



# Provider Bulletin

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## Information on the Novel Coronavirus (COVID-19) for Medi-Cal Dental Providers

The Department of Health Care Services (DHCS) continues to closely monitor the emerging COVID-19 situation, and encourages Medi-Cal dental providers to stay updated on COVID-19 developments. As the number of confirmed COVID-19 cases in California rises, it is critical that dental providers assess their office policies and follow recommended general healthcare facility safety procedures and protocols from the federal Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) to help prevent spread of the virus.

## TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, to go the [Provider Training Seminar Schedule](#).

## PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday  
8am - 4pm

## Current Medi-Cal Teledentistry Policy

Medi-Cal dental providers equipped to do so are encouraged to use teledentistry as an alternate modality for the provision of select dental services.

### Synchronous/Live Transmission

For Medi-Cal dental benefits or services, Medi-Cal enrolled dentists and allied dental professionals (under the supervision of a dentist) may render limited services via synchronous/ live transmission teledentistry, so long as such services are within their scope of practice, when billed using Current Dental Terminology (CDT) code D9999 (and procedure D0999) for dates of service on or before May 15, 2020. For dates of service on or after May 16, 2020, CDT code D9999 will be replaced with

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CDT code D9995, which can be billed as a standalone synchronous teledentistry procedure code. The following is Medi-Cal's teledentistry policy for synchronous/live transmissions.

- CDT code D9999 is reimbursed at 24 cents per minute, up to a maximum of 90 minutes, i.e., up to \$21.60 maximum reimbursement. CDT code D9999 may only be used once per date of service per beneficiary, per provider. As noted above, CDT code D9999 will be replaced with CDT code D9995, as of May 16, 2020.

### **Asynchronous Store and Forward**

For Medi-Cal dental benefits or services, Medi-Cal enrolled dentists and allied dental professionals (under the supervision of a dentist) may render, so long as such services are within their scope of practice, limited services via asynchronous store and forward using CDT code D9996, which identifies the services as teledentistry. CDT code D9996 is not reimbursable; instead, the billing dental provider would be reimbursed based upon the applicable CDT procedure code to be paid according to the Schedule of Maximum Allowance (SMA). The following CDT codes may be billed under Medi-Cal's teledentistry policy for asynchronous store and forward:

- D0120: Periodic oral evaluation — established patient
- D0150: Comprehensive oral evaluation – new or established patient
- D0210: Intraoral — complete series of radiographic images
- D0220: Intraoral — periapical first radiographic image
- D0230: Intraoral — periapical each additional radiographic image
- D0240: Intraoral — occlusal radiographic image
- D0270: Bitewing — single radiographic image
- D0272: Bitewings — two radiographic images
- D0274: Bitewings — four radiographic images
- D0330: Panoramic radiographic image
- D0350: Oral/Facial photographic images

For information about Medi-Cal Dental's teledentistry and billing for teledentistry guidelines, please refer to the Provider Handbook [Section 4 -Treating Beneficiaries](#), pages 4-14 and 4-15. Teledentistry resources can also be found on the Medi-Cal Dental website [here](#).

### **Communicating with Medi-Cal Patients**

Please note that Medi-Cal dental providers may refuse to see a Medi-Cal patient who exhibits symptoms of acute respiratory illness. To that end, Medi-Cal dental providers should keep patients up-to-date and informed as to any changes to their respective dental office policies due to the COVID-19 situation, which may include cancellation of appointments. If a Medi-Cal patient contacts your dental office or is turned away from a dental appointment due to evidence of acute respiratory illness, DHCS requests that Medi-Cal dental providers instruct their Medi-Cal patients to contact an appropriate health care provider or seek immediate medical attention.

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## Preparedness Strategies

Medi-Cal dental providers should share current COVID-19 information and discuss preparedness strategies with their staff. To enhance the health and safety of dental offices, DHCS encourages Medi-Cal dental providers to adhere to the [CDC's](#) and [CDPH's](#) recommendations to prepare for COVID-19 in a healthcare facility. Some helpful preparedness strategies include but are not limited to the following:

