STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
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March 16, 2001

N.L.: 12-1700 Corrections
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS, MEDICAL CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: CCS/GHPP RATE INCREASES FOR DENTAL SERVICES

This is to inform CCS county programs that reimbursement rates for dental procedures have been increased for services provided on or after August 1, 2000, as required by the 2000-2001 Budget Act. The rate increase primarily targets children's and specialty dental procedures and applies to services reimbursed by both CCS and Medi-Cal. The average percentage increase of the revised reimbursement rates is 82.8 percent over the previous rates.

Denti-Cal claims that are currently processed by Delta Dental will automatically reflect this rate increase. Dental claims for CCS-only clients that are currently processed by Electronic Data Systems (EDS) will automatically reflect the rate increase for orthodontic service codes Z5438 through Z5470.

Claims for cases Z5438 through Z5470 with dates of service on or after August 1, 2000, that were processed by Delta Dental or EDS before the increase was implemented will be automatically adjusted. Providers will receive a retroactive reimbursement check and Explanation of Benefits for those services.

CCS county programs whose CCS-only claims are not paid by EDS or who have been transitioned to EDS claims processing after August 1, 2000, are required to adopt the new rate increases. The rate increase should be applied retroactively for services provided on or after August 1, 2000.

For counties paying their own claims, retroactive adjustments must be made. Instruct the provider to supply a copy of the original paid claim and county documents that verify payment for the services, (e.g., remittance advice). This

documentation is all that is required for the CCS county program to reprocess claims based on the date of service and the appropriate percentage rate.

As a reminder, code Z5418, which represents a summary total of all other dental services provided on a given date of service, must continue to be manually priced by county CCS or State Regional or GHPP office staff. The rates for services are referenced in the enclosure.

A copy of the "Denti-Cal Schedule of Maximum Allowances" specifying the rate increase is enclosed as well as a listing of orthodontic service codes indicated the new rates.

If you have any questions, please contact your Regional Office Administrative Consultant.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

DENTI-CAL SCHEDULE OF MAXIMUM ALLOWANCES

Effective August 1, 2000

1. Fees payable to providers by Denti-Cal for covered services shall be LESSER of:
   a. the fee charged by the provider
   b. the charges for dental services shall be reimbursed in accordance with the Department of Health Services maximum reimbursement rates as follows
   c. the maximum allowance set forth in the schedule below
2. Procedures limited to children (under age 18) are indicated by an asterisk(*).
3. Refer to your Denti-Cal Handbook for specific procedure instructions and program limitations.

Procedure Number	Procedure	Maximum Allowance ($)
Visits – Diagnostic (000-199)		
010	Examination, initial episode of treatment only	25.00
015	Evaluation, periodic	15.009
020	Office visit during regular office hours for Treatment and observation of injuries to the teeth and supporting structures	20.001
030	Professional visit after regular office hours, or to bedside	35.001
035	Hospital Care	50.003
040	Specialist Consultation	35.001
045	Pit and Fissure Dental Sealants for Permanent First Molars, to age twenty-one (21)	22.00
046	Pit and Fissure Dental Sealants for Permanent Second Molars, to age twenty-one (21)	22.00
049*	Prophylaxis, beneficiaries through age 12	30.00
050	Prophylaxis, beneficiaries age 13 years and older	40.00
061*	Prophylaxis, including topical application of fluoride—Beneficiaries age 5 and under	35.00
062*	Prophylaxis, including topical application of fluoride –Beneficiaries age 6 through 17	40.00
080	Emergency Treatment, palliative	45.00
110	Intraoral periapical,, single, first film	10.00
111	Intraoral periapical, each additional film (maximum 10 films)	3.00
112	Intraoral, complete series consisting of at least 14 periapical films plus bitewings	45.00
113	Intraoral, occlusal, each film	10.00
114	Extraoral, single, head or lateral jaw	22.001
115	Extraoral, each additional, head or lateral jaw	5.00
116	Bitewings, two films	10.00
117	Bitewings, four films	18.00
118	Bitewing, anterior, one film	5.005
119	Photograph or slide, first	7.008
120	Photograph or slide, each additional (maximum 5)	3.005
125	Panographic-type film, single film	25.009
150	Biopsy of oral tissue	100.001
160	Gross and microscopic histopathological report	50.00

