



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

**California Department of Health Care Services
Dental Transformation Initiative (DTI)
Domains 1 & 3 Eligible Procedure Codes**

This is a reminder to Safety Net Clinic providers, when submitting claims or encounter data for the DTI, only submit services rendered that are eligible procedure codes for the Domain(s) your clinic is participating in.

Furthermore, please be aware that the deadline for submitting encounter data to Delta via the Electronic Data Interchange, for the July 2017 payment, is **June 23, 2017**.

Domain 1 Eligible Procedure Codes

Procedure Code	Code Description	Frequency Limitations per Year	Current SMA	37.5% of SMA	75% of SMA
D1120	Prophylaxis	2 (once every 6 months)	\$30.00	\$11.25	\$22.50
D1206	Topical application of fluoride varnish - child 0 to 5	2 (once every 6 months)	\$18.00	\$6.75	\$13.50
D1206	Topical application of fluoride varnish – child 6-20	2 (once every 6 months)	\$8.00	\$3.00	\$6.00
D1208	Topical application of fluoride - child 0-5	2 (once every 6 months)	\$18.00	\$6.75	\$13.50
D1208	Topical application of fluoride – child 6-20	2 (once every 6 months)	\$8.00	\$3.00	\$6.00
D1351	Sealant – per tooth	8 per year (once every 1 tooth per 36 months)	\$22.00	\$8.25	\$16.50
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	8 per year (once every 1 tooth per 36 months)	\$22.00	\$8.25	\$16.50
D1510	Space maintainer-fixed – unilateral	4 (once per quadrant)	\$120.00	\$45.00	\$90.00
D1515	Space maintainer-fixed – bilateral	2 (once per arch)	\$200.00	\$75.00	\$150.00
D1520	Space maintainer-removable – unilateral	4 (once per quadrant)	\$230.00	\$86.25	\$172.50
D1525	Space maintainer-removable – bilateral	2 (once per arch)	\$230.00	\$86.25	\$172.50
D1550	Re-cementation of space maintainer	4 - per provider	\$30.00	\$11.25	\$22.50
D1555	Removal of fixed space maintainer	4 - per provider	\$30.00	\$11.25	\$22.50

**Domain 3 Eligible Procedure Codes
(Dental Procedure Codes D0120, D0150, or D0145)**

Procedure Code	Code Description	Frequency Limitations per Year
D0120	Periodic oral evaluation - established patient	2 (once every 6 months, per
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	2 (once every 6 months, per provider)
D0150	Comprehensive oral evaluation - new or established patient	A benefit once per patient per provider for the initial evaluation.