



Provider Bulletin

JANUARY 2019
Volume 35, Number 01



THIS ISSUE

- pg 1 Medi-Cal Dental Payment Schedule Change
- pg 1 Submit Documents Electronically through Electronic Data Interchange
- pg 2 Tips for Written Provider Correspondence
- pg 3 REMINDER: Proposition 56 Supplemental Payments and Adjudication Reason Codes

TRAINING SEMINARS

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

Webinar: Basic & EDI/D754
January 23, 2019 | 8:00am - 12:00pm

Webinar: Advanced/D755
January 24, 2019 | 8:00am - 12:00pm

Stockton: Basic & EDI/D756
January 29, 2019 | 8:00am - 12:00pm

Stockton: Advanced/D757
January 30, 2019 | 8:00am - 12:00pm

PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday
8am - 4pm

Medi-Cal Dental Payment Schedule Change

Due to the New Year's Day holiday, the Medi-Cal Dental payment schedule has been adjusted for the week of December 31, 2018. All providers will be issued their regular payment on Friday, January 4, 2019.

Please check the Medi-Cal Dental website www.denti-cal.ca.gov for future notifications. For questions, please call the Telephone Service Center at (800) 423-0507.

Submit Documents Electronically through Electronic Data Interchange

Submitting Claims and Treatment Authorization Requests (TARs), Notices of Authorization (NOAs), and Claim Adjustments electronically using Electronic Data Interchange (EDI) makes billing and tracking documents easier, and helps maximize practice management system capabilities. EDI-enrolled providers can also receive their Notices of Authorization (NOAs), Resubmission Turnaround Documents (RTDs) and Explanation of Benefits (EOB) data electronically. More than 65% of documents received by the Medi-Cal Dental Program are submitted electronically.

Providers can determine their own potential savings in submitting claims electronically by using the EDI savings calculator available on the National Dental EDI Council website (www.ndedic.org).

In conjunction with EDI documents, Medi-Cal Dental also accepts digitized radiographs and attachments submitted through electronic attachment vendors DentalXChange, National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia-PCI, LLC.

Continued on pg 2



Providers must be enrolled to participate in the EDI program. Select the following link for an EDI Enrollment Packet: https://www.denti-cal.ca.gov/DC_documents/providers/EDI_enrollment_packet.pdf. Additional information is available in the EDI How-To Guide available on the Medi-Cal Dental website at https://www.denti-cal.ca.gov/DC_documents/providers/Denti-Cal_EDI_How_To_Guide.pdf.

For information on how to enroll in EDI, please contact the Telephone Service Center at (800) 423-0507, or call (916) 853-7373 and ask for EDI Support. EDI-related questions can also be emailed to denti-calEDI@delta.org.

Tips for Written Provider Correspondence

The Medi-Cal Dental Program would like to share helpful correspondence tips to expedite processing and turnaround times for written provider inquiries. Written correspondence should include specific information that pertains to the inquiry or request. Provider information such as legal name, business name, business address, phone number, National Provider Identifier (NPI) and an original signature should also be included.

For Explanation of Benefits (EOB) inquiries, please mail a letter to the Medi-Cal Dental Provider Correspondence address shown below and include the following information:

- The issue date of the EOB and/or the check number;
- Explanation of the request or questions related to an EOB; and
- Identify whether or not an EOB was received or misplaced, or if you are requesting duplicate copies.*

*Lost or misplaced EOBs are reprinted at a cost of ten cents (\$.10) per page and an additional cost for labor/research of ten dollars (\$10.00) per hour. If the US Postal Service lost the EOB, the EOB will be issued at no cost to the provider.

For a request to stop payment or reissue a lost or stolen Medi-Cal Dental Program payment check, please mail a letter with original signature to the address identified below. Two of the following three account identifiers must be included in the correspondence:

- Check number
- Check date
- Check amount

You will receive written confirmation of the resolution no later than 20 business days from the receipt of your written inquiry. Missing information or absence of original signature will delay processing.

Provider Correspondence written inquiries should only be sent to the address below:

Denti-Cal Provider Correspondence
P.O. Box 15609
Sacramento, CA 95852-0609

Continued on pg 3



REMINDER: Proposition 56 Supplemental Payments and Adjudication Reason Codes

In accordance with Assembly Bill 120 (Chapter 22, §3, Item 4260-101-3305, Statutes of 2017), DHCS provided Proposition 56 (Prop 56) supplemental payments in addition to the current dental Schedule of Maximum Allowances (SMA) for specific dental procedures under the Medi-Cal Dental Program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. The first Prop 56 supplemental payment program was limited to Fiscal Year (FY) 2017-18 and was only authorized through June 30, 2018.