- **For health care facilities, screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering.** Please note that the CDC's [Guidelines for Patient Screening](#) and [Infection Prevention and Control Recommendations](#) are intended for health care facilities, and not specifically for dental offices.
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 [should wear](#) the appropriate [personal protective equipment](#).
- **Conduct an inventory of available PPE.** Consider conducting an inventory of available PPE supplies. Explore strategies to [optimize PPE supplies](#).
- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- **Encourage adherence to the CDC's [recommendations](#),** including but not limited to the following steps, to prevent the spread of illness:
  - Avoid close contact with people who are sick.
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
  - Avoid touching your eyes, nose, and mouth.
  - Clean and disinfect frequently touched objects and surfaces.
  - Stay home when you are sick, except to get medical care.
  - Wash your hands often with soap and water for at least 20 seconds.
- **Review environment-specific messaging strategies to prevent COVID-19 spread in communities.** For environment-specific messaging, visit the [Preventing COVID-19 Spread in Communities page](#) of the CDC website. Providers can also find helpful resources to download, print, and display in their dental offices to educate their patients on preventive best-practices and to enhance awareness of COVID-19. These resources are available in select threshold languages. Buttons and badges, videos, and news links can also be found on the [Communications Resources](#) page of the CDC website.

## Additional Resources

For additional COVID-19 information and resources, we encourage you to review the following:

- California Dental Association (CDA) article [Coronavirus updates for dentists](#)

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- American Dental Association (ADA) article [Infectious Diseases in the News: 2019 Novel Coronavirus \(COVID-19\)](#)
- [Latest news from California Department of Public Health \(CDPH\) about COVID-19 | En Español](#)
- [CDPH COVID-19 guidance](#)
- [Centers for Disease Control and Prevention \(CDC\) COVID-19 response | En Español | 中文](#)
- [Follow CDPH Twitter for the latest COVID-19 information](#)

## Proposition 56 Supplemental Payments CDT-19 Update

Effective March 14, 2020, select procedure codes eligible for Proposition 56 (Prop 56) supplemental payments were changed due to the Current Dental Terminology (CDT)-19 code set implementation. Deleted (~~strikethrough~~) and new (**red**) procedure codes and supplemental payment amounts for each code can be found in the **Attachment I** table below.

In accordance with Assembly Bill 120 (Chapter 22, §3, Item 4260-101-3305, Statutes of 2017), the Department of Health Care Services (DHCS) started the Prop 56 supplemental payment program for Fiscal Year (FY) 2017-18 authorized through June 30, 2018. The program was later extended pursuant to Senate Bill 856 (Chapter 30, §3, Item 4260-101-3305, Statutes of 2018) through June 30, 2019 and expanded supplemental payments to additional procedure codes for FY 2018-19. Pursuant to Assembly Bill 74 (Chapter 23, §3, Item 4260-101-3305, Statutes of 2019), the Prop 56 supplemental payment program was extended until December 31, 2021.

Prop 56 supplemental payments will be made based on claim submission for the specific applicable procedures. For more information about Prop 56, please visit the dedicated DHCS webpage [Proposition 56 Supplemental Dental Payments](#).

For more information about the CDT-19 implementation, please refer to [Volume 36, Number 3](#). That bulletin details all changes to CDT code sets from CDT-13 to CDT-19, and includes links to the new draft [CDT-19 Manual of Criteria](#) (MOC) and the draft [Medi-Cal Dental Schedule of Maximum Allowances](#) (SMA). If you have questions about this bulletin, please contact the Telephone Service Center at (800) 423-0507.

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)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
<b>Visits and Diagnostics</b>				
D0120	Periodic oral evaluation - established patient	\$15.00	\$30.00	\$45.00
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$20.00	\$39.00	\$59.00
D0150	Comprehensive oral evaluation - new or established patient	\$25.00	\$41.00	\$66.00
D0210	Intraoral - complete series of radiographic images	\$40.00	20%	\$48.00
D0220	Intraoral - periapical first radiographic image	\$10.00	20%	\$12.00
D0230	Intraoral - periapical each additional radiographic image	\$3.00	35%	\$4.05
D0272	Bitewings - two radiographic images	\$10.00	20%	\$12.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D0274	Bitewings - four radiographic images	\$18.00	20%	\$21.60
D0330	Panoramic radiographic image	\$25.00	20%	\$30.00
D0350	2D Oral/Facial photographic images obtained intra-orally or extra orally	\$6.00	60%	\$9.60
<b>Preventive</b>				
D1110	Prophylaxis – adult	\$40.00	\$50.00	\$90.00
D1206	Topical application of fluoride varnish - adult 21 and over	\$6.00	\$12.00	\$18.00
D1208	Topical application of fluoride - excluding varnish - adult	\$6.00	\$9.00	\$15.00
<b>Restorative</b>				
D2140	Amalgam – one surface, primary or permanent	\$39.00	40%	\$54.60
D2150	Amalgam – two surfaces, primary or permanent	\$48.00	40%	\$67.20
D2160	Amalgam – three surfaces, primary or permanent	\$57.00	40%	\$79.80