Procedure Number	Procedure	Maximum Allowance ($)
Oral Surgery (200-299)		
200	Removal of erupted tooth, uncomplicated, first tooth	45.00
201	Removal of erupted tooth, uncomplicated, each additional tooth	38.00
202	Removal of erupted tooth, surgical	85.00
203	Removal of root or root tip, completely covered by bone	100.00
204	Removal of root or root tip, not completely covered by bone	40.00
220	Postoperative visit, complications (e.g., osteitis)	15.00
230	Removal of impacted tooth – soft tissue	100.00
231	Removal of impacted tooth – partially bony	135.00
232	Removal of impacted tooth – completely bony	165.00
250	Alveoloplasty per quadrant, edentulous	100.00
252	Alveoloplasty per quadrant, in conjunction with extractions	50.00
255	Vestibuloplasty, submucosal resection (not to include grafts)	400.00
256	Alveoloplasty with ridge extension, secondary epithelialization (per arch)	200.00
257	Removal of palatal exostosis (torus)	200.00
258	Removal of mandibular exostosis (torus) per quadrant	100.00
259	Excision of hyperplastic tissue (per arch)	100.00
260	Incision and drainage of abscess, intraoral	50.00
261	Incision and drainage of abscess, extraoral	75.00
262	Excision pericoronal gingiva, operculectomy	50.00
263	Sialolithotomy intraoral	235.00
264	Sialolithotomy extraoral	300.00
265	Closure of salivary fistula	120.00
266	Dilation of salivary duct	120.00
267	Reduction of tuberosity, unilateral	75.00
269	Excision of benign tumor, up to 1.25 cm	100.00
270	Excision of benign tumor, larger than 1.25 cm	250.00
271	Excision of malignant tumor	325.00

Procedure Number	Procedure	Maximum Allowance ($)
273	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	175.00
275*	Transplantation of tooth or tooth bud	1000.00
276	Removal of foreign body from bone (independent procedure)	130.00
277	Radical resection of bone for tumor with bone graft	1200.00
278	Maxillary sinusotomy for removal of tooth fraction or foreign body	380.00
279	Oral—antral fistula closure	300.00
280	Excision of cyst, up to 1.25 cm	100.00
281	Excision of cyst, over 1.25 cm	200.00
282	Sequestrectomy	100.00
285	Condylectomy of mandible, unilateral	1000.00
289	Menisectomy of temporomandibular joint, unilateral	1000.00
290	Excision of foreign body, soft tissue	60.00
291	Frenectomy, or frenotomy, separate procedure	100.00
292	Suture of soft tissue wound or injury	50.00
294	Injection of sclerosing agent into temporomandibular joint	75.00
295	Injection of trigeminal nerve branches for destruction	200.00
296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissues	100.00
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partially bony	135.00
298	Surgical exposure of impacted or unerupted tooth to aid eruption, completely bony or ectopic eruption	135.00
299	Unlisted surgical service or procedure	By Report

Drugs and Anesthesia (300-400)

300	Injectable drugs	15.00
301	Conscious sedation relative analgesia (nitrous oxide) per visit	25.00
400	General anesthesia	100.00

Periodontics (450-499)

451	Emergency treatment (periodontal abscess, Acute periodontitis, etc.)	55.00
452	Subgingival curettage and root planing per treatment	200.00
453	Occlusal adjustment (limited) per quadrant (minor spot grinding	25.00
472	Gingivectomy or gingivoplasty per quadrant	166.00
473	Osseous and mucogingival surgery per quadrant	350.00
474	Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth)	50.00

Endodontics (500-599)

501	Therapeutic pulpotomy	71.00
502	Vital pulpotomy	71.00
503	Recalcification, includes temporary restoration, per tooth	41.00
511	Anterior root canal therapy	215.00
512	Bicuspid root canal therapy	260.00
513	Molar root canal therapy	330.00
530	Apicoectomy—surgical procedure in conjunction with root canal therapy	300.00

Procedure Number	Procedure	Maximum Allowance ($)
531	Apicoectomy (separate surgical procedure), per tooth	100.00
534	Apexification/apexogenesis (therapeutic apical closure), per treatment	100.00

Restorative Dentistry (600-679)

Amalgam Restorations

600*	One surface, primary tooth	35.00
601*	Two surfaces, primary tooth	43.00
602*	Three surfaces, primary tooth	50.00
603*	Four or more surfaces, primary tooth (maximum)	57.00
611		
612		
613		
614		60.00
645	Composite or plastic restoration	55.00
646	Composite or plastic restorations two or more in a single tooth (maximum)	85.00
648	Pin retention (per pin) maximum three pins per tooth	80.00