Pursuant to Senate Bill 856 (Chapter 30, §3, Item 4260-101-3305, Statutes of 2018), Prop 56 was reauthorized, and DHCS received additional funds to extend the Prop 56 supplemental payments through **June 30, 2019** and to expand supplemental payments to additional procedure codes for FY 2018-19. The supplemental payments are retroactive to July 1, 2018 and issued for the specified codes for dates of service (DOS) during the period of **July 1, 2018 through June 30, 2019**.

To reduce administrative burden to providers, all retroactive payments for claims with DOS July 01, 2018 and after, specific to newly added codes or changes to the FY 2017-18 supplemental payment, 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 four months to complete. Claims submitted prior to December 26, 2018, with DOS July 1, 2018 and after, will be systematically reprocessed to include the supplemental payment for the procedures, with the exception of D9920, which has new criteria as noted further below. The Explanation of Benefits (EOBs) for all claims submitted after December 26, 2018, with DOS July 1, 2018, and after, will include the supplemental payment. Since all claims for retroactive payments will be re-processed systematically, Medi-Cal Dental requests that providers do not submit any Claim Inquiry Forms (CIFs) for the retroactive supplemental payments.

For FY 2018-19, the first supplemental payments for newly added codes or changes to the FY 2017-18 supplemental payment will be mailed out in January 2019. Supplemental payments for unchanged codes will continue as usual. Providers will start receiving retroactive supplemental payments with EOBs generated for claims with the qualifying procedures. Please note: effective July 1, 2018 through June 30, 2019, there is a criteria change to one specified code (D9920) for the duration of the Prop 56 supplemental payment program, exclusively for extended time needed for rendering dental services to special needs patients. The D9920 criteria and code were implemented on October 15, 2018. Retroactive payment for procedure D9920 will be systematically applied to claims with DOS from July 1, 2018 through October 15, 2018. The criteria is outlined below:

PROCEDURE D9920 – BEHAVIOR MANAGEMENT, BY REPORT

1. Written documentation for payment shall include documentation that the patient is a special needs patient that requires additional time for a dental visit. Special needs patients are defined as those patients who have a physical, behavioral, developmental or emotional condition that prohibits them from adequately responding to a provider's attempts to perform a dental visit. Documentation shall include the patient's medical diagnosis of such a condition and the reason for the need of additional time for a dental visit.

2. A benefit:

- a. For four visits in a 12 month period to compensate the provider for additional time needed for providing services to special needs patients.
- b. Only in conjunction with procedures that are payable.

The Medi-Cal Dental Schedule of Maximum Allowance (SMA) for procedure D9920 is \$100.00.

Continued on pg 4



Providers are required to abide by the updated criteria requirements outlined in this bulletin. The submission and criteria requirements for procedure D9920 will not be added to the Manual of Criteria (MOC) until the implementation of CDT-16 occurs. Procedure D9920 is a benefit for all provider types, including allied dental professionals (e.g. RDH, RDHAP, RDHEF).

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 webpage at: <http://www.dhcs.ca.gov/services/Pages/Proposition-56-Dental.aspx>.

As a result of the expansion, Adjudication Reason Code (ARC) 505 and 505A will be updated to reflect the change. The ARCs for Prop 56 are available to participating Medi-Cal Dental providers and are described below:

ARC 505

Procedure code qualifies for Proposition 56: Tobacco Tax Funds Supplemental Payment of the current SMA for dates of service 07/01/2017 - 06/30/2019. 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 supplemental payment.

ARC 505A

Procedure code qualifies for Proposition 56: Tobacco Tax Funds Supplemental Payment of the current SMA for dates of service 07/01/2017 - 06/30/2019. 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 CRA procedure codes.

This ARC will be applied to each CSL where a procedure code and DOS qualify for the 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 questions regarding Prop 56 or the updated ARCs, 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 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
Visits and Diagnostics						
D0120	Periodic oral evaluation - established patient	\$15.00	\$30.00	\$45.00	40%	\$21.00
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$20.00	\$39.00	\$59.00	40%	\$28.00
D0150	Comprehensive oral evaluation - new or established patient	\$25.00	\$41.00	\$66.00	40%	\$35.00
D0210	Intraoral - complete series of radiographic images	\$40.00	20%	\$48.00	N/A	N/A
D0220	Intraoral - periapical first radiographic image	\$10.00	20%	\$12.00	N/A	N/A
D0230	Intraoral - periapical each additional radiographic image	\$3.00	35%	\$4.05	N/A	N/A
D0272	Bitewings - two radiographic images	\$10.00	20%	\$12.00	N/A	N/A
D0274	Bitewings - four radiographic images	\$18.00	20%	\$21.60	N/A	N/A
D0330	Panoramic radiographic image	\$25.00	20%	\$30.00	N/A	N/A
D0350	Oral/Facial photographic images	\$6.00	60%	\$9.60	N/A	N/A

