

Bulletin

January 2018
Volume 34, Number 01

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Training Seminars

[Reserve an available spot](#) for one of our open training seminars.

Fullerton

Workshop/D692 - January 11, 2018
8:30am - 3:30pm

Webinar

Basic & EDI/D693 - January 19, 2018
8:30am - 12pm

Temecula

Basic & EDI/D694 - January 24, 2018
8:30am - 12pm

Advanced/D695 - January 25, 2018
8:30am - 12pm

Provider Enrollment Assistance
Line

Speak with an Enrollment Specialist.

[Go here for more information!](#)

Wednesday, January 17, 2018
8am - 4pm

Full Restoration of Adult Dental Services in 2018

Effective **January 1, 2018**, the Department of Health Care Services (DHCS) will restore optional adult dental benefits for beneficiaries ages 21 and older with full-scope dental coverage. Senate Bill 97 (Chapter 52, Statutes of 2017) amended Welfare and Institutions Code, Section 14131.10 and requires full restoration of adult optional dental benefits that were not restored in May 2014. Restored benefits will include, for example, laboratory processed crowns, posterior root canal therapy, periodontal services, and partial dentures, including denture adjustments, repairs, and relines. The list of dental benefits is available in the dental Manual of Criteria posted on the Denti-Cal website.

There are no changes to the current scope of benefits for the following adult beneficiaries:

- Pregnancy-related services
- Emergency services
- Services provided to residents of an Intermediate Care Facility/Skilled Nursing Facility
- Services provided to Consumers of the Department of Developmental Services (DDS)
- Services provided to Genetically Handicapped Person's Program (GHPP) participants

However, the Medi-Cal Dental Program is extending Periodontal Maintenance as a benefit to:

- All beneficiaries with Full Scope Aid Code
- Pregnancy-related services
- Services provided to Consumers of the Department of Developmental Services (DDS)
- Services provided to Genetically Handicapped Person's Program (GHPP) participants

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The criteria for Periodontal Maintenance (D4910) is outlined below. The submission and criteria requirements for the Periodontal Maintenance (D4910) outlined in the MOC will not be updated until the implementation of CDT-16 occurs.

PROCEDURE D4910 - PERIODONTAL MAINTENANCE

1. This procedure does not require prior authorization.
2. A benefit:
 - a) only when preceded by a periodontal scaling and root planing (D4341- D4342) that has previously been paid by the Medi-Cal Dental Program.
 - b) only after completion of all necessary scaling and root planings.
 - c) once in a calendar quarter.
 - d) only in the 24 month period following the last paid scaling and root planing.
3. Not a benefit in the same calendar quarter as scaling and root planing.
4. Not payable to the same provider in the same calendar quarter as prophylaxis- adult (D1110) or prophylaxis- child (D1120).
5. This procedure is considered a full mouth treatment.

Dental providers may render, bill, and be reimbursed for the adult dental benefits shown on the reference guide displayed on the next page.

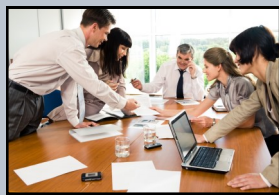
NEW Benefits Quick Reference Guide - 2018

Below is a benefits quick reference guide for Providers effective January 1, 2018. The benefits are based on aid codes and where a beneficiary resides. For a complete listing of procedures and their guidelines, please refer to the [Manual of Criteria](#) found in the Provider Handbook. Additional information is on the Denti-Cal website at www.denti-cal.ca.gov.

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













NEED MORE INFORMATION?

Provider Enrollment Workshops

















Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Tuesday, January 16, 2018 8:00 AM - 4:00 PM Register Now!	DoubleTree by Hilton Hotel 2233 Ventura Street Fresno, CA 93721	Fresno
Tuesday, January 30, 2018 8:00 AM - 4:00 PM Register Now!	Embassy Suites by Hilton 211 East Huntington Drive Arcadia, CA 91006	Los Angeles

Procedure	 Benefit		 Not a benefit	
	Full Scope	Restricted Scope	Pregnancy Related	Residing in a Facility (SNF/ICF)
Oral Evaluation (Under age 3) *				
Initial Exam (Age 3 and above)				
Periodic Exam (Age 3 and above)				
Prophylaxis				
Fluoride				
Restorative Services - Amalgams/ Composites/ Pre-fabricated Crowns				
Laboratory Processed Crowns **				
Scaling and Root Planing ***				
Full Mouth Debridement				
Periodontal Maintenance				
Anterior Root Canals				
Posterior Root Canals				
Partial Dentures				

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<div>  Benefit  Not a benefit </div>				
Procedure	Full Scope	Restricted Scope	Pregnancy Related	Residing in a Facility
Full Dentures				
Extractions / Oral and Maxillo-facial Surgery				
Emergency Services				

Exceptions:

*	ONLY a benefit under age 3
**	<ol style="list-style-type: none"> Not a benefit under age 13 Over age 21, allowable under special circumstances for posterior teeth <ul style="list-style-type: none"> A benefit only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps and rest OR When the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization
***	Not a benefit under age 13. Allowable under special circumstances

Denti-Cal Enrollment Workshops

Denti-Cal is undergoing exciting changes! Dental providers interested in participating in a Denti-Cal are invited to sign-up for the Dental Provider Enrollment Assistance Line or attend a Denti-Cal Enrollment Workshop on the Denti-Cal website [Provider Enrollment Outreach](#) page. In both venues, you will receive assistance filling out the dental provider application to join the Denti-Cal Program as a dental provider, general information about the dental program, and more!