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D2161	Amalgam – four or more surfaces, primary or permanent	\$60.00	40%	\$84.00
D2330	Resin-based composite – one surface, anterior	\$55.00	40%	\$77.00
D2331	Resin-based composite – two surfaces, anterior	\$60.00	40%	\$84.00
D2332	Resin-based composite – three surfaces, anterior	\$65.00	40%	\$91.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$85.00	40%	\$119.00
D2390	Resin-based composite crown, anterior	\$75.00	40%	\$105.00
D2391	Resin-based composite – one surface, posterior	\$39.00	40%	\$54.60
D2392	Resin-based composite – two surfaces, posterior	\$48.00	40%	\$67.20
D2393	Resin-based composite – three surfaces, posterior	\$57.00	40%	\$79.80

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D2394	Resin-based composite – four or more surfaces, posterior	\$60.00	40%	\$84.00
D2710	Crown – resin - based composite (indirect)	\$150.00	40%	\$210.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$150.00	40%	\$210.00
D2721	Crown – resin with predominantly base metal	\$220.00	40%	\$308.00
D2740	Crown – porcelain/ceramic substrate	\$340.00	40%	\$476.00
D2751	Crown – porcelain fused to predominantly base metal	\$340.00	40%	\$476.00
D2781	Crown – 3/4 cast predominantly base metal	\$340.00	40%	\$476.00
D2783	Crown – 3/4 porcelain/ceramic	\$340.00	40%	\$476.00
D2791	Crown – full cast predominantly base metal	\$340.00	40%	\$476.00
D2910	Recement inlay or Re-bond, onlay, veneer or partial coverage restoration	\$30.00	40%	\$42.00
D2920	Recement or Re-bond crown	\$30.00	40%	\$42.00
<del>D2929</del>	<del>Prefabricated porcelain/ceramic crown- primary tooth</del>	<del>\$75.00</del>	<del>40%</del>	<del>\$105.00</del>



CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D2930	Prefabricated stainless steel crown – primary tooth	\$75.00	60%	\$120.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$90.00	40%	\$126.00
D2932	Prefabricated resin crown	\$75.00	40%	\$105.00
D2933	Prefabricated stainless steel crown with resin window	\$75.00	40%	\$105.00
D2940	Protective restoration	\$45.00	40%	\$63.00
D2951	Pin retention – per tooth, in addition to restoration	\$80.00	40%	\$112.00
D2952	Post and core in addition to crown, indirectly fabricated	\$75.00	40%	\$105.00
D2954	Prefabricated post and core in addition to crown	\$75.00	40%	\$105.00
<del>D2970</del>	<del>Temporary crown (fractured tooth)</del>	<del>\$45.00</del>	<del>40%</del>	<del>\$63.00</del>
D2980	Crown repair, necessitated by restorative material failure	\$60.00	40%	\$84.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D2999	Unspecified restorative procedure, by report	\$50.00	40%	\$70.00
<b>Endodontic</b>				
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament	\$71.00	40%	\$99.40
D3221	Pulpal debridement, primary and permanent teeth	\$45.00	40%	\$63.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$71.00	40%	\$99.40
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$71.00	40%	\$99.40
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$71.00	40%	\$99.40