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
Preventive						
D1110	Prophylaxis – adult	\$40.00	\$50.00	\$90.00	N/A	N/A
D1206	Topical application of fluoride varnish - adult 21 and over	\$6.00	\$12.00	\$18.00	N/A	N/A
D1208	Topical application of fluoride - adult 21 and over	\$6.00	\$9.00	\$15.00	N/A	N/A
Restorative						
D2140	Amalgam – one surface, primary or permanent	\$39.00	40%	\$54.60	40%	\$54.60
D2150	Amalgam – two surfaces, primary or permanent	\$48.00	40%	\$67.20	40%	\$67.20
D2160	Amalgam – three surfaces, primary or permanent	\$57.00	40%	\$79.80	40%	\$79.80
D2161	Amalgam – four or more surfaces, primary or permanent	\$60.00	40%	\$84.00	40%	\$84.00
D2330	Resin-based composite – one surface, anterior	\$55.00	40%	\$77.00	40%	\$77.00
D2331	Resin-based composite – two surfaces, anterior	\$60.00	40%	\$84.00	40%	\$84.00
D2332	Resin-based composite – three surfaces, anterior	\$65.00	40%	\$91.00	40%	\$91.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$85.00	40%	\$119.00	40%	\$119.00
D2390	Resin-based composite crown, anterior	\$75.00	40%	\$105.00	40%	\$105.00
D2391	Resin-based composite – one surface, posterior	\$39.00	40%	\$54.60	40%	\$54.60
D2392	Resin-based composite – two surfaces, posterior	\$48.00	40%	\$67.20	40%	\$67.20
D2393	Resin-based composite – three surfaces, posterior	\$57.00	40%	\$79.80	40%	\$79.80
D2394	Resin-based composite – four or more surfaces, posterior	\$60.00	40%	\$84.00	40%	\$84.00
D2710	Crown – resin - based composite (indirect)	\$150.00	40%	\$210.00	40%	\$210.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$150.00	40%	\$210.00	40%	\$210.00
D2721	Crown – resin with predominantly base metal	\$220.00	40%	\$308.00	40%	\$308.00
D2740	Crown – porcelain/ceramic substrate	\$340.00	40%	\$476.00	40%	\$476.00
D2751	Crown – porcelain fused to predominantly base metal	\$340.00	40%	\$476.00	40%	\$476.00
D2781	Crown – 3/4 cast predominantly base metal	\$340.00	40%	\$476.00	40%	\$476.00
D2783	Crown – 3/4 porcelain/ceramic	\$340.00	40%	\$476.00	40%	\$476.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D2791	Crown – full cast predominantly base metal	\$340.00	40%	\$476.00	40%	\$476.00
D2910	Recement inlay, onlay, or partial coverage restoration	\$30.00	40%	\$42.00	40%	\$42.00
D2920	Recement crown	\$30.00	40%	\$42.00	40%	\$42.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$75.00	40%	\$105.00	40%	\$105.00
D2930	Prefabricated stainless steel crown – primary tooth	\$75.00	60%	\$120.00	40%	\$105.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$90.00	40%	\$126.00	40%	\$126.00
D2932	Prefabricated resin crown	\$75.00	40%	\$105.00	40%	\$105.00
D2933	Prefabricated stainless steel crown with resin window	\$75.00	40%	\$105.00	40%	\$105.00
D2940	Protective restoration	\$45.00	40%	\$63.00	40%	\$63.00
D2951	Pin retention – per tooth, in addition to restoration	\$80.00	40%	\$112.00	40%	\$112.00
D2952	Post and core in addition to crown, indirectly fabricated	\$75.00	40%	\$105.00	40%	\$105.00
D2954	Prefabricated post and core in addition to crown	\$75.00	40%	\$105.00	40%	\$105.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D2970	Temporary crown (fractured tooth)	\$45.00	40%	\$63.00	40%	\$63.00
D2980	Crown repair, necessitated by restorative material failure	\$60.00	40%	\$84.00	40%	\$84.00
D2999	Unspecified restorative procedure, by report	\$50.00	40%	\$70.00	40%	\$70.00
Endodontic						
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament	\$71.00	40%	\$99.40	40%	\$99.40
D3221	Pulpal debridement, primary and permanent teeth	\$45.00	40%	\$63.00	40%	\$63.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$71.00	40%	\$99.40	40%	\$99.40
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$71.00	40%	\$99.40	40%	\$99.40
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$71.00	40%	\$99.40	40%	\$99.40