The date for the January Provider Enrollment Assistance Line and Denti-Cal Enrollment Workshops are below.

Dental Provider Enrollment Assistance Line

Date	Time	Register
January 17, 2018	8:00 AM – 4:00 PM	Register online here!

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Denti-Cal Enrollment Workshops for Dental Providers

Date	Time	County	Location	Register
January 17, 2018	8:00 AM – 4:00 PM	Fresno	DoubleTree by Hilton Hotel 2233 Ventura Street Fresno, CA 93721	Register online here!
January 30, 2018	8:00 AM – 4:00 PM	Los Angeles	Embassy Suites by Hilton 211 East Huntington Drive Arcadia, CA 91006	Register online here!

Make sure to check the Denti-Cal website often for future workshop dates and more information at <https://www.denti-cal.ca.gov/>.

Denti-Cal Service Transition

The Department of Health Care Services (DHCS) selected Delta Dental of California as the Administrative Services Organization (ASO) and DXC Technology to be the Fiscal Intermediary (FI) of the Denti-Cal program. The ASO will provide dental administrative services and the FI will manage the claims processing system.

DHCS, Delta Dental of California, and DXC Technology have been working together to ensure a seamless contract transition in January 2018. There will be minimal changes, which you will receive additional information about in the near future. No action is required on your part at this time.

Providers and beneficiaries enrolled in Denti-Cal **will not** experience disruption to regular service during the transition period. During and after the transition period, Denti-Cal information will remain the same, including:

- PO Boxes
- Telephone numbers
- Denti-Cal website address
- EDI support
- Medi-Cal Dental Forms
- Timing of your payments

Providers and beneficiaries should expect communication via bulletins, mailings, and Denti-Cal website updates as more information is available. Electronic Data Interchange (EDI) trading partners will be contacted by e-mail.

Although no further information is available at this time, a bulletin will be posted on the Denti-Cal website once the Denti-Cal Telephone Service Center is able to answer additional questions. Please check the Denti-Cal website (www.denti-cal.ca.gov) frequently for future updates.

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Denti-Cal Service Transition FAQs

Fee for Service Providers and Dental Transformation Initiative (DTI) Safety Net Clinics

Q: What does the ASO do?

A: The Administrative Services Organization's (ASO) role is to provide administrative services for the Denti-Cal Program. Administrative services include adjudication of claims, Treatment Authorization Requests (TARs), and related documents. The ASO also handles incoming telephone calls and correspondence from providers and beneficiaries. Delta Dental is the ASO.

Q: What does the FI do?

A: The Fiscal Intermediary (FI) is responsible for operating the existing claims processing system, CD-MMIS, including payments to providers. The FI also handles incoming and outgoing mail. DXC Technology is the FI.

Q: Who handles the following, and who do I contact if there is disruption to my service?

- Eligibility: Department of Health Care Services (DHCS)
 - ◆ Provider may call the Automated Eligibility Verification System for assistance at 1-800-456-2387
- Claims Processing: Delta Dental, ASO
 - ◆ Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507
- Treatment Authorization Requests (TARs): Delta Dental, ASO
 - ◆ Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507
- Claim Inquiry Form (CIF): Delta Dental, ASO
 - ◆ Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507
- Provider Enrollment: Delta Dental, ASO
 - ◆ Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507
- Payments: Delta Dental, ASO
 - ◆ Questions? Call the Telephone Service Center (TSC) at 1-800-423-0507
- EDI Support: Delta Dental, ASO
 - ◆ Questions? Call 916-853-7373 and ask for EDI Support, or send an e-mail to Denti-CalEDI@delta.org

Q: Is there information available online?

A: Current website resources are still available online.

Q: If I mail my claims, where do I send them?

A: Send claims to:

Denti-Cal

California Medi-Cal Dental Program

PO Box 15609

Sacramento CA 95852-0609

Q: Who will I receive payment from?

A: You will receive your payments from Bank of America starting no sooner than the second week of February 2018.

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Q: Will there be any changes in the payment process?

A: There will be no changes to the payment process except checks will come from Bank of America, instead of Union Bank. Direct Deposit will also come from Bank of America.

Q: Is there anything I need to do?

A: Most providers do not need to take any action. Direct EDI submitters (submitters who do not use a clearinghouse) will be sent information regarding testing of EDI submissions in the near future.

Q: Who do I call if my payments are late?

A: As the FI, DXC Technology will be issuing payments; however, all questions should continue to be directed to the Denti-Cal Telephone Service Center at 1-800-423-0507.

Q: Who will be handling Explanations of Benefits (EOBs)?

A: As the FI, DXC Technology will be printing and mailing EOBs; however, all questions should continue to be directed to the Denti-Cal Telephone Service Center at 1-800-423-0507.

Proposition 56: Tobacco Tax Funds Supplemental Payments

The California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, was approved by voters at the November 8, 2016, statewide general election. Proposition 56 increased taxes imposed on cigarettes and tobacco products and allocated a specified percentage of those revenues to the Department of Health Care Services (DHCS) to increase funding for existing health care programs under the Medi-Cal program.