Crowns

650	Crown, plastic (laboratory processed)	150.00
651	Crown, plastic with metal	220.00
652	Crown, porcelain	375.00
653	Crown, porcelain fused to metal	340.00
660	Crown, cast full	340.00
663	Crown, cast, three quarters	375.00
670*	Crown, stainless steel (primary)	75.00
671	Crown, stainless steel (permanent)	90.00
672	Cast metal dowel post	75.00

Prosthetics (680-799)

Pontics

680	Fixed bridge pontic, cast metal	325.00
681	Fixed bridge pontic, slotted facing	325.00
682	Fixed bridge pontic, slotted pontic	325.00
692	Fixed bridge pontic, plastic processed to metal	325.00
693	Fixed pontic, plastic processed to metal	325.00

Recementation

685	Recement inlay, facing, pontic	30.00
686	Recement crown	30.00
687	Recement bridge	50.00

Repairs, Crown, and Bridge

690	Repair fixed bridge	By Report
694	Replace broken tru-pontic	75.00
695	Replace broken facing, post intact	75.00
696	Replace broken facing, post backing broken	75.00

Removal Prosthodontics

700	Complete maxillary denture	450.00
701	Complete mandibular denture	450.00

Procedure Number	Procedure	Maximum Allowance ($)
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base	415.00
703	Partial upper or lower denture with cast chrome cobalt skeleton, two cast clasps, and necessary teeth	400.00
704	Clasps, third and each additional clasp for Procedure 703	40.00
705	Stress breakers, extra	40.00
706	Partial upper or lower stayplate, acrylic-base fee, teeth and clasps extra	150.00
708	Partial upper or lower denture, all acrylic with two assembled chrome cobalt wrought clasps having two clasp arms, but no rests, and necessary teeth	275.00
709	Clasp, third and each additional for Procedure 708	25.00
712	Clasp, third and each additional for Procedure 702	25.00
716	Clasp or teeth, each for Procedure 706	23.00
720	Denture adjustment, per visit	25.00
721	Reline—office, cold cure	70.00
722	Reline—laboratory processed	140.00
723	Tissue conditioning, per denture	50.00
724	Denture duplication ("jump," "reconstruction") denture base including necessary tooth replacement, per denture	150.00

Repairs, Dentures, Acrylic

750	Repair broken denture base only (complete or partial)	45.00
751	Repair broken denture and replace one broken denture tooth	65.00
752	Each additional denture tooth replaced on 751 repair (maximum two)	15.00
753	Replace one broken denture tooth on 751 repair (complete or partial)	50.00
754	Each additional denture tooth replaced on 753 repair (maximum two)	15.00
755	Adding first tooth to partial denture to replace newly extracted natural tooth	65.00
756	Each additional natural tooth replaced on 755 repair (maximum two)	30.00
757	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 702 partial denture	75.00
758	Each additional new or replacement clasp for repair 757 (maximum two)	75.00
759	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 708 partial denture	75.00
760	Each additional new or replacement clasp for repair 759 (maximum two)	50.00
761	Reattaching clasp on partial denture, clasp intact, each (maximum two)	60.00
762	Add a new or replace a broken cast chrome Cobalt clasp with two clasp arms and rest to an existing 703 partial denture	75.00
763	Each additional new or replacement clasp for repair 762 (maximum two)	75.00

Space Maintainers (800-899)

800	Fixed, unilateral band type (including band)	120.00
801	Removable, plastic, with two stainless steel round wire clasps or rests	230.00
802	Each additional clap or rest (for 801 only)	15.00
811	Fixed, unilateral stainless steel crown type (including crown, Procedure 670 or 671)	111.00
812	Fixed, bilateral, lingual or palatal bar type	200.00
832	Fixed or removable appliance to control harmful habit	221.00

Fractures and Dislocations (900-949)

(Includes usual follow-up care)

900	Maxilla, open reduction, simple	1000.00
901	Maxilla, closed reduction, simple	500.00
902	Mandible, open reduction, simple	1200.00
903	Mandible, closed reduction, simple	700.00
904	Maxilla, closed reduction, compound	800.00
905	Maxilla, open reduction, compound	1200.00
906	Mandible, closed reduction, compound	800.00
907	Mandible, open reduction, compound	1200.00
913	Reduction of dislocation of Temporomandibular joint	140.00
915	Treatment of malar fracture, simple; closed Reduction	250.00
916	Treatment of malar fracture, simple or Compound depressed, open reduction	500.00

Unlisted Procedures

999		Fees to be determined by Report

DENTI-CAL SCHEDULE OF CLEFT PALATE ORTHODONTIC SERVICES

Effective August 1, 2000

1. Reimbursement for orthodontic dental services in the treatment of handicapping malocclusion and cleft palate deformities shall be the usual charge to the general public, not to exceed the maximum reimbursement rate listed.

