$429.89	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7415	\$432.94	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7440	\$240.86	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7441	\$487.82	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7450	\$207.32	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7451	\$268.30	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7460	\$204.27	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIO	D7461	\$289.64	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7472	\$320.13	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7473	\$219.52	ESID	10/01/22	12/31/99	Y	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7485	\$240.86	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
SURGICAL INCISION	D7510	\$82.32	ESID	10/01/22	12/31/99	N	X	
SURGICAL INCISION	D7520	\$182.93	ESID	10/01/22	12/31/99	N	X	
FRACTURE TREATMENTS	D7610	\$1,768.34	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7620	\$1,463.46	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7630	\$2,012.25	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7640	\$1,219.55	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7650	\$1,920.79	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7660	\$1,158.57	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7670	\$609.77	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7671	\$365.86	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7710	\$2,103.72	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7720	\$1,341.50	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7730	\$2,347.63	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7740	\$1,371.99	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7750	\$1,981.77	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7760	\$1,829.32	ESID	10/01/22	12/31/99	N		
FRACTURE TREATMENTS	D7770	\$1,158.57	ESID	10/01/22	12/31/99	N	X	
FRACTURE TREATMENTS	D7771	\$716.48	ESID	10/01/22	12/31/99	N	X	

FRACTURE TREATMENTS	D7780	\$3,719.62	ESID	10/01/22	12/31/99	N		
SURGICAL REPAIRS	D7911	\$164.64	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7912	\$243.91	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7972	\$314.03	ESID	10/01/22	12/31/99	N	L, R	Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8220	\$435.99	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICE	D9230	\$27.44	ESID	10/01/22	12/31/99	N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICE	D9944	\$262.20	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICE	D9945	\$216.47	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICE	D9946	\$198.18	ESID	10/01/22	12/31/99	Y		Refer to Provider Guidelines for additional criteria