Assembly Bill 120 (Statutes of 2017, Chapter 22, §3, Item 4260-101-3305) amended the Budget Act of 2017 to appropriate Proposition 56 funds for specified DHCS health care expenditures during the 2017-18 state fiscal year. The supplemental payment categories for dental services include restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services.

Proposition 56 funds will be utilized for supplemental payments for dental services under the Medi-Cal program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. In accordance with Assembly Bill 120, DHCS will provide supplemental payments in addition to the current dental Schedule of Maximum Allowances (SMA) for specific procedures, targeted to increase provider participation. The Supplemental payment will be at a rate equal to 40 percent of the SMA for the specified codes for the dates of service during the period of July 1, 2017 through June 30, 2018. The supplemental payment will become effective retroactive to July 1, 2017. DHCS is not changing the SMA for these procedures, but rather providing a supplemental payment in addition to the existing SMA.

To reduce administrative burden to the providers, all retroactive payments for claims with dates of service (DOS) July 01, 2017 and after will be completed systematically through an Erroneous Payment Correction (EPC). No provider action is required. Due to the large volume of claims, the retroactive payment process may take up to six months to complete. All claims submitted *prior* to November 29, 2017, with DOS July 01, 2017 and after, will be systematically re-processed to include the supplemental payment for the procedures. The Explanation of Benefits (EOBs) for all claims submitted *after* November 29, 2017, with DOS July 01, 2017 and after, will include the supplemental payment. Since all claims for retroactive payments will be re-processed systematically, Denti-Cal requests that providers do not submit any Claim Inquiry Forms (CIFs) for the retroactive supplemental payments.

The first supplemental payments will be mailed out on December 07, 2017. Providers will start receiving the retroactive supplemental payments with EOBs generated for claims with the qualifying procedures. If you have any questions regarding the payments on your EOBs, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.

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Digitized Images and Electronic Data Interchange (EDI) Documents

In conjunction with claims and Treatment Authorization Requests (TARs) submitted electronically, Denti-Cal now accepts digitized images submitted through Electronic Data Interchange (EDI) clearinghouse, DentalXChange. Digitized images are also accepted through the following electronic attachment vendors: National Electronic Attachment, Inc. (NEA), National Information Services (NIS) and Tesia-PCI, LLC.

Providers must be enrolled to submit documents electronically prior to submitting digitized images. For more information on enrollment, providers can contact the Telephone Service Center toll free at (800) 423-0507 or EDI Support at (916) 853-7373 (email: denti-caledi@delta.org).

Digitized radiographs, photographs, scanned State-approved Justification of Need for Prosthesis forms (DC 054), and other narrative reports may be submitted in conjunction with EDI claims and TARs through DentalXChange, NEA, NIS or Tesia-PCI, LLC websites.

Images that <u>CAN</u> be transmitted:	Images that <u>CANNOT</u> be transmitted:
<p>Documentation related to claims and TARs to be submitted electronically:</p> <ul style="list-style-type: none"> • Photos • Radiographs • Justification of Need of Prosthesis Forms (DC 054) • Narrative documentation (surgical reports, etc.) 	<ul style="list-style-type: none"> • Any documentation related to claims and TARs submitted on paper • Claim Inquiry Forms (CIFs)* • Resubmission Turnaround Documents (RTDs) issued for paper or EDI documents • Notices of Authorization (NOAs) issued for paper or EDI documents

**Digitized image reference numbers may be handwritten on CIFs that must be mailed.*

Electronic Vendor and Document Specifications

- **DentalXChange Users:** Create the claim or TAR. Before transmitting a document electronically, include the radiographs/ photographs and attachments. Each attachment must include the date the images were created. For additional information, providers can call DentalXChange at (800) 576-6412 ext. 455 or visit <http://www.DentalXChange.com/provider/claimconnect/AttachmentPage>.
- **NEA Users:** Radiographs/photographs and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA's reference number must be entered on the EDI claim or TAR using the following format: **"NEA#" followed by the reference number, with no spaces - Example: NEA#9999999**. It is important to use this format and sequence.

Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim. For additional information, providers can visit www.nea-fast.com or call (800) 782-5150 option 3.

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- **NIS Users:** Create the claim or TAR. Before transmitting a document electronically, attach the radiographs/photographs and attachments. NIS users should use the Document Center to scan images of Denti-Cal's Justification of Need for Prosthesis Form (DC 054), photos, etc. The date images were created should be entered in the notes for each attachment. For additional information, providers can visit www.nationalinfo.com or call (800) 734-5561, select option 1.
- **Tesia-PCI, LLC Users:** Create the claim or TAR. Before transmitting a document electronically, include the radiographs/photographs and attachments. Each attachment must include the date the images were created. For additional information, providers can visit www.tesia.com or call (800) 724-7240 option 1.

Images should not be transmitted for EDI claims or TARs that are already waiting for radiographs and/or attachments to be mailed. Digitized images of CIFs, RTDs, and NOAs cannot be processed.

Digitized Imaging Tips:

1. Please do not send CIFs, RTDs or NOAs as digitized attachments.
2. Denti-Cal is unable to respond to provider inquiries entered into digitized imaging vendor's website.
3. Start with brand new documents. Please do not send digitized images for EDI documents that are already waiting for radiographs/attachments to be mailed.
4. Radiographs are not required for dentures on edentulous patients. Submit Justification of Need for Prosthesis form (DC 054) only.

