

# Denti-Cal Bulletin



VOLUME 22, NUMBER 12 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2006

## **CHILDREN'S TREATMENT PROGRAM (CTP) FIVE PERCENT (5%) REIMBURSEMENT**

Effective March 4, 2006, Denti-Cal ended the five percent (5%) payment reduction for the Children's Treatment Program (CTP), as a result of the passage of Senate Bill (SB) 912, (Statutes of 2006, Chapter 8). The five percent (5%) reduction was implemented August 1, 2003, in accordance with *Welfare and Institutions Code*, §16934.5(b)(c).

Once system changes have been made, retroactive reimbursement will be made for dates of service back to March 4, 2006.

Attached please find the new Schedule of Maximum Allowances (SMA).

If there are any questions, please contact Denti-Cal toll-free at (800) 423-0507.

# CHDP/CTP FEE SCHEDULE

Effective March 4, 2006

1. Fees payable to providers by Denti-Cal for covered services shall be the LESSER of:
  - a. provider's billed amount
  - b. the maximum allowance set forth in the schedule below
2. Refer to your Denti-Cal Provider Manual for specific procedure instructions and program limitations.

Procedure Number	Procedure	Maximum Allowance
<b>Visits - Diagnostic (Procedures 010-099)</b>		
<b>010</b>	Complete examination, initial episode of treatment only	25.00
<b>015</b>	Examination periodic (annual)	15.00
<b>020</b>	Office visit during regular office hours, for treatment and/or observation of teeth or supporting structures	20.00
<b>030</b>	Professional visit after regular office hours or to bedside	35.00
<b>035</b>	Hospital care	50.00
<b>040</b>	Specialist consultation	35.00
<b>045</b>	Pit and fissure dental sealants for permanent first molars, beneficiaries to age twenty-one (21)	22.00
<b>046</b>	Pit and fissure dental sealants for permanent second molars, to age twenty-one (21)	22.00
<b>049</b>	Prophylaxis, beneficiaries through age 12	30.00
<b>050</b>	Prophylaxis, beneficiaries age 13 years of age and over	40.00
<b>061</b>	Prophylaxis, including topical application of fluoride, beneficiaries age 5 and under	35.00
<b>062</b>	Prophylaxis, including topical application of fluoride, beneficiaries age 6 through 17 years of age	40.00
<b>080</b>	Emergency treatment, palliative	45.00
<b>Radiographs and Photographs (Procedures 110-125)</b>		
<b>110</b>	Intraoral periapical, single, first radiograph	10.00
<b>111</b>	Intraoral periapical, each additional radiograph	3.00
<b>112</b>	Intraoral, complete series	45.00
<b>113</b>	Intraoral, occlusal radiograph	10.00
<b>114</b>	Extraoral, single, head or lateral jaw	22.00
<b>115</b>	Extraoral, each additional head or lateral jaw	5.00
<b>116</b>	Bitewings, two radiographs	10.00
<b>117</b>	Bitewings, four radiographs	18.00
<b>118</b>	Bitewing, anterior, one radiograph	5.00
<b>119</b>	Photograph or slide, first	7.00
<b>120</b>	Photograph or slide, each additional (maximum five)	3.00
<b>125</b>	Panographic-film, single radiograph	25.00
<b>Biopsy and Pathology Reports (Procedures 150-199)</b>		
<b>150</b>	Biopsy of oral tissue	100.00
<b>160</b>	Gross and microscopic histopathological examination	50.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>Oral Surgery (200-299)</b>		
200	Removal of erupted tooth, uncomplicated, first tooth	45.00
201	Removal of erupted tooth (teeth), 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, partial bony	135.00
232	Removal of impacted tooth, complete 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
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	Meniscectomy 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

