



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: October 4, 2013

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: APL 13-017: Some Adult Dental Services to be Restored May 1, 2014

The purpose of this All Plan Letter (APL) is to inform Medi-Cal Dental Managed Care plans that on June 27, 2013, Governor Jerry Brown approved Assembly Bill 82 (AB 82) which restores some adult dental benefits to the Denti-Cal program. Beginning May 1, 2014, the following benefits will be restored to beneficiaries age 21 and older:

- Initial examinations, radiographs/photographic images, prophylaxis, and fluoride treatments.
- Amalgam and composite restorations.
- Prefabricated stainless steel, resin, and resin window crowns
- Anterior root canal therapy.
- Complete dentures, including immediate dentures.
- Complete denture adjustments, repairs and relines.

Attached is a detailed list of restored adult dental benefits, with full descriptions of these procedures found in Section 5 "Manual of Criteria and Schedule of Maximum Allowances" of the Provider Handbook.

Please forward this information to your dental plan providers. In addition to this APL, the Denti-Cal website will contain updated information. (www.denti-cal.ca.gov).

If you have any questions, please contact me at (916) 464-0373

Sincerely,



Beverly Lamera, Chief
Dental Managed Care Contract & Analysis Unit
Medi-Cal Dental Services Division

RESTORED ADULT DENTAL BENEFITS AS OF MAY 1, 2014

DIAGNOSTIC

Procedure	Description
D0150	Comprehensive oral evaluation - new or established patient
D0210	Intraoral - complete series (including bitewings)
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical each additional film
D0270	Bitewing - single film
D0272	Bitewings - two films
D0274	Bitewings - four films
D0330	Panoramic film
D0350	Oral/Facial photographic images

PREVENTIVE

Procedure	Description
D1110	Prophylaxis – adult
D1204	Topical application of fluoride - adult
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - adult 21 and over

RESTORATIVE

Procedure	Description
D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2331	Resin-based composite - two surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2931	Prefabricated stainless steel crown - permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2952	Post and core in addition to crown, indirectly fabricated
D2954	Prefabricated post and core in addition to crown

RESTORED ADULT DENTAL BENEFITS AS OF MAY 1, 2014

ENDODONTICS

Procedure	Description
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3346	Retreatment of previous root canal therapy - anterior

PROSTHODONTICS (REMOVABLE)

Procedure	Description
D5110	Complete denture – maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
D5410	Adjust complete denture - maxillary
D5411	Adjust complete denture - mandibular
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth - complete denture (each tooth)
D5610	Repair resin denture base
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular
D5860	Overdenture - complete, by report