For additional information, please call (916) 853-7373 and ask for EDI Support or send an email to denti-caledi@delta.org.

New Adjudication Reason Codes for Proposition 56: Tobacco Tax Funds Supplemental Payments

Proposition 56 increased taxes imposed on cigarettes and tobacco products and allocates a specified percentage of those revenues to the Department of Health Care Services (DHCS) to increase funding for existing health care programs under the Medi-Cal program. As a result, two new Adjudication Reason Codes (ARCs) for Prop 56 are available to participating Denti-Cal providers and are described below:

ARC 505

Procedure Code qualifies for Proposition 56 at the rate of 40% of the current SMA for Dates of Service (DOS) July 01, 2017 – June 30, 2018. For more details on Proposition 56 and the list of procedures, please refer to Provider Handbook: Section 4 – Treating Beneficiaries.

This ARC will be applied to each Claim Service Line (CSL) where a procedure code and DOS qualify for the 40% supplemental payment.

ARC 505A

Procedure Code qualifies for Proposition 56 at the rate of 40% of the current SMA for DOS July 01, 2017 – June 30, 2018. For more details on Proposition 56 and the list of procedures, please refer to Provider Handbook: Section 4 – Treating Beneficiaries. Additional services are allowable in conjunction with Caries Risk Assessment (CRA) procedure codes.

This ARC will be applied to each CSL where a procedure code and DOS qualify for the 40% supplemental payment and the procedure code also qualifies for DTI Domain 2 extra frequency incentive payment for Fee For Service (FFS) only. The supplemental payment amounts for each procedure code can be found in the **Attachment I** table below.

For answers to questions regarding the new ARCs, please contact the Denti-Cal Customer Service line at (800) 423-0507.

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Attachment I

Department of Health Care Services

Medi-Cal Dental Services Division

Current Dental Terminology (CDT) Codes and SMAs for Proposition 56 Supplemental Payments

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Visits and Diagnostics				
D0120	Periodic oral evaluation - established patient	\$15.00	\$6.00	\$21.00
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$20.00	\$8.00	\$28.00
D0150	Comprehensive oral evaluation - new or established patient	\$25.00	\$10.00	\$35.00
Restorative				
D2140	Amalgam – one surface, primary or permanent	\$39.00	\$15.60	\$54.60
D2150	Amalgam – two surfaces, primary or permanent	\$48.00	\$19.20	\$67.20
D2160	Amalgam – three surfaces, primary or permanent	\$57.00	\$22.80	\$79.80
D2161	Amalgam – four or more surfaces, primary or permanent	\$60.00	\$24.00	\$84.00
D2330	Resin-based composite – one surface, anterior	\$55.00	\$22.00	\$77.00
D2331	Resin-based composite – two surfaces, anterior	\$60.00	\$24.00	\$84.00
D2140	Amalgam – one surface, primary or permanent	\$39.00	\$15.60	\$54.60
D2150	Amalgam – two surfaces, primary or permanent	\$48.00	\$19.20	\$67.20

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Restorative				
D2160	Amalgam – three surfaces, primary or permanent	\$57.00	\$22.80	\$79.80
D2161	Amalgam – four or more surfaces, primary or permanent	\$60.00	\$24.00	\$84.00
D2330	Resin-based composite – one surface, anterior	\$55.00	\$22.00	\$77.00
D2331	Resin-based composite – two surfaces, anterior	\$60.00	\$24.00	\$84.00
D2332	Resin-based composite – three surfaces, anterior	\$65.00	\$26.00	\$91.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$85.00	\$34.00	\$119.00
D2390	Resin-based composite crown, anterior	\$75.00	\$30.00	\$105.00
D2391	Resin-based composite – one surface, posterior	\$39.00	\$15.60	\$54.60
D2392	Resin-based composite – two surfaces, posterior	\$48.00	\$19.20	\$67.20
D2393	Resin-based composite – three surfaces, posterior	\$57.00	\$22.80	\$79.80
D2394	Resin-based composite – four or more surfaces, posterior	\$60.00	\$24.00	\$84.00
D2710	Crown – resin - based composite (indirect)	\$150.00	\$60.00	\$210.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$150.00	\$60.00	\$210.00
D2721	Crown – resin with predominantly base metal	\$220.00	\$88.00	\$308.00
D2740	Crown – porcelain/ceramic substrate	\$340.00	\$136.00	\$476.00
D2751	Crown – porcelain fused to predominantly base metal	\$340.00	\$136.00	\$476.00