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partial bony	135.00
298	Surgical exposure of impacted or unerupted tooth to aid eruption, complete bony	135.00
299	Unlisted surgical service or procedure	By Report
<b>Drugs and Anesthesia (300-400)</b>		
300	Therapeutic drug injection	15.00
301	Conscious sedation, relative analgesia (nitrous oxide), per visit	25.00
400	General anesthesia	100.00
<b>Periodontics (450-499)</b>		
451	Emergency treatment (periodontal abscess, acute periodontitis, etc.)	55.00
452	Subgingival curettage and root planing, per full mouth treatment (residents of SNF or ICF)	118.00 200.00
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
<b>Endodontics (500-599)</b>		
501	Therapeutic pulpotomy	71.00
502	Vital pulpotomy	71.00
503	Recalcification, includes temporary restoration, per tooth	41.00
511	Anterior root canal therapy; and	215.00
512	Bicuspid root canal therapy; and	260.00
513	Molar root canal therapy	330.00
530	Apicoectomy - surgical procedure in conjunction with root canal filling	300.00
531	Apicoectomy (separate surgical procedure) per tooth	100.00
534	Apexification/Apexogenesis (therapeutic apical closure, per treatment)	100.00
<b>Orthodontic Services (551-599)</b>		
<b>Malocclusion Cases</b>		
551	Initial orthodontic examination/handicapping labio-lingual deviation index	35.00
552	Banding and materials	650.00
554	Per treatment visit - 24 visits maximum. One visit maximum per calendar month.	70.00
556	Quarterly observation 6 quarters maximum	50.00
557	Diagnostic work-up and photographs (additional dental services are listed separately in 22 CCR, Section 51506(b), Procedure Code 112 - intraoral, complete series; and Section 51506.1(b), Procedure Codes 956 and 957 cephalometric head films, including tracing).	100.00
558	Study models	75.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>Cleft Palate Services</b>		
<b>Primary Dentition</b>		
<b>560</b>	Diagnostic work-up - photos, and study models (complete mouth series radiographs, Procedure Code 112, and cephalometric head films, Procedure Codes 956 and 957 including tracing, are separately payable at State fee schedule).	200.00
<b>562</b>	Banding and materials	300.00
<b>564</b>	Per treatment visit - 10 visits maximum. One visit maximum per calendar month.	50.00
<b>Mixed Dentition</b>		
<b>560</b>	Diagnostic work-up - photos, and study models (complete mouth series radiographs, Procedure Code 112, and cephalometric head films, Procedure Codes 956 and 957 including tracing, are separately payable at State fee schedule).	200.00
<b>570</b>	Banding and materials	500.00
<b>572</b>	Per treatment visit - 14 visits maximum. One visit maximum per calendar month	50.00
<b>Permanent Dentition</b>		
<b>560</b>	Diagnostic work-up - photos, and study models (complete mouth series radiographs, Procedure Code 112, and cephalometric head films, Procedure Codes 956 and 957 including tracing, are separately payable at State fee schedule).	200.00
<b>580</b>	Banding and materials	800.00
<b>582</b>	Per treatment visit - 30 visits maximum. One visit maximum per calendar month.	100.00
<b>Facial Growth Management</b>		
<b>590</b>	Diagnostic work-up - photos, and study models (complete mouth series radiographs, Procedure Code 112, and cephalometric head films, Procedure Codes 956 and 957 including tracing, are separately payable at State fee schedule).	100.00
<b>592</b>	Quarterly observation 6 quarters maximum	50.00
<b>594</b>	Progress records prior to treatment	100.00
<b>596</b>	Banding and materials	800.00
<b>598</b>	Per treatment visit 24 visits maximum. One visit maximum per calendar month.	100.00
<b>Malocclusion, Cleft Palate and Facial Growth Management Cases - Retention</b>		
<b>556</b>	Quarterly observation, 6 quarters maximum	50.00
<b>599</b>	Retainer, removable, for each upper and lower	200.00
<b>Restorative Dentistry (600-679)</b>		
<b>Amalgam Restorations</b>		
<b>600</b>	One surface, primary tooth	35.00
<b>601</b>	Two surfaces, primary tooth	43.00
<b>602</b>	Three surfaces, primary tooth	50.00
<b>603</b>	Four or more surfaces, primary tooth (maximum)	57.00
<b>611</b>	One surface, permanent tooth	39.00
<b>612</b>	Two surfaces, permanent tooth	48.00
<b>613</b>	Three surfaces, permanent tooth	57.00
<b>614</b>	Four or more surfaces, permanent tooth (maximum)	60.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>Silicate, Composite, Plastic Restorations</b>		
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
<b>Crowns</b>		
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	Gold dowel post	75.00
<b>Prosthetics (680-799)</b>		
<b>Pontics</b>		
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, porcelain fused to metal	325.00
693	Fixed bridge pontic, plastic processed to metal	325.00
<b>Recementation</b>		
685	Recement inlay, facing, pontic	30.00
686	Recement crown	30.00
687	Recement bridge	50.00
<b>Repairs, Crown, and Bridge</b>		
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
<b>Removal Prosthodontics</b>		
700	Complete maxillary denture	450.00
701	Complete mandibular denture	450.00
702	Partial upper or lower denture with two assembled wrought wire or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base	415.00
703	Partial upper or lower denture with cast chrome skeleton, two cast clasps, and necessary teeth	400.00
704	Clasp, third and each additional clasp for Procedure 703	40.00
705	Stressbreaker, 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 wrought wire clasps having two clasp arms, but no rests, and necessary teeth	275.00
709	Clasp, third and each additional for Procedure 708	25.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
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
<b>Repairs, Dentures, Acrylic</b>		
750	Repair broken denture base only (complete or partial)	45.00
751	Repair broken denture base and replace one broken denture tooth (maximum two)	65.00
752	Each additional denture tooth replaced on 751 repair (maximum two)	15.00
753	Replace one broken denture tooth only (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 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 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
<b>Space Maintainers (Procedures 800-899)</b>		
800	Fixed, unilateral band type space maintainer; (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 space maintainer; (including crown, Procedure 670 or 671); space maintainer	111.00
812	Fixed, bilateral, lingual, or palatal bar type space maintainer	200.00
832	Fixed or removable appliance to control harmful habit	221.00
<b>Fractures and Dislocations (includes usual follow-up care) (Procedures 900-949)</b>		
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

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
915	Treatment of malar fracture, simple, closed reduction	250.00
916	Treatment of malar fracture, simple or compound depressed, open reduction	500.00
<b>Maxillofacial Dental Services (Procedures 950-998)</b>		
<b>Diagnostic Services</b>		
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
<b>Maxillofacial Prosthetic Services</b>		
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	Repairs, maxillofacial prosthesis	By Report
981	Rebase, laboratory processed, maxillofacial prosthesis	By Report
982	Balancing (opposing) maxillofacial appliance	By Report
985	Maxillofacial surgical procedures	By Report
<b>Temporomandibular Joint Dysfunction Management</b>		
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 service	By Report
<b>Unlisted Services</b>		
999		By Report