2. Maximum allowances:

Procedure Number	Procedure	Maximum Allowance ($)
Malocclusion Cases (551-558)		
551	Initial Orthodontic Examination/Handicapping Labial-Lingual Deviation Index	35.00
552	Banding and material	650.00
554	Per treatment visit – 24 visit maximum. One visit maximum per calendar month	70.00
557	Diagnostic work-up and photographs	100.00
558	Study models	75.00
Cleft Palate Cases (560-582)		
Primary Dentition		
560	Diagnostic work-up, photographs, and study models	200.00
562	Banding and materials	300.00
564	Per treatment visit – 10 visits maximum. One visit per calendar month	50.00
Mixed Dentition		
570	Banding and materials	500.00
572	Per treatment visit – 14 visits maximum. One visit per calendar year	50.00
Permanent Dentition		
580	Banding and materials	800.00
582	Per treatment visit – 30 visits maximum. One visit per calendar month	100.00
Facial Growth Management (590-598)		
590	Diagnostic work-up and photographs	100.00
592	Quarterly observation, maximum 6 quarters	50.00
594	Progress records prior to treatment	100.00
596	Banding and materials	800.00
598	Per treatment visit – 24 visits maximum. One visit per calendar month	100.00
Malocclusion, Cleft Palate and Facial Growth Management Cases - Retention (556-599)		
556	Quarterly observation – 6 quarters maximum	50.00
599	Retainer, removable, for each upper and Lower	200.00

DENTI-CAL SCHEDULE OF MAXILLOFACIAL DENTAL SERVICES

Effective August 1, 2000

1. Fees payable to providers by Denti-Cal for covered services shall be LESSER of:
   a. the fee charged by the provider
   b. the charges for dental services shall be reimbursed in accordance with the Department of Health Services maximum reimbursement rates as follows
   c. the maximum allowance set forth in the schedule below

Procedure Number	Procedure	Maximum Allowance ($)
Diagnostic Services (950-957)		
950	Clinical examination and consultation, including study models	100.00
952	Prosthetic evaluation and treatment plan, including study models	100.00
955	TMJ series radiographs	100.00
956	Cephalometric head film, single first film, including tracing	50.00
957	Cephalometric head film, each additional film, including tracing	10.00
Maxillofacial Prosthetic Services (960-982)		
960	Speech appliance, transitional, with or without Pharyngeal extension	800.00
962	Speech appliance, permanent, edentulous, with or without pharyngeal extension	1400.00
964	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension	1500.00
966	Palatal lift, interim	800.00
968	Palatal lift permanent, cast framework	1400.00
970	Obturator, immediate surgical, routine	900.00
971	Obturator, immediate surgical, complex	1200.00
972	Obturator, permanent, complex	1500.00
973	Resection prosthesis, permanent, edentulous, complex	1500.00
974	Resection prosthesis, permanent, edentulous, routine	1400.00
975	Resection prosthesis, permanent, partially edentulous, complex	1700.00
976	Repositioner, mandibular, two piece	2300.00
977	Removable facial prosthesis	By Report
978	Splints and stents	By Report
979	Radiation therapy fluoride carrier	80.00
980	Repair Maxillofacial prosthesis	By Reoprt
981	Rebase of laboratory processed, maxillofacial prosthesis	By Report
982	Balancing (opposing) maxillofacial prosthesis	By Report
Maxillofacial Surgical Procedures		
985	Maxillofacial surgical procedures	By Report
Temporomandibular Joint Dysfunction Management (990-998)		
990	Occlusal analysis, including report and/or models	180.00
992	Occlusal adjustments, limited centric and excursive adjustments, including records and/or models	90.00
994	Occlusal balancing altering centric relation including records and/or models	400.00
995	Orthopedic stabilizing appliance, disocclusion splint	300.00
996	Postoperative visits, symptomatic care And counseling	75.00
998	Unlisted therapeutic services	By Report