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CDT Procedure Code				SMA + 40%
Restorative				
D2781	Crown – 3/4 cast predominantly base metal	\$340.00	\$136.00	\$476.00
D2783	Crown – 3/4 porcelain/ceramic	\$340.00	\$136.00	\$476.00
D2791	Crown – full cast predominantly base metal	\$340.00	\$136.00	\$476.00
D2910	Recement inlay, onlay, or partial coverage restoration	\$30.00	\$12.00	\$42.00
D2920	Recement crown	\$30.00	\$12.00	\$42.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$75.00	\$30.00	\$105.00
D2930	Prefabricated stainless steel crown – primary tooth	\$75.00	\$30.00	\$105.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$90.00	\$36.00	\$126.00
D2932	Prefabricated resin crown	\$75.00	\$30.00	\$105.00
D2933	Prefabricated stainless steel crown with resin window	\$75.00	\$30.00	\$105.00
D2940	Protective restoration	\$45.00	\$18.00	\$63.00
D2951	Pin retention – per tooth, in addition to restoration	\$80.00	\$32.00	\$112.00
D2952	Post and core in addition to crown, indirectly fabricated	\$75.00	\$30.00	\$105.00
D2954	Prefabricated post and core in addition to crown	\$75.00	\$30.00	\$105.00
D2970	Temporary crown (fractured tooth)	\$45.00	\$18.00	\$63.00
D2980	Crown repair, necessitated by restorative material failure	\$60.00	\$24.00	\$84.00
D2999	Unspecified restorative procedure, by report	\$50.00	\$20.00	\$70.00

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CDT Procedure Code		SMA + 40%		
Endodontic				
D3220	Therapeutic pulpotomy (excluding final resto- ration) – removal of pulp coronal to the den- tinocemental junction application of medica- ment	\$71.00	\$28.40	\$99.40
D3221	Pulpal debridement, primary and permanent teeth	\$45.00	\$18.00	\$63.00
D3222	Partial pulpotomy for apexogenesis - perma- nent tooth with incomplete root development	\$71.00	\$28.40	\$99.40
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$71.00	\$28.40	\$99.40
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$71.00	\$28.40	\$99.40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$216.00	\$86.40	\$302.40
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$261.00	\$104.40	\$365.40
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$331.00	\$132.40	\$463.40
D3346	Retreatment of previous root canal therapy – anterior	\$216.00	\$86.40	\$302.40
D3347	Retreatment of previous root canal therapy – bicuspid	\$261.00	\$104.40	\$365.40
D3348	Retreatment of previous root canal therapy – molar	\$331.00	\$132.40	\$463.40
D3351	Apexification/Recalcification/Pulpal regenera- tion - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection)	\$100.00	\$40.00	\$140.00
D3352	Apexification/Recalcification/Pulpal regenera- tion - interim medication replacement	\$100.00	\$40.00	\$140.00
D3410	Apicoectomy/Periradicular surgery – anterior	\$100.00	\$40.00	\$140.00
D3421	Apicoectomy/Periradicular surgery – bicuspid (first root)	\$100.00	\$40.00	\$140.00
D3425	Apicoectomy/Periradicular surgery – molar (first root)	\$100.00	\$40.00	\$140.00
D3426	Apicoectomy/Periradicular surgery – (each additional root)	\$100.00	\$40.00	\$140.00
D3999	Unspecified endodontic procedure, by report	\$42.00	\$16.80	\$58.80

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Prosthetic				
D5110	Complete denture – maxillary	\$450.00	\$180.00	\$630.00
D5120	Complete denture – mandibular	\$450.00	\$180.00	\$630.00
D5130	Immediate denture – maxillary	\$450.00	\$180.00	\$630.00
D5140	Immediate denture – mandibular	\$450.00	\$180.00	\$630.00
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$250.00	\$100.00	\$350.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rest and teeth)	\$250.00	\$100.00	\$350.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases(including any conventional clasps, rest and teeth)	\$470.00	\$188.00	\$658.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases(including any conventional clasps, rest and teeth)	\$470.00	\$188.00	\$658.00
D5410	Adjust complete denture – maxillary	\$25.00	\$10.00	\$35.00
D5411	Adjust complete denture – mandibular	\$25.00	\$10.00	\$35.00
D5421	Adjust partial denture – maxillary	\$25.00	\$10.00	\$35.00
D5422	Adjust partial denture – mandibular	\$25.00	\$10.00	\$35.00
D5510	Repair broken complete denture base	\$50.00	\$20.00	\$70.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$50.00	\$20.00	\$70.00
D5610	Repair resin denture base	\$60.00	\$24.00	\$84.00
D5620	Repair cast framework	\$230.00	\$92.00	\$322.00
D5630	Repair or replace broken clasp	\$100.00	\$40.00	\$140.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Prosthetic				
D5640	Replace broken teeth – per tooth	\$50.00	\$20.00	\$70.00
D5650	Add tooth to existing partial denture	\$60.00	\$24.00	\$84.00
D5660	Add clasp to existing partial denture	\$100.00	\$40.00	\$140.00
D5730	Reline complete maxillary denture (chairside)	\$70.00	\$28.00	\$98.00
D5731	Reline complete mandibular denture (chairside)	\$70.00	\$28.00	\$98.00
D5740	Reline maxillary partial denture (chairside)	\$70.00	\$28.00	\$98.00
D5741	Reline mandibular partial denture (chairside)	\$70.00	\$28.00	\$98.00
D5750	Reline complete maxillary denture (laboratory)	\$140.00	\$56.00	\$196.00
D5751	Reline complete mandibular denture (laboratory)	\$140.00	\$56.00	\$196.00
D5760	Reline maxillary partial denture (laboratory)	\$140.00	\$56.00	\$196.00
D5761	Reline mandibular partial denture (laboratory)	\$140.00	\$56.00	\$196.00
D5850	Tissue conditioning, maxillary	\$50.00	\$20.00	\$70.00
D5851	Tissue conditioning, mandibular	\$50.00	\$20.00	\$70.00
D5860	Overdenture – complete, by report	\$450.00	\$180.00	\$630.00
D5911	Facial moulage (sectional)	\$425.00	\$170.00	\$595.00
D5912	Facial moulage (complete)	\$534.00	\$213.60	\$747.60
D5913	Nasal prosthesis	\$1,200.00	\$480.00	\$1,680.00
D5914	Auricular prosthesis	\$1,200.00	\$480.00	\$1,680.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Prosthetic				
D5915	Orbital prosthesis	\$600.00	\$240.00	\$840.00
D5916	Ocular prosthesis	\$1,200.00	\$480.00	\$1,680.00
D5919	Facial prosthesis	\$1,200.00	\$480.00	\$1,680.00
D5922	Nasal septal prosthesis	\$600.00	\$240.00	\$840.00
D5923	Ocular prosthesis, interim	\$600.00	\$240.00	\$840.00
D5924	Cranial prosthesis	\$1,440.00	\$576.00	\$2,016.00
D5925	Facial augmentation implant prosthesis	\$300.00	\$120.00	\$420.00
D5926	Nasal prosthesis, replacement	\$300.00	\$120.00	\$420.00
D5927	Auricular prosthesis, replacement	\$300.00	\$120.00	\$420.00
D5928	Orbital prosthesis, replacement	\$300.00	\$120.00	\$420.00
D5929	Facial prosthesis, replacement	\$300.00	\$120.00	\$420.00
D5931	Obturator prosthesis, surgical	\$1,000.00	\$400.00	\$1,400.00
D5932	Obturator prosthesis, definitive	\$1,500.00	\$600.00	\$2,100.00
D5933	Obturator prosthesis, modification	\$225.00	\$90.00	\$315.00
D5934	Mandibular resection prosthesis with guide flange	\$1,700.00	\$680.00	\$2,380.00
D5935	Mandibular resection prosthesis without guide flange	\$1,400.00	\$560.00	\$1,960.00
D5936	Obturator prosthesis, interim	\$900.00	\$360.00	\$1,260.00
D5937	Trismus appliance (not for TMD treatment)	\$125.00	\$50.00	\$175.00
D5951	Feeding aid	\$200.00	\$80.00	\$280.00

