

Title of Rule: Revision to the Medical Assistance Special Financing Rule Concerning Colorado Dental Health Care Program for Low-Income Seniors, 10 CCR 2505-10, Section 8.960.

Rule Number: MSB 15-10-27-A

Division / Contact / Phone: Special Financing / Chandra Vital / 303-866-5506

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Concerns were raised by the Office of Legislative Legal Services that the rule did not adequately describe covered dental services as required by statute. This rule change clarifies the descriptions of covered dental services to ensure compliance with statute. Covered dental services include diagnostic imaging, emergency, endodontics, evaluations, oral and maxillofacial surgery, palliative, periodontal, preventive, prophylaxis, removable prosthesis, and restorative services.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

N/A

3. Federal authority for the Rule, if any:

N/A

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2015); 25.5-3-404, C.R.S. (2015)

Initial Review **02/12/2016**
Proposed Effective Date **04/30/2016**

Final Adoption **03/11/2016**
Emergency Adoption


DOCUMENT #01

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

This rule makes a change to clarify definitions only and does not change services or costs under the current program. Therefore, there is no effect on existing program policy, covered services, or eligible seniors.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

This rule makes a change to clarify definitions only and does not change services or costs under the current program. Therefore there is no economic effect on program grantees or eligible seniors.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

This rule makes a change to clarify definitions only and does not change costs under the current program. Therefore, there are no additional costs to the Department or any other agency.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

This rule makes a change to clarify definitions only. There are no changes to existing program policy, covered services, or eligible seniors. If action is not taken, the rule will not be compliant with statute.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

This rule change is necessary to clarify covered services to comply with statute. This rule does not impose additional costs on program grantees, eligible seniors, or local or state agencies.

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6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

This rule change is necessary to clarify the descriptions of covered dental services to ensure compliance with statute. There are no alternatives to amending the existing rule.

1 **8.960 COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS**

2 **8.960.1 Definitions**

3 Arrange For or Arranging For means demonstrating established relations with Qualified Providers for any
4 of the Covered Dental Care Services not directly provided by the applicant.

5 Covered Dental Care Services include Diagnostic Imaging, Emergency Services, Endodontic Services,
6 Evaluation, Oral and Maxillofacial Surgery, Palliative Treatment, Periodontal Treatment, Preventive
7 Services, Prophylaxis, Removable Prosthesis, and Restorative Services as listed by alphanumeric
8 procedure code in Appendix A. ~~mean the Current Dental Terminology (CDT) procedure codes and~~
9 descriptions for the Colorado Dental Health Care Program for Low-Income Seniors as published on the
10 Department's website at <https://www.colorado.gov/hcpf/research-data-and-grants>.

11 C.R.S. means the Colorado Revised Statutes.

12 Dental Health Professional Shortage Area or Dental HPSA means a geographic area, population group,
13 or facility so designated by the Health Resources and Services Administration of the U.S. Department of
14 Health and Human Services.

15 Dental Prosthesis means any device or appliance replacing one or more missing teeth and associated
16 structures if required.

17 Department means the Colorado Department of Health Care Policy and Financing established pursuant
18 to title 25.5, C.R.S. (2014).

19 Diagnostic Imaging means a visual display of structural or functional patterns for the purpose of
20 diagnostic evaluation.

21 Economically Disadvantaged means a person whose Income is at or below 250% of the most recently
22 published federal poverty level for a household of that size.

23 Eligible Senior means an adult who is 60 years of age or older, who is Economically Disadvantaged, who
24 is able to demonstrate lawful presence in the state in accordance with 1 CCR 201-17, who is not eligible
25 for dental services under Medicaid or the Old Age Pension Health and Medical Care Program, and who
26 does not have private dental insurance.

27 Emergency Services means the need for immediate intervention by a Qualified Provider to stabilize an
28 oral cavity condition.

29 Endodontic Services means services which are concerned with the morphology, physiology and
30 pathology of the human dental pulp and periradicular tissues.

31 Evaluation means a patient assessment that may include gathering of information through interview,
32 observation, examination, and use of specific tests that allows a dentist to diagnose existing conditions.