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$216.00	40%	\$302.40	40%	\$302.40
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$261.00	40%	\$365.40	40%	\$365.40
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$331.00	40%	\$463.40	40%	\$463.40
D3346	Retreatment of previous root canal therapy – anterior	\$216.00	40%	\$302.40	40%	\$302.40
D3347	Retreatment of previous root canal therapy – bicuspid	\$261.00	40%	\$365.40	40%	\$365.40
D3348	Retreatment of previous root canal therapy – molar	\$331.00	40%	\$463.40	40%	\$463.40
D3351	Apexification/Recalcification/Pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection)	\$100.00	40%	\$140.00	40%	\$140.00
D3352	Apexification/Recalcification/Pulpal regeneration - interim medication replacement	\$100.00	40%	\$140.00	40%	\$140.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D3410	Apicoectomy/Periradicular surgery – anterior	\$100.00	40%	\$140.00	40%	\$140.00
D3421	Apicoectomy/Periradicular surgery – bicuspid (first root)	\$100.00	40%	\$140.00	40%	\$140.00
D3425	Apicoectomy/Periradicular surgery – molar (first root)	\$100.00	40%	\$140.00	40%	\$140.00
D3426	Apicoectomy/Periradicular surgery – (each additional root)	\$100.00	40%	\$140.00	40%	\$140.00
D3999	Unspecified endodontic procedure, by report	\$42.00	40%	\$58.80	40%	\$58.80
Periodontics						
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant	\$185.00	40%	\$259.00	N/A	N/A
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$110.00	40%	\$154.00	N/A	N/A
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00	40%	\$490.00	N/A	N/A

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant	\$245.00	40%	\$343.00	N/A	N/A
D4341	Periodontal scaling and root planing – four or more teeth per quadrant (for beneficiaries in a SNF or ICF)	\$70.00	40%	\$98.00	N/A	N/A
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$50.00	40%	\$70.00	N/A	N/A
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant (for beneficiaries in a SNF or ICF)	\$50.00	40%	\$70.00	N/A	N/A
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30.00	40%	\$42.00	N/A	N/A
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis* *Only a benefit for patients residing in a certified SNF or ICF. For more information, see the Policy Changes table in Provider Handbook Section 5.	\$75.00	40%	\$105.00	N/A	N/A
D4910	Periodontal maintenance	\$55.00	40%	\$77.00	N/A	N/A