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CDT Procedure Code		SMA + 40%
Prosthetic		
D5952	Speech aid prosthesis, pediatric	\$800.00 \$320.00 \$1,120.00
D5953	Speech aid prosthesis, adult	\$1,450.00 \$580.00 \$2,030.00
D5954	Palatal augmentation prosthesis	\$200.00 \$80.00 \$280.00
D5955	Palatal lift prosthesis, definitive	\$1,400.00 \$560.00 \$1,960.00
D5958	Palatal lift prosthesis, interim	\$800.00 \$320.00 \$1,120.00
D5959	Palatal lift prosthesis, modification	\$220.00 \$88.00 \$308.00
D5960	Speech aid prosthesis, modification	\$220.00 \$88.00 \$308.00
D5982	Surgical stent	\$125.00 \$50.00 \$175.00
D5983	Radiation carrier	\$80.00 \$32.00 \$112.00
D5984	Radiation shield	\$200.00 \$80.00 \$280.00
D5985	Radiation cone locator	\$200.00 \$80.00 \$280.00
D5986	Fluoride gel carrier	\$80.00 \$32.00 \$112.00
D5987	Commissure splint	\$125.00 \$50.00 \$175.00
D5988	Surgical splint	\$205.00 \$82.00 \$287.00
D5991	Topical Medicament Carrier	\$80.00 \$32.00 \$112.00
D6092	Recement implant/abutment supported crown	\$30.00 \$12.00 \$42.00
D6093	Recement implant/abutment supported fixed partial denture	\$50.00 \$20.00 \$70.00
D6100	Implant removal, by report	\$45.00 \$18.00 \$63.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Prosthetic				
D6194	Abutment supported retainer crown for FPD (titanium)	<i>By Report</i>	<i>40% of By Report</i>	<i>By Report + 40%</i>
D6199	Unspecified implant procedure, by report	<i>By Report</i>	<i>40% of By Report</i>	<i>By Report + 40%</i>
D6211	Pontic – cast predominantly base metal	\$325.00	\$130.00	\$455.00
D6241	Pontic – porcelain fused to predominantly base metal	\$325.00	\$130.00	\$455.00
D6245	Pontic –porcelain/ceramic	\$325.00	\$130.00	\$455.00
D6251	Pontic – resin with predominantly base metal	\$325.00	\$130.00	\$455.00
D6721	Crown - resin with predominantly base metal	\$220.00	\$88.00	\$308.00
D6740	Crown - porcelain/ceramic	\$340.00	\$136.00	\$476.00
D6751	Crown - porcelain fused to predominantly base metal	\$340.00	\$136.00	\$476.00
D6781	Crown - 3/4 cast predominantly base metal	\$340.00	\$136.00	\$476.00
D6783	Crown - 3/4 porcelain/ceramic	\$340.00	\$136.00	\$476.00
D6791	Crown - full cast predominantly base metal	\$340.00	\$136.00	\$476.00
D6930	Recement fixed partial denture	\$50.00	\$20.00	\$70.00
D6980	Fixed partial denture repair, necessitated by restorative material	\$75.00	\$30.00	\$105.00
Oral and Maxillofacial Surgery				
D7111	Extraction, coronal remnants – deciduous tooth	\$41.00	\$16.40	\$57.40
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41.00	\$16.40	\$57.40
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$85.00	\$34.00	\$119.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Oral and Maxillofacial Surgery				
D7220	Removal of impacted tooth – soft tissue	\$100.00	\$40.00	\$140.00
D7230	Removal of impacted tooth – partially bony	\$135.00	\$54.00	\$189.00
D7240	Removal of impacted tooth – completely bony	\$165.00	\$66.00	\$231.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$235.00	\$94.00	\$329.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100.00	\$40.00	\$140.00
D7260	Oroantral fistula closure	\$300.00	\$120.00	\$420.00
D7261	Primary closure of a sinus perforation	\$100.00	\$40.00	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$175.00	\$70.00	\$245.00
D7280	Surgical access of an unerupted tooth	\$100.00	\$40.00	\$140.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$135.00	\$54.00	\$189.00
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$100.00	\$40.00	\$140.00
D7286	Biopsy of oral tissue – soft	\$30.00	\$12.00	\$42.00
D7290	Surgical repositioning of teeth	\$135.00	\$54.00	\$189.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50.00	\$20.00	\$70.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50.00	\$20.00	\$70.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00	\$40.00	\$140.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$200.00	\$80.00	\$280.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Oral and Maxillofacial Surgery				
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$500.00	\$200.00	\$700.00
D7410	Excision of benign lesion up to 1.25 cm	\$100.00	\$40.00	\$140.00
D7411	Excision of benign lesion greater than 1.25 cm	\$250.00	\$100.00	\$350.00
D7412	Excision of benign lesion, complicated	\$325.00	\$130.00	\$455.00
D7413	Excision of malignant lesion up to 1.25 cm	\$325.00	\$130.00	\$455.00
D7414	Excision of malignant lesion greater than 1.25 cm	\$400.00	\$160.00	\$560.00
D7415	Excision of malignant lesion, complicated	\$450.00	\$180.00	\$630.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$325.00	\$130.00	\$455.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$500.00	\$200.00	\$700.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$100.00	\$40.00	\$140.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$200.00	\$80.00	\$280.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	\$100.00	\$40.00	\$140.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$250.00	\$100.00	\$350.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$50.00	\$20.00	\$70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$100.00	\$40.00	\$140.00
D7472	Removal of torus palatinus	\$200.00	\$80.00	\$280.00
D7473	Removal of torus mandibularis	\$100.00	\$40.00	\$140.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Oral and Maxillofacial Surgery				
D7485	Surgical reduction of osseous tuberosity	\$75.00	\$30.00	\$105.00
D7490	Radical resection of maxilla or mandible	\$1,200.00	\$480.00	\$1,680.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$50.00	\$20.00	\$70.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$75.00	\$30.00	\$105.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$75.00	\$30.00	\$105.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$100.00	\$40.00	\$140.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$60.00	\$24.00	\$84.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$130.00	\$52.00	\$182.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$100.00	\$40.00	\$140.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$380.00	\$152.00	\$532.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,000.00	\$400.00	\$1,400.00
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$500.00	\$200.00	\$700.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,200.00	\$480.00	\$1,680.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$700.00	\$280.00	\$980.00
D7650	Malar and/or zygomatic arch – open reduction	\$500.00	\$200.00	\$700.00
D7660	Malar and/or zygomatic arch – closed reduction	\$250.00	\$100.00	\$350.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$225.00	\$90.00	\$315.00