CCS Orthodontic Service Codes
Maximum Allowances
(Effective August 1, 2000)

Denti-Cal Procedure Number	HCPSCS Procedure Code	Current Maximum Allowance	Maximum Allowance Effective August 1, 2000 (Retro)
557 & 558 (formerly 550)	Z5438	$77.97	175.00
552	Z5440	$488.38	$650.00
554	Z5442		
556	Z5444		
560	Z5446		
562	Z5448		
564	Z5450		
570	Z5452		
572	Z5454		
580	Z5456		
582	Z5458		
590	Z5460		
592	Z5462		
594	Z5464		
596	Z5466		
598	Z5468		
599	Z5470		

CCS Orthodontic Service Codes
Maximum Allowances
(Effective August 1, 2000)

Denti-Cal Procedure Number	HCPSCS Procedure Code	Current Maximum Allowance	Maximum Allowance Effective August 1, 2000 (Retro)
557 & 558 (formerly 550)	Z5438	$77.97	175.00
552	Z5440	$488.38	$650.00
554	Z5442	$58.61	$70.00
556	Z5444	$38.99	$50.00
560	Z5446	$77.97	$200.00
562	Z5448	$146.32	$300.00
564	Z5450	$29.37	$50.00
570	Z5452	$244.18	$500.00
572	Z5454	$38.99	$50.00
580	Z5456	$390.26	$800.00
582	Z5458	$58.61	$100.00
590	Z5460	$77.97	$100.00
592	Z5462	$19.49	$50.00
594	Z5464	$77.97	$100.00
596	Z5466	$488.38	$800.00
598	Z5468	$58.61	$100.00
599	Z5470	$140.34	$200.00

Revised 2-2-01

Procedure Number	Procedure	Maximum Allowance ($)
273	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	175.00
275*	Transplantation of tooth or tooth bud	1000.00
276	Removal of foreign body from bone (independent procedure)	130.00
277	Radical resection of bone for tumor with bone graft	1200.00
278	Maxillary sinusotomy for removal of tooth fraction or foreign body	380.00
279	Oral—antral fistula closure	300.00
280	Excision of cyst, up to 1.25 cm	100.00
281	Excision of cyst, over 1.25 cm	200.00
282	Sequestrectomy	100.00
285	Condylectomy of mandible, unilateral	1000.00
289	Menisectomy of temporomandibular joint, unilateral	1000.00
290	Excision of foreign body, soft tissue	60.00
291	Frenectomy, or frenotomy, separate procedure	100.00
292	Suture of soft tissue wound or injury	50.00
294	Injection of sclerosing agent into temporomandibular joint	75.00
295	Injection of trigeminal nerve branches for destruction	200.00
296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissues	100.00
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partially bony	135.00
298	Surgical exposure of impacted or unerupted tooth to aid eruption, completely bony or ectopic eruption	135.00
299	Unlisted surgical service or procedure	By Report

Drugs and Anesthesia (300-400)

300	Injectable drugs	15.00
301	Conscious sedation relative analgesia (nitrous oxide) per visit	25.00
400	General anesthesia	100.00

Periodontics (450-499)

451	Emergency treatment (periodontal abscess, Acute periodontitis, etc.)	55.00
452	Subgingival curettage and root planing per treatment	200.00
453	Occlusal adjustment (limited) per quadrant (minor spot grinding	25.00
472	Gingivectomy or gingivoplasty per quadrant	166.00
473	Osseous and mucogingival surgery per quadrant	350.00
474	Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth)	50.00

Endodontics (500-599)

501	Therapeutic pulpotomy	71.00
502	Vital pulpotomy	71.00
503	Recalcification, includes temporary restoration, per tooth	41.00
511	Anterior root canal therapy	215.00
512	Bicuspid root canal therapy	260.00
513	Molar root canal therapy	330.00
530	Apicoectomy—surgical procedure in conjunction with root canal therapy	300.00
531	Apicoectomy (separate surgical procedure), per tooth	100.00
534	Apexification/apexogenesis (therapeutic apical closure), per treatment	100.00

Restorative Dentistry (600-679)

Amalgam Restorations

600*	One surface, primary tooth	35.00
601*	Two surfaces, primary tooth	43.00
602*	Three surfaces, primary tooth	50.00
603*	Four or more surfaces, primary tooth (maximum)	57.00
611	One surface, permanent tooth	39.00
612	Two surfaces, permanent tooth	48.00
613	Three surfaces, permanent tooth	57.00
614	Four or more surfaces, permanent tooth (maximum)	60.00