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$45.00	40%	\$63.00	N/A	N/A
Prosthetic						
D5110	Complete denture – maxillary	\$450.00	40%	\$630.00	40%	\$630.00
D5120	Complete denture – mandibular	\$450.00	40%	\$630.00	40%	\$630.00
D5130	Immediate denture – maxillary	\$450.00	40%	\$630.00	40%	\$630.00
D5140	Immediate denture – mandibular	\$450.00	40%	\$630.00	40%	\$630.00
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$250.00	40%	\$350.00	40%	\$350.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rest and teeth)	\$250.00	40%	\$350.00	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	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	40%	\$658.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D5410	Adjust complete denture – maxillary	\$25.00	40%	\$35.00	40%	\$35.00
D5411	Adjust complete denture – mandibular	\$25.00	40%	\$35.00	40%	\$35.00
D5421	Adjust partial denture – maxillary	\$25.00	40%	\$35.00	40%	\$35.00
D5422	Adjust partial denture – mandibular	\$25.00	40%	\$35.00	40%	\$35.00
D5510	Repair broken complete denture base	\$50.00	40%	\$70.00	40%	\$70.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$50.00	40%	\$70.00	40%	\$70.00
D5610	Repair resin denture base	\$60.00	40%	\$84.00	40%	\$84.00
D5620	Repair cast framework	\$230.00	40%	\$322.00	40%	\$322.00
D5630	Repair or replace broken clasp	\$100.00	40%	\$140.00	40%	\$140.00
D5640	Replace broken teeth – per tooth	\$50.00	40%	\$70.00	40%	\$70.00
D5650	Add tooth to existing partial denture	\$60.00	40%	\$84.00	40%	\$84.00
D5660	Add clasp to existing partial denture	\$100.00	40%	\$140.00	40%	\$140.00
D5730	Reline complete maxillary denture (chairside)	\$70.00	40%	\$98.00	40%	\$98.00
D5731	Reline complete mandibular denture (chairside)	\$70.00	40%	\$98.00	40%	\$98.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D5740	Reline maxillary partial denture (chairside)	\$70.00	40%	\$98.00	40%	\$98.00
D5741	Reline mandibular partial denture (chairside)	\$70.00	40%	\$98.00	40%	\$98.00
D5750	Reline complete maxillary denture (laboratory)	\$140.00	40%	\$196.00	40%	\$196.00
D5751	Reline complete mandibular denture (laboratory)	\$140.00	40%	\$196.00	40%	\$196.00
D5760	Reline maxillary partial denture (laboratory)	\$140.00	40%	\$196.00	40%	\$196.00
D5761	Reline mandibular partial denture (laboratory)	\$140.00	40%	\$196.00	40%	\$196.00
D5850	Tissue conditioning, maxillary	\$50.00	40%	\$70.00	40%	\$70.00
D5851	Tissue conditioning, mandibular	\$50.00	40%	\$70.00	40%	\$70.00
D5860	Overdenture – complete, by report	\$450.00	40%	\$630.00	40%	\$630.00
D5911	Facial moulage (sectional)	\$425.00	40%	\$595.00	40%	\$595.00
D5912	Facial moulage (complete)	\$534.00	40%	\$747.60	40%	\$747.60
D5913	Nasal prosthesis	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D5914	Auricular prosthesis	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D5915	Orbital prosthesis	\$600.00	40%	\$840.00	40%	\$840.00
D5916	Ocular prosthesis	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D5919	Facial prosthesis	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D5922	Nasal septal prosthesis	\$600.00	40%	\$840.00	40%	\$840.00
D5923	Ocular prosthesis, interim	\$600.00	40%	\$840.00	40%	\$840.00
D5924	Cranial prosthesis	\$1,440.00	40%	\$2,016.00	40%	\$2,016.00
D5925	Facial augmentation implant prosthesis	\$300.00	40%	\$420.00	40%	\$420.00
D5926	Nasal prosthesis, replacement	\$300.00	40%	\$420.00	40%	\$420.00
D5927	Auricular prosthesis, replacement	\$300.00	40%	\$420.00	40%	\$420.00
D5928	Orbital prosthesis, replacement	\$300.00	40%	\$420.00	40%	\$420.00
D5929	Facial prosthesis, replacement	\$300.00	40%	\$420.00	40%	\$420.00
D5931	Obturator prosthesis, surgical	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00
D5932	Obturator prosthesis, definitive	\$1,500.00	40%	\$2,100.00	40%	\$2,100.00
D5933	Obturator prosthesis, modification	\$225.00	40%	\$315.00	40%	\$315.00
D5934	Mandibular resection prosthesis with guide flange	\$1,700.00	40%	\$2,380.00	40%	\$2,380.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D5935	Mandibular resection prosthesis without guide flange	\$1,400.00	40%	\$1,960.00	40%	\$1,960.00
D5936	Obturator prosthesis, interim	\$900.00	40%	\$1,260.00	40%	\$1,260.00
D5937	Trismus appliance (not for TMD treatment)	\$125.00	40%	\$175.00	40%	\$175.00
D5951	Feeding aid	\$200.00	40%	\$280.00	40%	\$280.00
D5952	Speech aid prosthesis, pediatric	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D5953	Speech aid prosthesis, adult	\$1,450.00	40%	\$2,030.00	40%	\$2,030.00
D5954	Palatal augmentation prosthesis	\$200.00	40%	\$280.00	40%	\$280.00
D5955	Palatal lift prosthesis, definitive	\$1,400.00	40%	\$1,960.00	40%	\$1,960.00
D5958	Palatal lift prosthesis, interim	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D5959	Palatal lift prosthesis, modification	\$220.00	40%	\$308.00	40%	\$308.00
D5960	Speech aid prosthesis, modification	\$220.00	40%	\$308.00	40%	\$308.00
D5982	Surgical stent	\$125.00	40%	\$175.00	40%	\$175.00
D5983	Radiation carrier	\$80.00	40%	\$112.00	40%	\$112.00
D5984	Radiation shield	\$200.00	40%	\$280.00	40%	\$280.00
D5985	Radiation cone locator	\$200.00	40%	\$280.00	40%	\$280.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D5986	Fluoride gel carrier	\$80.00	40%	\$112.00	40%	\$112.00
D5987	Commissure splint	\$125.00	40%	\$175.00	40%	\$175.00
D5988	Surgical splint	\$205.00	40%	\$287.00	40%	\$287.00
D5991	Topical Medicament Carrier	\$80.00	40%	\$112.00	40%	\$112.00
D6092	Recement implant/abutment supported crown	\$30.00	40%	\$42.00	40%	\$42.00
D6093	Recement implant/abutment supported fixed partial denture	\$50.00	40%	\$70.00	40%	\$70.00
D6100	Implant removal, by report	\$45.00	40%	\$63.00	40%	\$63.00
D6194	Abutment supported retainer crown for FPD (titanium)	<i>By Report</i>	40%	<i>By Report + 40%</i>	40%	<i>By Report + 40%</i>
D6199	Unspecified implant procedure, by report	<i>By Report</i>	40%	<i>By Report + 40%</i>	40%	<i>By Report + 40%</i>
D6211	Pontic – cast predominantly base metal	\$325.00	40%	\$455.00	40%	\$455.00
D6241	Pontic – porcelain fused to predominantly base metal	\$325.00	40%	\$455.00	40%	\$455.00
D6245	Pontic –porcelain/ceramic	\$325.00	40%	\$455.00	40%	\$455.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D6251	Pontic – resin with predominantly base metal	\$325.00	40%	\$455.00	40%	\$455.00
D6721	Crown - resin with predominantly base metal	\$220.00	40%	\$308.00	40%	\$308.00
D6740	Crown - porcelain/ceramic	\$340.00	40%	\$476.00	40%	\$476.00
D6751	Crown - porcelain fused to predominantly base metal	\$340.00	40%	\$476.00	40%	\$476.00
D6781	Crown - 3/4 cast predominantly base metal	\$340.00	40%	\$476.00	40%	\$476.00
D6783	Crown - 3/4 porcelain/ceramic	\$340.00	40%	\$476.00	40%	\$476.00
D6791	Crown - full cast predominantly base metal	\$340.00	40%	\$476.00	40%	\$476.00
D6930	Recement fixed partial denture	\$50.00	40%	\$70.00	40%	\$70.00
D6980	Fixed partial denture repair, necessitated by restorative material	\$75.00	40%	\$105.00	40%	\$105.00
Oral and Maxillofacial Surgery						
D7111	Extraction, coronal remnants – deciduous tooth	\$41.00	40%	\$57.40	40%	\$57.40
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41.00	40%	\$57.40	40%	\$57.40