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CDT Procedure Code				SMA + 40%
Oral and Maxillofacial Surgery				
D7671	Alveolus – open reduction, may include stabilization of teeth	\$275.00	\$110.00	\$385.00
D7710	Maxilla – open reduction	\$1,200.00	\$480.00	\$1,680.00
D7720	Maxilla – closed reduction	\$800.00	\$320.00	\$1,120.00
D7730	Mandible – open reduction	\$1,200.00	\$480.00	\$1,680.00
D7740	Mandible – closed reduction	\$800.00	\$320.00	\$1,120.00
D7750	Malar and/or zygomatic arch – open reduction	\$500.00	\$200.00	\$700.00
D7760	Malar and/or zygomatic arch – closed reduction	\$250.00	\$100.00	\$350.00
D7770	Alveolus – open reduction stabilization of teeth	\$1,000.00	\$400.00	\$1,400.00
D7771	Alveolus, closed reduction stabilization of teeth	\$500.00	\$200.00	\$700.00
D7810	Open reduction of dislocation	\$140.00	\$56.00	\$196.00
D7820	Closed reduction of dislocation	\$140.00	\$56.00	\$196.00
D7830	Manipulation under anesthesia	\$140.00	\$56.00	\$196.00
D7840	Condylectomy	\$1,000.00	\$400.00	\$1,400.00
D7850	Surgical discectomy, with/without implant	\$1,000.00	\$400.00	\$1,400.00
D7852	Disc repair	\$780.00	\$312.00	\$1,092.00
D7854	Synovectomy	\$800.00	\$320.00	\$1,120.00
D7856	Myotomy	\$810.00	\$324.00	\$1,134.00
D7858	Joint reconstruction	\$1,550.00	\$620.00	\$2,170.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Oral and Maxillofacial Surgery				
D7860	Arthroscopy	\$940.00	\$376.00	\$1,316.00
D7865	Arthroplasty	\$1,100.00	\$440.00	\$1,540.00
D7870	Arthrocentesis	\$440.00	\$176.00	\$616.00
D7872	Arthroscopy – diagnosis, with or without biopsy	\$800.00	\$320.00	\$1,120.00
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$800.00	\$320.00	\$1,120.00
D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$800.00	\$320.00	\$1,120.00
D7875	Arthroscopy – surgical: synovectomy	\$800.00	\$320.00	\$1,120.00
D7876	Arthroscopy – surgical: discectomy	\$1,000.00	\$400.00	\$1,400.00
D7877	Arthroscopy – surgical: debridement	\$800.00	\$320.00	\$1,120.00
D7880	Occlusal orthotic device, by report	\$300.00	\$120.00	\$420.00
D7910	Suture of recent small wounds up to 5 cm	\$75.00	\$30.00	\$105.00
D7911	Complicated suture – up to 5 cm	\$85.00	\$34.00	\$119.00
D7912	Complicated suture – greater than 5 cm	\$95.00	\$38.00	\$133.00
D7920	Skin graft (identify defect covered, location and type of graft)	\$310.00	\$124.00	\$434.00
D7940	Osteoplasty – for orthognathic deformities	\$1,300.00	\$520.00	\$1,820.00
D7941	Osteotomy – mandibular rami	\$2,000.00	\$800.00	\$2,800.00
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$2,800.00	\$1,120.00	\$3,920.00
D7944	Osteotomy – segmented or subapical	\$600.00	\$240.00	\$840.00