Silicate, Composite, Plastic Restorations

640	Silicate cement restoration	0.00
641	Silicate restorations, two or more in a single tooth (maximum)	0.00
645	Composite or plastic restoration	55.00
646	Composite or plastic restorations two or more in a single tooth (maximum)	85.00
648	Pin retention (per pin) maximum three pins per tooth	80.00

Crowns

650	Crown, plastic (laboratory processed)	150.00
651	Crown, plastic with metal	220.00
652	Crown, porcelain	375.00
653	Crown, porcelain fused to metal	340.00
660	Crown, cast full	340.00
663	Crown, cast, three quarters	375.00
670*	Crown, stainless steel (primary)	75.00
671	Crown, stainless steel (permanent)	90.00
672	Cast metal dowel post	75.00

Prosthetics (680-799)

Pontics

680	Fixed bridge pontic, cast metal	325.00
681	Fixed bridge pontic, slotted facing	325.00
682	Fixed bridge pontic, slotted pontic	325.00
692	Fixed bridge pontic, plastic processed to metal	325.00
693	Fixed pontic, plastic processed to metal	325.00

Recementation

685	Recement inlay, facing, pontic	30.00
686	Recement crown	30.00
687	Recement bridge	50.00

Repairs, Crown, and Bridge

690	Repair fixed bridge	By Report
694	Replace broken tru-pontic	75.00
695	Replace broken facing, post intact	75.00
696	Replace broken facing, post backing broken	75.00

Removal Prosthodontics

700	Complete maxillary denture	450.00
701	Complete mandibular denture	450.00

Procedure Number	Procedure	Maximum Allowance ($)
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base	415.00
703	Partial upper or lower denture with cast chrome cobalt skeleton, two cast clasps, and necessary teeth	400.00
704	Clasps, third and each additional clasp for Procedure 703	40.00
705	Stress breakers, extra	40.00
706	Partial upper or lower stayplate, acrylic-base fee, teeth and clasps extra	150.00
708	Partial upper or lower denture, all acrylic with two assembled chrome cobalt wrought clasps having two clasp arms, but no rests, and necessary teeth	275.00
709	Clasp, third and each additional for Procedure 708	25.00
712	Clasp, third and each additional for Procedure 702	25.00
716	Clasp or teeth, each for Procedure 706	23.00
720	Denture adjustment, per visit	25.00
721	Reline—office, cold cure	70.00
722	Reline—laboratory processed	140.00
723	Tissue conditioning, per denture	50.00
724	Denture duplication ("jump," "reconstruction") denture base including necessary tooth replacement, per denture	150.00

Repairs, Dentures, Acrylic

750	Repair broken denture base only (complete or partial)	45.00
751	Repair broken denture and replace one broken denture tooth	65.00
752	Each additional denture tooth replaced on 751 repair (maximum two)	15.00
753	Replace one broken denture tooth on 751 repair (complete or partial)	50.00
754	Each additional denture tooth replaced on 753 repair (maximum two)	15.00
755	Adding first tooth to partial denture to replace newly extracted natural tooth	65.00
756	Each additional natural tooth replaced on 755 repair (maximum two)	30.00
757	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 702 partial denture	75.00
758	Each additional new or replacement clasp for repair 757 (maximum two)	75.00
759	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 708 partial denture	75.00
760	Each additional new or replacement clasp for repair 759 (maximum two)	50.00
761	Reattaching clasp on partial denture, clasp intact, each (maximum two)	60.00
762	Add a new or replace a broken cast chrome Cobalt clasp with two clasp arms and rest to an existing 703 partial denture	75.00
763	Each additional new or replacement clasp for repair 762 (maximum two)	75.00

Space Maintainers (800-899)

800	Fixed, unilateral band type (including band)	120.00
801	Removable, plastic, with two stainless steel round wire clasps or rests	230.00
802	Each additional clap or rest (for 801 only)	15.00
811	Fixed, unilateral stainless steel crown type (including crown, Procedure 670 or 671)	111.00
812	Fixed, bilateral, lingual or palatal bar type	200.00
832	Fixed or removable appliance to control harmful habit	221.00

Fractures and Dislocations (900-949)

(Includes usual follow-up care)