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
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	40%	\$119.00	40%	\$119.00
D7220	Removal of impacted tooth – soft tissue	\$100.00	40%	\$140.00	40%	\$140.00
D7230	Removal of impacted tooth – partially bony	\$135.00	40%	\$189.00	40%	\$189.00
D7240	Removal of impacted tooth – completely bony	\$165.00	40%	\$231.00	40%	\$231.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$235.00	40%	\$329.00	40%	\$329.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100.00	40%	\$140.00	40%	\$140.00
D7260	Oroantral fistula closure	\$300.00	40%	\$420.00	40%	\$420.00
D7261	Primary closure of a sinus perforation	\$100.00	40%	\$140.00	40%	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$175.00	40%	\$245.00	40%	\$245.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D7280	Surgical access of an unerupted tooth	\$100.00	40%	\$140.00	40%	\$140.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$135.00	40%	\$189.00	40%	\$189.00
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$100.00	40%	\$140.00	40%	\$140.00
D7286	Biopsy of oral tissue – soft	\$30.00	40%	\$42.00	40%	\$42.00
D7290	Surgical repositioning of teeth	\$135.00	40%	\$189.00	40%	\$189.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50.00	40%	\$70.00	40%	\$70.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50.00	40%	\$70.00	40%	\$70.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00	40%	\$140.00	40%	\$140.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$200.00	40%	\$280.00	40%	\$280.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue	\$500.00	40%	\$700.00	40%	\$700.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
	attachment and management of hypertrophied and hyperplastic tissue)					
D7410	Excision of benign lesion up to 1.25 cm	\$100.00	40%	\$140.00	40%	\$140.00
D7411	Excision of benign lesion greater than 1.25 cm	\$250.00	40%	\$350.00	40%	\$350.00
D7412	Excision of benign lesion, complicated	\$325.00	40%	\$455.00	40%	\$455.00
D7413	Excision of malignant lesion up to 1.25 cm	\$325.00	40%	\$455.00	40%	\$455.00
D7414	Excision of malignant lesion greater than 1.25 cm	\$400.00	40%	\$560.00	40%	\$560.00
D7415	Excision of malignant lesion, complicated	\$450.00	40%	\$630.00	40%	\$630.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$325.00	40%	\$455.00	40%	\$455.00
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$500.00	40%	\$700.00	40%	\$700.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$100.00	40%	\$140.00	40%	\$140.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$200.00	40%	\$280.00	40%	\$280.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	\$100.00	40%	\$140.00	40%	\$140.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$250.00	40%	\$350.00	40%	\$350.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$50.00	40%	\$70.00	40%	\$70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$100.00	40%	\$140.00	40%	\$140.00
D7472	Removal of torus palatinus	\$200.00	40%	\$280.00	40%	\$280.00
D7473	Removal of torus mandibularis	\$100.00	40%	\$140.00	40%	\$140.00
D7485	Surgical reduction of osseous tuberosity	\$75.00	40%	\$105.00	40%	\$105.00
D7490	Radical resection of maxilla or mandible	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$50.00	40%	\$70.00	40%	\$70.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$75.00	40%	\$105.00	40%	\$105.00
D7520	Incision and drainage of abscess – extraoral soft tissue	\$75.00	40%	\$105.00	40%	\$105.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated(includes drainage of multiple fascial spaces)	\$100.00	40%	\$140.00	40%	\$140.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$60.00	40%	\$84.00	40%	\$84.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$130.00	40%	\$182.00	40%	\$182.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$100.00	40%	\$140.00	40%	\$140.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$380.00	40%	\$532.00	40%	\$532.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$500.00	40%	\$700.00	40%	\$700.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$700.00	40%	\$980.00	40%	\$980.00
D7650	Malar and/or zygomatic arch – open reduction	\$500.00	40%	\$700.00	40%	\$700.00
D7660	Malar and/or zygomatic arch – closed reduction	\$250.00	40%	\$350.00	40%	\$350.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$225.00	40%	\$315.00	40%	\$315.00
D7671	Alveolus – open reduction, may include stabilization of teeth	\$275.00	40%	\$385.00	40%	\$385.00