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$216.00	40%	\$302.40
D3320	Endodontic therapy, <del>premolar-bicuspid</del> tooth (excluding final restoration)	\$261.00	40%	\$365.40
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$331.00	40%	\$463.40
D3346	Retreatment of previous root canal therapy – anterior	\$216.00	40%	\$302.40
D3347	Retreatment of previous root canal therapy – <del>bicuspid-premolar</del>	\$261.00	40%	\$365.40
D3348	Retreatment of previous root canal therapy – molar	\$331.00	40%	\$463.40
D3351	Apexification/Recalcification/ <del>Pulpal regeneration</del> - initial visit (apical closure/calcific repair of perforations, root resorption, <del>pulp-space disinfection</del> etc.)	\$100.00	40%	\$140.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D3352	Apexification/Recalcification/ <del>Pulpal regeneration</del> - interim medication replacement	\$100.00	40%	\$140.00
D3410	Apicoectomy/ <del>Periradicular surgery</del> – anterior	\$100.00	40%	\$140.00
D3421	Apicoectomy/ <del>Periradicular surgery</del> – bicuspid (first root)	\$100.00	40%	\$140.00
D3425	Apicoectomy/ <del>Periradicular surgery</del> – molar (first root)	\$100.00	40%	\$140.00
D3426	Apicoectomy/ <del>Periradicular surgery</del> – (each additional root)	\$100.00	40%	\$140.00
D3999	Unspecified endodontic procedure, by report	\$42.00	40%	\$58.80
<b>Periodontics</b>				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant	\$185.00	40%	\$259.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$110.00	40%	\$154.00
D4260	Osseous surgery (including elevation of a full thickness flap <del>entry</del> and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00	40%	\$490.00
D4261	Osseous surgery (including elevation of a full thickness flap <del>entry</del> and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant	\$245.00	40%	\$343.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant (for beneficiaries in a SNF or ICF)	\$70.00	40%	\$98.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$50.00	40%	\$70.00
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant (for beneficiaries in a SNF or ICF)	\$50.00	40%	\$70.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30.00	40%	\$42.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis <b>on a subsequent visit</b>	\$75.00	40%	\$105.00
D4910	Periodontal maintenance	\$55.00	40%	\$77.00
D4920	Unscheduled dressing change (by someone other than treating dentist <b>or their staff</b> )	\$45.00	40%	\$63.00
<b>Prosthetic</b>				
D5110	Complete denture – maxillary	\$450.00	40%	\$630.00
D5120	Complete denture – mandibular	\$450.00	40%	\$630.00
D5130	Immediate denture – maxillary	\$450.00	40%	\$630.00
D5140	Immediate denture – mandibular	\$450.00	40%	\$630.00
D5211	Maxillary partial denture – resin base (including <b>any conventional clasps, retentive/clasping materials</b> , rests and teeth)	\$250.00	40%	\$350.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5212	Mandibular partial denture – resin base (including <del>any conventional clasps, retentive/clasping materials</del> , rest and teeth)	\$250.00	40%	\$350.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases(including any conventional clasps, rest and teeth)	\$470.00	40%	\$658.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases(including any conventional clasps, rest and teeth)	\$470.00	40%	\$658.00
D5410	Adjust complete denture – maxillary	\$25.00	40%	\$35.00
D5411	Adjust complete denture – mandibular	\$25.00	40%	\$35.00
D5421	Adjust partial denture – maxillary	\$25.00	40%	\$35.00
D5422	Adjust partial denture – mandibular	\$25.00	40%	\$35.00
<del>D5510</del>	<del>Repair broken complete denture base</del>	<del>\$50.00</del>	<del>40%</del>	<del>\$70.00</del>

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5511	Repair broken complete denture base, mandibular	\$50.00	40%	\$70.00
D5512	Repair broken complete denture base, maxillary	\$50.00	40%	\$70.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$50.00	40%	\$70.00
<del>D5610</del>	<del>Repair resin denture base</del>	<del>\$60.00</del>	<del>40%</del>	<del>\$84.00</del>
D5611	Repair resin partial denture base, mandibular	\$60.00	40%	\$84.00
D5612	Repair resin partial denture base, maxillary	\$60.00	40%	\$84.00
<del>D5620</del>	<del>Repair cast framework</del>	<del>\$230.00</del>	<del>40%</del>	<del>\$322.00</del>
D5621	Repair cast partial denture framework, mandibular	\$230.00	40%	\$322.00
D5622	Repair cast partial denture framework, maxillary	\$230.00	40%	\$322.00



CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5630	Repair or replace broken <del>clasp-</del> retentive/clasping materials per tooth	\$100.00	40%	\$140.00
D5640	Replace broken teeth – per tooth	\$50.00	40%	\$70.00
D5650	Add tooth to existing partial denture	\$60.00	40%	\$84.00
D5660	Add clasp to existing partial denture- per tooth	\$100.00	40%	\$140.00
D5730	Reline complete maxillary denture (chairside)	\$70.00	40%	\$98.00
D5731	Reline complete mandibular denture (chairside)	\$70.00	40%	\$98.00
D5740	Reline maxillary partial denture (chairside)	\$70.00	40%	\$98.00
D5741	Reline mandibular partial denture (chairside)	\$70.00	40%	\$98.00
D5750	Reline complete maxillary denture (laboratory)	\$140.00	40%	\$196.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5751	Reline complete mandibular denture (laboratory)	\$140.00	40%	\$196.00
D5760	Reline maxillary partial denture (laboratory)	\$140.00	40%	\$196.00
D5761	Reline mandibular partial denture (laboratory)	\$140.00	40%	\$196.00
D5850	Tissue conditioning, maxillary	\$50.00	40%	\$70.00
D5851	Tissue conditioning, mandibular	\$50.00	40%	\$70.00
<del>D5860</del>	<del>Overdenture – complete, by report</del>	<del>\$450.00</del>	<del>40%</del>	<del>\$630.00</del>
D5863	Overdenture – complete maxillary	\$450.00	40%	\$630.00
D5865	Overdenture – complete mandibular	\$450.00	40%	\$630.00
D5911	Facial moulage (sectional)	\$425.00	40%	\$595.00
D5912	Facial moulage (complete)	\$534.00	40%	\$747.60
D5913	Nasal prosthesis	\$1,200.00	40%	\$1,680.00
D5914	Auricular prosthesis	\$1,200.00	40%	\$1,680.00
D5915	Orbital prosthesis	\$600.00	40%	\$840.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5916	Ocular prosthesis	\$1,200.00	40%	\$1,680.00
D5919	Facial prosthesis	\$1,200.00	40%	\$1,680.00
D5922	Nasal septal prosthesis	\$600.00	40%	\$840.00
D5923	Ocular prosthesis, interim	\$600.00	40%	\$840.00
D5924	Cranial prosthesis	\$1,440.00	40%	\$2,016.00
D5925	Facial augmentation implant prosthesis	\$300.00	40%	\$420.00
D5926	Nasal prosthesis, replacement	\$300.00	40%	\$420.00
D5927	Auricular prosthesis, replacement	\$300.00	40%	\$420.00
D5928	Orbital prosthesis, replacement	\$300.00	40%	\$420.00
D5929	Facial prosthesis, replacement	\$300.00	40%	\$420.00
D5931	Obturator prosthesis, surgical	\$1,000.00	40%	\$1,400.00
D5932	Obturator prosthesis, definitive	\$1,500.00	40%	\$2,100.00
D5933	Obturator prosthesis, modification	\$225.00	40%	\$315.00
D5934	Mandibular resection prosthesis with guide flange	\$1,700.00	40%	\$2,380.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5935	Mandibular resection prosthesis without guide flange	\$1,400.00	40%	\$1,960.00
D5936	Obturator prosthesis, interim	\$900.00	40%	\$1,260.00
D5937	Trismus appliance (not for TMD treatment)	\$125.00	40%	\$175.00
D5951	Feeding aid	\$200.00	40%	\$280.00
D5952	Speech aid prosthesis, pediatric	\$800.00	40%	\$1,120.00
D5953	Speech aid prosthesis, adult	\$1,450.00	40%	\$2,030.00
D5954	Palatal augmentation prosthesis	\$200.00	40%	\$280.00
D5955	Palatal lift prosthesis, definitive	\$1,400.00	40%	\$1,960.00
D5958	Palatal lift prosthesis, interim	\$800.00	40%	\$1,120.00
D5959	Palatal lift prosthesis, modification	\$220.00	40%	\$308.00
D5960	Speech aid prosthesis, modification	\$220.00	40%	\$308.00
D5982	Surgical stent	\$125.00	40%	\$175.00
D5983	Radiation carrier	\$80.00	40%	\$112.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D5984	Radiation shield	\$200.00	40%	\$280.00
D5985	Radiation cone locator	\$200.00	40%	\$280.00
D5986	Fluoride gel carrier	\$80.00	40%	\$112.00
D5987	Commissure splint	\$125.00	40%	\$175.00
D5988	Surgical splint	\$205.00	40%	\$287.00
D5991	<del>Topical</del> Vesiculobullous Disease Medicament Carrier	\$80.00	40%	\$112.00
D6092	Recement <del>or Re-bond</del> implant/abutment supported crown	\$30.00	40%	\$42.00
D6093	Recement <del>or Re-bond</del> implant/abutment supported fixed partial denture	\$50.00	40%	\$70.00
D6100	Implant removal, by report	\$45.00	40%	\$63.00
D6194	Abutment supported retainer crown for FPD (titanium)	<i>By Report</i>	40%	<i>By Report + 40%</i>
D6199	Unspecified implant procedure, by report	<i>By Report</i>	40%	<i>By Report + 40%</i>