900	Maxilla, open reduction, simple	1000.00
901	Maxilla, closed reduction, simple	500.00
902	Mandible, open reduction, simple	1200.00
903	Mandible, closed reduction, simple	700.00
904	Maxilla, closed reduction, compound	800.00
905	Maxilla, open reduction, compound	1200.00
906	Mandible, closed reduction, compound	800.00
907	Mandible, open reduction, compound	1200.00
913	Reduction of dislocation of Temporomandibular joint	140.00
915	Treatment of malar fracture, simple; closed Reduction	250.00
916	Treatment of malar fracture, simple or Compound depressed, open reduction	500.00

Unlisted Procedures

999		Fees to be determined by Report

DENTI-CAL SCHEDULE OF CLEFT PALATE ORTHODONTIC SERVICES

Effective August 1, 2000

1. Reimbursement for orthodontic dental services in the treatment of handicapping malocclusion and cleft palate deformities shall be the usual charge to the general public, not to exceed the maximum reimbursement rate listed.

2. Maximum allowances:

Procedure Number	Procedure	Maximum Allowance ($)
Malocclusion Cases (551-558)		
551	Initial Orthodontic Examination/Handicapping Labial-Lingual Deviation Index	35.00
552	Banding and material	650.00
554	Per treatment visit – 24 visit maximum. One visit maximum per calendar month	70.00
557	Diagnostic work-up and photographs	100.00
558	Study models	75.00
Cleft Palate Cases (560-582)		
Primary Dentition		
560	Diagnostic work-up, photographs, and study models	200.00
562	Banding and materials	300.00
564	Per treatment visit – 10 visits maximum. One visit per calendar month	50.00
Mixed Dentition		
570	Banding and materials	500.00
572	Per treatment visit – 14 visits maximum. One visit per calendar year	50.00
Permanent Dentition		
580	Banding and materials	800.00
582	Per treatment visit – 30 visits maximum. One visit per calendar month	100.00
Facial Growth Management (590-598)		
590	Diagnostic work-up and photographs	100.00
592	Quarterly observation, maximum 6 quarters	50.00
594	Progress records prior to treatment	100.00
596	Banding and materials	800.00
598	Per treatment visit – 24 visits maximum. One visit per calendar month	100.00
Malocclusion, Cleft Palate and Facial Growth Management Cases - Retention (556-599)		
556	Quarterly observation – 6 quarters maximum	50.00
599	Retainer, removable, for each upper and Lower	200.00

DENTI-CAL SCHEDULE OF MAXILLOFACIAL DENTAL SERVICES

Effective August 1, 2000

1. Fees payable to providers by Denti-Cal for covered services shall be LESSER of:
   a. the fee charged by the provider
   b. the charges for dental services shall be reimbursed in accordance with the Department of Health Services maximum reimbursement rates as follows
   c. the maximum allowance set forth in the schedule below

Procedure Number	Procedure	Maximum Allowance ($)
Diagnostic Services (950-957)		
950	Clinical examination and consultation, including study models	100.00
952	Prosthetic evaluation and treatment plan, including study models	100.00
955	TMJ series radiographs	100.00
956	Cephalometric head film, single first film, including tracing	50.00
957	Cephalometric head film, each additional film, including tracing	10.00
Maxillofacial Prosthetic Services (960-982)		
960	Speech appliance, transitional, with or without Pharyngeal extension	800.00
962	Speech appliance, permanent, edentulous, with or without pharyngeal extension	1400.00
964	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension	1500.00
966	Palatal lift, interim	800.00
968	Palatal lift permanent, cast framework	1400.00
970	Obturator, immediate surgical, routine	900.00
971	Obturator, immediate surgical, complex	1200.00
972	Obturator, permanent, complex	1500.00
973	Resection prosthesis, permanent, edentulous, complex	1500.00
974	Resection prosthesis, permanent, edentulous, routine	1400.00
975	Resection prosthesis, permanent, partially edentulous, complex	1700.00
976	Repositioner, mandibular, two piece	2300.00
977	Removable facial prosthesis	By Report
978	Splints and stents	By Report
979	Radiation therapy fluoride carrier	80.00
980	Repair Maxillofacial prosthesis	By Reoprt
981	Rebase of laboratory processed, maxillofacial prosthesis	By Report
982	Balancing (opposing) maxillofacial prosthesis	By Report
Maxillofacial Surgical Procedures		
985	Maxillofacial surgical procedures	By Report
Temporomandibular Joint Dysfunction Management (990-998)		
990	Occlusal analysis, including report and/or models	180.00
992	Occlusal adjustments, limited centric and excursive adjustments, including records and/or models	90.00
994	Occlusal balancing altering centric relation including records and/or models	400.00
995	Orthopedic stabilizing appliance, disocclusion splint	300.00
996	Postoperative visits, symptomatic care And counseling	75.00
998	Unlisted therapeutic services	By Report