D7710	Maxilla – open reduction	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D7720	Maxilla – closed reduction	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7730	Mandible – open reduction	\$1,200.00	40%	\$1,680.00	40%	\$1,680.00
D7740	Mandible – closed reduction	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7750	Malar and/or zygomatic arch – open reduction	\$500.00	40%	\$700.00	40%	\$700.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D7760	Malar and/or zygomatic arch – closed reduction	\$250.00	40%	\$350.00	40%	\$350.00
D7770	Alveolus – open reduction stabilization of teeth	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00
D7771	Alveolus, closed reduction stabilization of teeth	\$500.00	40%	\$700.00	40%	\$700.00
D7810	Open reduction of dislocation	\$140.00	40%	\$196.00	40%	\$196.00
D7820	Closed reduction of dislocation	\$140.00	40%	\$196.00	40%	\$196.00
D7830	Manipulation under anesthesia	\$140.00	40%	\$196.00	40%	\$196.00
D7840	Condylectomy	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00
D7850	Surgical discectomy, with/without implant	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00
D7852	Disc repair	\$780.00	40%	\$1,092.00	40%	\$1,092.00
D7854	Synovectomy	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7856	Myotomy	\$810.00	40%	\$1,134.00	40%	\$1,134.00
D7858	Joint reconstruction	\$1,550.00	40%	\$2,170.00	40%	\$2,170.00
D7860	Arthroscopy	\$940.00	40%	\$1,316.00	40%	\$1,316.00
D7865	Arthroplasty	\$1,100.00	40%	\$1,540.00	40%	\$1,540.00
D7870	Arthrocentesis	\$440.00	40%	\$616.00	40%	\$616.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D7872	Arthroscopy – diagnosis, with or without biopsy	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7873	Arthroscopy – surgical: lavage and lysis of adhesions	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7874	Arthroscopy – surgical: disc repositioning and stabilization	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7875	Arthroscopy – surgical: synovectomy	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7876	Arthroscopy – surgical: discectomy	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00
D7877	Arthroscopy – surgical: debridement	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7880	Occlusal orthotic device, by report	\$300.00	40%	\$420.00	40%	\$420.00
D7910	Suture of recent small wounds up to 5 cm	\$75.00	40%	\$105.00	40%	\$105.00
D7911	Complicated suture – up to 5 cm	\$85.00	40%	\$119.00	40%	\$119.00
D7912	Complicated suture – greater than 5 cm	\$95.00	40%	\$133.00	40%	\$133.00
D7920	Skin graft (identify defect covered, location and type of graft)	\$310.00	40%	\$434.00	40%	\$434.00
D7940	Osteoplasty – for orthognathic deformities	\$1,300.00	40%	\$1,820.00	40%	\$1,820.00
D7941	Osteotomy – mandibular rami	\$2,000.00	40%	\$2,800.00	40%	\$2,800.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$2,800.00	40%	\$3,920.00	40%	\$3,920.00
D7944	Osteotomy – segmented or subapical	\$600.00	40%	\$840.00	40%	\$840.00
D7945	Osteotomy – body of mandible	\$600.00	40%	\$840.00	40%	\$840.00
D7946	LeFort I (maxilla – total)	\$1,300.00	40%	\$1,820.00	40%	\$1,820.00
D7947	LeFort I (maxilla – segmented)	\$2,000.00	40%	\$2,800.00	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	40%	\$3,220.00
D7949	LeFort II or LeFort III – with bone graft	\$3,000.00	40%	\$4,200.00	40%	\$4,200.00
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$800.00	40%	\$1,120.00	40%	\$1,120.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,000.00	40%	\$1,400.00	40%	\$1,400.00
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$750.00	40%	\$1,050.00	40%	\$1,050.00
D7960	Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$200.00	40%	\$280.00	40%	\$280.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/ \$ Increase	SMA + %/ \$ Increase	% Increase	SMA + 40% Increase
D7963	Frenuloplasty	\$200.00	40%	\$280.00	40%	\$280.00
D7970	Excision of hyperplastic tissue – per arch	\$100.00	40%	\$140.00	40%	\$140.00
D7971	Excision of pericoronal gingiva	\$50.00	40%	\$70.00	40%	\$70.00
D7972	Surgical reduction of fibrous tuberosity	\$50.00	40%	\$70.00	40%	\$70.00
D7980	Sialolithotomy	\$235.00	40%	\$329.00	40%	\$329.00
D7981	Excision of salivary gland, by report	\$521.00	40%	\$729.40	40%	\$729.40
D7982	Sialodochoplasty	\$365.00	40%	\$511.00	40%	\$511.00
D7983	Closure of salivary fistula	\$120.00	40%	\$168.00	40%	\$168.00
D7990	Emergency tracheotomy	\$200.00	40%	\$280.00	40%	\$280.00
D7991	Coronoidectomy	\$558.00	40%	\$781.20	40%	\$781.20
D7995	Synthetic graft – mandible or facial bones, by report	\$335.00	40%	\$469.00	40%	\$469.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$45.00	40%	\$63.00	40%	\$63.00
Orthodontics						