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CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	40% Supplemental	SMA + 40%
Oral and Maxillofacial Surgery				
D7945	Osteotomy – body of mandible	\$600.00	\$240.00	\$840.00
D7946	LeFort I (maxilla – total)	\$1,300.00	\$520.00	\$1,820.00
D7947	LeFort I (maxilla – segmented)	\$2,000.00	\$800.00	\$2,800.00
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$2,300.00	\$920.00	\$3,220.00
D7949	LeFort II or LeFort III – with bone graft	\$3,000.00	\$1,200.00	\$4,200.00
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$800.00	\$320.00	\$1,120.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,000.00	\$400.00	\$1,400.00
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$750.00	\$300.00	\$1,050.00
D7960	Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$200.00	\$80.00	\$280.00
D7963	Frenuloplasty	\$200.00	\$80.00	\$280.00
D7970	Excision of hyperplastic tissue – per arch	\$100.00	\$40.00	\$140.00
D7971	Excision of pericoronal gingiva	\$50.00	\$20.00	\$70.00
D7972	Surgical reduction of fibrous tuberosity	\$50.00	\$20.00	\$70.00
D7980	Sialolithotomy	\$235.00	\$94.00	\$329.00
D7981	Excision of salivary gland, by report	\$521.00	\$208.40	\$729.40
D7982	Sialodochoplasty	\$365.00	\$146.00	\$511.00
D7983	Closure of salivary fistula	\$120.00	\$48.00	\$168.00
D7990	Emergency tracheotomy	\$200.00	\$80.00	\$280.00

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CDT Procedure Code				SMA + 40%
Oral and Maxillofacial Surgery				
D7991	Coronoidectomy	\$558.00	\$223.20	\$781.20
D7995	Synthetic graft – mandible or facial bones, by report	\$335.00	\$134.00	\$469.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$45.00	\$18.00	\$63.00
Adjunctive Services				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$45.00	\$18.00	\$63.00
D9120	Fixed partial denture sectioning	\$50.00	\$20.00	\$70.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$45.00	\$18.00	\$63.00
D9220	Deep sedation/general anesthesia – first 30 minutes	\$91.35	\$36.54	\$127.89
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$14.01	\$5.60	\$19.61
D9230	Inhalation of nitrous oxide/anxiolysis analgesia	\$25.00	\$10.00	\$35.00
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$42.14	\$16.86	\$59.00
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$21.07	\$8.43	\$29.50
D9248	Non-intravenous conscious sedation	\$25.00	\$10.00	\$35.00
D9410	House/Extended care facility call	\$20.00	\$8.00	\$28.00
D9420	Hospital or ambulatory surgical center call	\$50.00	\$20.00	\$70.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$20.00	\$8.00	\$28.00
D9440	Office visit – after regularly scheduled hours	\$20.00	\$8.00	\$28.00
D9610	Therapeutic parenteral drug, single administration	\$15.00	\$6.00	\$21.00

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CDT Procedure Code				SMA + 40%
Adjunctive Services				
D9910	Application of desensitizing medicament	\$43.00	\$17.20	\$60.20
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$15.00	\$6.00	\$21.00
D9950	Occlusion analysis – mounted case	\$180.00	\$72.00	\$252.00
D9951	Occlusal adjustment – limited	\$25.00	\$10.00	\$35.00
D9952	Occlusal adjustment – complete	\$400.00	\$160.00	\$560.00