DENTI-CAL SCHEDULE OF MAXIMUM ALLOWANCES

Effective August 1, 2000

1. Fees payable to providers by Denti-Cal for covered services shall be LESSER of:
   a. the fee charged by the provider
   b. the charges for dental services shall be reimbursed in accordance with the Department of Health Services maximum reimbursement rates as follows
   c. the maximum allowance set forth in the schedule below
2. Procedures limited to children (under age 18) are indicated by an asterisk(*).
3. Refer to your Denti-Cal Handbook for specific procedure instructions and program limitations.

Procedure Number	Procedure	Maximum Allowance ($)
Visits – Diagnostic (000-199)		
010	Examination, initial episode of treatment only	25.00
015	Evaluation, periodic	15.009
020	Office visit during regular office hours for Treatment and observation of injuries to the teeth and supporting structures	20.001
030	Professional visit after regular office hours, or to bedside	35.001
035	Hospital Care	50.003
040	Specialist Consultation	35.001
045	Pit and Fissure Dental Sealants for Permanent First Molars, to age twenty-one (21)	22.00
046	Pit and Fissure Dental Sealants for Permanent Second Molars, to age twenty-one (21)	22.00
049*	Prophylaxis, beneficiaries through age 12	30.00
050	Prophylaxis, beneficiaries age 13 years and older	40.00
061*	Prophylaxis, including topical application of fluoride—Beneficiaries age 5 and under	35.00
062*	Prophylaxis, including topical application of fluoride –Beneficiaries age 6 through 17	40.00
080	Emergency Treatment, palliative	45.00
110	Intraoral periapical,, single, first film	10.00
111	Intraoral periapical, each additional film (maximum 10 films)	3.00
112	Intraoral, complete series consisting of at least 14 periapical films plus bitewings	45.00
113	Intraoral, occlusal, each film	10.00
114	Extraoral, single, head or lateral jaw	22.001
115	Extraoral, each additional, head or lateral jaw	5.00
116	Bitewings, two films	10.00
117	Bitewings, four films	18.00
118	Bitewing, anterior, one film	5.005
119	Photograph or slide, first	7.008
120	Photograph or slide, each additional (maximum 5)	3.005
125	Panographic-type film, single film	25.009
150	Biopsy of oral tissue	100.001
160	Gross and microscopic histopathological report	50.00

Procedure Number	Procedure	Maximum Allowance ($)
Oral Surgery (200-299)		
200	Removal of erupted tooth, uncomplicated, first tooth	45.00
201	Removal of erupted tooth, uncomplicated, each additional tooth	38.00
202	Removal of erupted tooth, surgical	85.00
203	Removal of root or root tip, completely covered by bone	100.00
204	Removal of root or root tip, not completely covered by bone	40.00
220	Postoperative visit, complications (e.g., osteitis)	15.00
230	Removal of impacted tooth – soft tissue	100.00
231	Removal of impacted tooth – partially bony	135.00
232	Removal of impacted tooth – completely bony	165.00
250	Alveoloplasty per quadrant, edentulous	100.00
252	Alveoloplasty per quadrant, in conjunction with extractions	50.00
255	Vestibuloplasty, submucosal resection (not to include grafts)	400.00
256	Alveoloplasty with ridge extension, secondary epithelialization (per arch)	200.00
257	Removal of palatal exostosis (torus)	200.00
258	Removal of mandibular exostosis (torus) per quadrant	100.00
259	Excision of hyperplastic tissue (per arch)	100.00
260	Incision and drainage of abscess, intraoral	50.00
261	Incision and drainage of abscess, extraoral	75.00
262	Excision pericoronal gingiva, operculectomy	50.00
263	Sialolithotomy intraoral	235.00
264	Sialolithotomy extraoral	300.00
265	Closure of salivary fistula	120.00
266	Dilation of salivary duct	120.00
267	Reduction of tuberosity, unilateral	75.00
269	Excision of benign tumor, up to 1.25 cm	100.00
270	Excision of benign tumor, larger than 1.25 cm	250.00
271	Excision of malignant tumor	325.00