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D8080	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$750.00	40%	\$1,050.00	N/A	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - primary dentition	\$425.00	40%	\$595.00	N/A	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - mixed dentition	\$625.00	40%	\$875.00	N/A	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - permanent dentition	\$925.00	40%	\$1,295.00	N/A	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - primary dentition	\$425.00	40%	\$595.00	N/A	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - mixed dentition	\$625.00	40%	\$875.00	N/A	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - permanent dentition	\$1,000.00	40%	\$1,400.00	N/A	N/A

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D8670	Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion	\$210.00	40%	\$294.00	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - primary dentition	\$125.00	40%	\$175.00	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - mixed dentition	\$140.00	40%	\$196.00	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - permanent dentition	\$300.00	40%	\$420.00	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - primary dentition	\$125.00	40%	\$175.00	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - mixed dentition	\$140.00	40%	\$196.00	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - permanent dentition	\$300.00	40%	\$420.00	N/A	N/A
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$244.00	40%	\$341.60	N/A	N/A
Adjunctive Services						

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$45.00	40%	\$63.00	40%	\$63.00
D9120	Fixed partial denture sectioning	\$50.00	40%	\$70.00	40%	\$70.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$45.00	40%	\$63.00	40%	\$63.00
D9220	Deep sedation/general anesthesia – first 30 minutes	\$91.35	\$148.65	\$240.00	40%	\$127.89
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$14.01	\$110.99	\$125.00	40%	\$19.61
D9230	Inhalation of nitrous oxide/anoxiolysis analgesia	\$25.00	60%	\$40.00	40%	\$35.00
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$42.14	40%	\$59.00	40%	\$59.00
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$21.07	40%	\$29.50	40%	\$29.50
D9248	Non-intravenous conscious sedation	\$25.00	40%	\$35.00	40%	\$35.00
D9410	House/Extended care facility call	\$20.00	40%	\$28.00	40%	\$28.00
D9420	Hospital or ambulatory surgical center call	\$50.00	40%	\$70.00	40%	\$70.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$20.00	60%	\$32.00	40%	\$28.00

CDT Procedure Code	CDT Procedure Code Description	Schedule of Maximum Allowance (SMA)	Dates of Services FY 2018-2019 (July 1, 2018 to June 30, 2019)		Dates of Services FY 2017-2018 (July 1, 2017 to June 30, 2018)	
			%/\$ Increase	SMA + %/\$ Increase	% Increase	SMA + 40% Increase
D9440	Office visit – after regularly scheduled hours	\$20.00	40%	\$28.00	40%	\$28.00
D9610	Therapeutic parenteral drug, single administration	\$15.00	40%	\$21.00	40%	\$21.00
D9910	Application of desensitizing medicament	\$43.00	40%	\$60.20	40%	\$60.20
D9920	Behavior management, by report	\$100.00	40%	\$140.00	N/A	N/A
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$15.00	40%	\$21.00	40%	\$21.00
D9950	Occlusion analysis – mounted case	\$180.00	40%	\$252.00	40%	\$252.00
D9951	Occlusal adjustment – limited	\$25.00	40%	\$35.00	40%	\$35.00
D9952	Occlusal adjustment – complete	\$400.00	40%	\$560.00	40%	\$560.00