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D6211	Pontic – cast predominantly base metal	\$325.00	40%	\$455.00
D6241	Pontic – porcelain fused to predominantly base metal	\$325.00	40%	\$455.00
D6245	Pontic –porcelain/ceramic	\$325.00	40%	\$455.00
D6251	Pontic – resin with predominantly base metal	\$325.00	40%	\$455.00
D6721	<b>Retainer</b> Crown – resin with predominantly base metal	\$220.00	40%	\$308.00
D6740	<b>Retainer</b> Crown – porcelain/ceramic	\$340.00	40%	\$476.00
D6751	<b>Retainer</b> Crown – porcelain fused to predominantly base metal	\$340.00	40%	\$476.00
D6781	<b>Retainer</b> Crown – 3/4 cast predominantly base metal	\$340.00	40%	\$476.00
D6783	<b>Retainer</b> Crown – 3/4 porcelain/ceramic	\$340.00	40%	\$476.00
D6791	<b>Retainer</b> Crown – full cast predominantly base metal	\$340.00	40%	\$476.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D6930	Re-cement <b>or Re-Bond</b> fixed partial denture	\$50.00	40%	\$70.00
D6980	Fixed partial denture repair, necessitated by restorative material	\$75.00	40%	\$105.00
<b>Oral and Maxillofacial Surgery</b>				
D7111	Extraction, coronal remnants – <b>primary deciduous</b> tooth	\$41.00	40%	\$57.40
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41.00	40%	\$57.40
D7210	<del>Surgical removal</del> Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$85.00	40%	\$119.00
D7220	Removal of impacted tooth – soft tissue	\$100.00	40%	\$140.00
D7230	Removal of impacted tooth – partially bony	\$135.00	40%	\$189.00
D7240	Removal of impacted tooth – completely bony	\$165.00	40%	\$231.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$235.00	40%	\$329.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100.00	40%	\$140.00
D7260	Oroantral fistula closure	\$300.00	40%	\$420.00
D7261	Primary closure of a sinus perforation	\$100.00	40%	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$175.00	40%	\$245.00
D7280	<del>Surgical access</del> Exposure of an unerupted tooth	\$100.00	40%	\$140.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$135.00	40%	\$189.00
D7285	<del>Incisional</del> Biopsy of oral tissue – hard (bone, tooth)	\$100.00	40%	\$140.00
D7286	<del>Incisional</del> Biopsy of oral tissue – soft	\$30.00	40%	\$42.00



CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7290	Surgical repositioning of teeth	\$135.00	40%	\$189.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50.00	40%	\$70.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50.00	40%	\$70.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00	40%	\$140.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$200.00	40%	\$280.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$500.00	40%	\$700.00
D7410	Excision of benign lesion up to 1.25 cm	\$100.00	40%	\$140.00
D7411	Excision of benign lesion greater than 1.25 cm	\$250.00	40%	\$350.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7412	Excision of benign lesion, complicated	\$325.00	40%	\$455.00
D7413	Excision of malignant lesion up to 1.25 cm	\$325.00	40%	\$455.00
D7414	Excision of malignant lesion greater than 1.25 cm	\$400.00	40%	\$560.00
D7415	Excision of malignant lesion, complicated	\$450.00	40%	\$630.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$325.00	40%	\$455.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$500.00	40%	\$700.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$100.00	40%	\$140.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$200.00	40%	\$280.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	\$100.00	40%	\$140.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$250.00	40%	\$350.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$50.00	40%	\$70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$100.00	40%	\$140.00
D7472	Removal of torus palatinus	\$200.00	40%	\$280.00
D7473	Removal of torus mandibularis	\$100.00	40%	\$140.00
D7485	Surgical reduction of osseous tuberosity	\$75.00	40%	\$105.00
D7490	Radical resection of maxilla or mandible	\$1,200.00	40%	\$1,680.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$50.00	40%	\$70.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated	\$75.00	40%	\$105.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
	(includes drainage of multiple fascial spaces)			
D7520	Incision and drainage of abscess – extraoral soft tissue	\$75.00	40%	\$105.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated(includes drainage of multiple fascial spaces)	\$100.00	40%	\$140.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$60.00	40%	\$84.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$130.00	40%	\$182.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$100.00	40%	\$140.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$380.00	40%	\$532.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,000.00	40%	\$1,400.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$500.00	40%	\$700.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,200.00	40%	\$1,680.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$700.00	40%	\$980.00
D7650	Malar and/or zygomatic arch – open reduction	\$500.00	40%	\$700.00
D7660	Malar and/or zygomatic arch – closed reduction	\$250.00	40%	\$350.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$225.00	40%	\$315.00
D7671	Alveolus – open reduction, may include stabilization of teeth	\$275.00	40%	\$385.00
D7710	Maxilla – open reduction	\$1,200.00	40%	\$1,680.00
D7720	Maxilla – closed reduction	\$800.00	40%	\$1,120.00
D7730	Mandible – open reduction	\$1,200.00	40%	\$1,680.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7740	Mandible – closed reduction	\$800.00	40%	\$1,120.00
D7750	Malar and/or zygomatic arch – open reduction	\$500.00	40%	\$700.00
D7760	Malar and/or zygomatic arch – closed reduction	\$250.00	40%	\$350.00
D7770	Alveolus – open reduction stabilization of teeth	\$1,000.00	40%	\$1,400.00
D7771	Alveolus, closed reduction stabilization of teeth	\$500.00	40%	\$700.00
D7810	Open reduction of dislocation	\$140.00	40%	\$196.00
D7820	Closed reduction of dislocation	\$140.00	40%	\$196.00
D7830	Manipulation under anesthesia	\$140.00	40%	\$196.00
D7840	Condylectomy	\$1,000.00	40%	\$1,400.00
D7850	Surgical discectomy, with/without implant	\$1,000.00	40%	\$1,400.00
D7852	Disc repair	\$780.00	40%	\$1,092.00
D7854	Synovectomy	\$800.00	40%	\$1,120.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7856	Myotomy	\$810.00	40%	\$1,134.00
D7858	Joint reconstruction	\$1,550.00	40%	\$2,170.00
D7860	Arthroscopy	\$940.00	40%	\$1,316.00
D7865	Arthroplasty	\$1,100.00	40%	\$1,540.00
D7870	Arthrocentesis	\$440.00	40%	\$616.00
D7872	Arthroscopy – diagnosis, with or without biopsy	\$800.00	40%	\$1,120.00
D7873	Arthroscopy – <del>surgical</del> : lavage and lysis of adhesions	\$800.00	40%	\$1,120.00
D7874	Arthroscopy – <del>surgical</del> : disc repositioning and stabilization	\$800.00	40%	\$1,120.00
D7875	Arthroscopy – <del>surgical</del> : synovectomy	\$800.00	40%	\$1,120.00
D7876	Arthroscopy – <del>surgical</del> : discectomy	\$1,000.00	40%	\$1,400.00
D7877	Arthroscopy – <del>surgical</del> : debridement	\$800.00	40%	\$1,120.00
D7880	Occlusal orthotic device, by report	\$300.00	40%	\$420.00
D7910	Suture of recent small wounds up to 5 cm	\$75.00	40%	\$105.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7911	Complicated suture – up to 5 cm	\$85.00	40%	\$119.00
D7912	Complicated suture – greater than 5 cm	\$95.00	40%	\$133.00
D7920	Skin graft (identify defect covered, location and type of graft)	\$310.00	40%	\$434.00
D7940	Osteoplasty – for orthognathic deformities	\$1,300.00	40%	\$1,820.00
D7941	Osteotomy – mandibular rami	\$2,000.00	40%	\$2,800.00
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$2,800.00	40%	\$3,920.00
D7944	Osteotomy – segmented or subapical	\$600.00	40%	\$840.00
D7945	Osteotomy – body of mandible	\$600.00	40%	\$840.00
D7946	LeFort I (maxilla – total)	\$1,300.00	40%	\$1,820.00
D7947	LeFort I (maxilla – segmented)	\$2,000.00	40%	\$2,800.00
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$2,300.00	40%	\$3,220.00
D7949	LeFort II or LeFort III – with bone graft	\$3,000.00	40%	\$4,200.00



CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$800.00	40%	\$1,120.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,000.00	40%	\$1,400.00
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$750.00	40%	\$1,050.00
D7960	Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$200.00	40%	\$280.00
D7963	Frenuloplasty	\$200.00	40%	\$280.00
D7970	Excision of hyperplastic tissue – per arch	\$100.00	40%	\$140.00
D7971	Excision of pericoronal gingiva	\$50.00	40%	\$70.00
D7972	Surgical reduction of fibrous tuberosity	\$50.00	40%	\$70.00
D7979*	Non-surgical Sialolithotomy *Effective May 16, 2020	\$45.00	40%	\$63.00
D7980	Surgical Sialolithotomy	\$235.00	40%	\$329.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D7981	Excision of salivary gland, by report	\$521.00	40%	\$729.40
D7982	Sialodochoplasty	\$365.00	40%	\$511.00
D7983	Closure of salivary fistula	\$120.00	40%	\$168.00
D7990	Emergency tracheotomy	\$200.00	40%	\$280.00
D7991	Coronoidectomy	\$558.00	40%	\$781.20
D7995	Synthetic graft – mandible or facial bones, by report	\$335.00	40%	\$469.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$45.00	40%	\$63.00
<b>Orthodontics</b>				
D8080	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$750.00	40%	\$1,050.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - primary dentition	\$425.00	40%	\$595.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - mixed dentition	\$625.00	40%	\$875.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - permanent dentition	\$925.00	40%	\$1,295.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - primary dentition	\$425.00	40%	\$595.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - mixed dentition	\$625.00	40%	\$875.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - permanent dentition	\$1,000.00	40%	\$1,400.00
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> Handicapping malocclusion	\$210.00	40%	\$294.00
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> cleft palate - primary dentition	\$125.00	40%	\$175.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> cleft palate - mixed dentition	\$140.00	40%	\$196.00
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> cleft palate - permanent dentition	\$300.00	40%	\$420.00
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> facial growth management - primary dentition	\$125.00	40%	\$175.00
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> facial growth management - mixed dentition	\$140.00	40%	\$196.00
D8670	Periodic orthodontic treatment visit <del>(as part of contract)</del> facial growth management - permanent dentition	\$300.00	40%	\$420.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$244.00	40%	\$341.60
<b>Adjunctive Services</b>				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$45.00	40%	\$63.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D9120	Fixed partial denture sectioning	\$50.00	40%	\$70.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$45.00	40%	\$63.00
<del>D9220</del>	<del>Deep sedation/general anesthesia — first 30 minutes</del>	<del>\$91.35</del>	<del>\$148.65</del>	<del>\$240.00</del>
<del>D9221</del>	<del>Deep sedation/general anesthesia — each additional 15 minutes</del>	<del>\$14.01</del>	<del>\$110.99</del>	<del>\$125.00</del>
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$45.68	\$76.82	\$122.50
D9223	Deep Sedation/General Anesthesia - Each subsequent 15 minute increment	\$45.68	\$76.82	\$122.50
D9230	Inhalation of nitrous oxide/anxiolysis analgesia	\$25.00	60%	\$40.00
<del>D9241</del>	<del>Intravenous conscious sedation/analgesia — first 30 minutes</del>	<del>\$42.14</del>	<del>40%</del>	<del>\$59.00</del>
<del>D9242</del>	<del>Intravenous conscious sedation/analgesia — each additional 15 minutes</del>	<del>\$21.07</del>	<del>40%</del>	<del>\$29.50</del>

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$21.07	40%	\$29.50
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each subsequent 15 minute increment	\$21.07	40%	\$29.50
D9248	Non-intravenous conscious sedation	\$25.00	40%	\$35.00
D9410	House/Extended care facility call	\$20.00	40%	\$28.00
D9420	Hospital or ambulatory surgical center call	\$50.00	40%	\$70.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$20.00	60%	\$32.00
D9440	Office visit – after regularly scheduled hours	\$20.00	40%	\$28.00
D9610	Therapeutic parenteral drug, single administration	\$15.00	40%	\$21.00
D9910	Application of desensitizing medicament	\$43.00	40%	\$60.20
D9920	Behavior management, by report	\$100.00	40%	\$140.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018 - CY 2021 (July 1, 2018 to December 31, 2021)	
			%/\$ Increase	SMA + %/\$ Increase
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$15.00	40%	\$21.00
D9950	Occlusion analysis – mounted case	\$180.00	40%	\$252.00
D9951	Occlusal adjustment – limited	\$25.00	40%	\$35.00
D9952	Occlusal adjustment – complete	\$400.00	40%	\$560.00