33 Federally Qualified Health Center means a federally funded nonprofit health center or clinic that serves
34 medically underserved areas and populations as defined in 42 U.S.C. section 1395x (aa)(4).

35 Fee Schedule means the and descriptions for the Colorado Dental Health Care Program for Low-Income
36 Seniors as published on the Department's website at [https://www.colorado.gov/hcpf/research-data-and-](https://www.colorado.gov/hcpf/research-data-and-grants)
37 grants.

1 Income means any cash, payments, wages, in-kind receipt, inheritance, gift, prize, rents, dividends, or
2 interest that are received by an individual or family. Income may be self-declared. Resources are not
3 included in Income.

4 Max Allowable Fee means the total reimbursement listed by procedure for Covered Dental Care Services
5 under the Colorado Dental Health Care Program for Low-Income Seniors [in Appendix A](#). The Max
6 Allowable Fee is the sum of the Program Payment and the Max Patient Co-Pay.

7 Max Patient Co-Pay means the maximum amount that a Qualified Provider may collect from an Eligible
8 Senior listed by procedure [in Appendix A](#) for Covered Dental Services under the Colorado Dental Health
9 Care Program for Low-Income Seniors.

10 Medicaid means the Colorado medical assistance program as defined in article 4 of title 25.5, C.R.S.
11 (2014).

12 Old Age Pension Health and Medical Care Program means the program described at 10 CCR 2505-10,
13 section 8.940 et. seq. and as defined in sections 25.5-2-101 and 26-2-111(2), C.R.S. (2014)

14 [Oral and Maxillofacial Surgery means the diagnosis, surgical and adjunctive treatment of diseases,](#)
15 [injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the](#)
16 [oral and maxillofacial region.](#)

17 [Palliative Treatment for dental pain means emergency treatment to relieve the client of pain; it is not a](#)
18 [mechanism for addressing chronic pain.](#)

19 [Periodontal Treatment means the therapeutic plan intended to stop or slow periodontal \(gum\) disease](#)
20 [progression.](#)

21 [Preventive Services means services concerned with promoting good oral health and function by](#)
22 [preventing or reducing the onset and/or development of oral diseases or deformities and the occurrence](#)
23 [of oro-facial injuries.](#)

24 Program Payment means the maximum amount by procedure listed [in Appendix A](#) for Covered Dental
25 Care Services for which a Qualified Grantee may invoice the Department under the Colorado Dental
26 Health Care Program for Low-Income Seniors.

27 [Prophylaxis means the removal of dental plaque and calculus from teeth, in order to prevent dental](#)
28 [caries, gingivitis and periodontitis.](#)

29 Qualified Grantee means an entity that can demonstrate that it can provide or Arrange For the provision
30 of Covered Dental Care Services and may include but is not limited to:

- 31 1. An Area Agency on Aging, as defined in section 26-11-201, C.R.S. (2014);
- 32 2. A community-based organization or foundation;
- 33 3. A Federally Qualified Health Center, safety-net clinic, or health district;
- 34 4. A local public health agency; or
- 35 5. A private dental practice.

36 Qualified Provider means a licensed dentist or dental hygienist in good standing in Colorado or a person
37 who employs a licensed dentist or dental hygienist in good standing in Colorado and who is willing to

1 accept reimbursement for Covered Dental Services. A Qualified Provider may also be a Qualified
2 Grantee if the person meets the qualifications of a Qualified Grantee.

3 Removable Prosthesis means complete or partial Dental Prosthesis, which after an initial fitting by a
4 dentist, can be removed and reinserted by the patient.

5 Restorative Services means services rendered for the purpose of rehabilitation of dentition to functional or
6 aesthetic requirements of the client.

7 Senior Dental Advisory Committee means the advisory committee established pursuant to section 25.5-3-
8 406, C.R.S. (2014).

9 **8.960.2 Legal Basis**

10 The Colorado Dental Health Care Program for Low-Income Seniors is authorized by state law at part 4 of
11 article 3 of title 25.5, C.R.S. (2014).

12 **8.960.3 Request of Grant Proposals and Grant Award Procedures**

13 **8.960.3.A Request for Grant Proposals**

14 Grant awards shall be made through an application process. The request for grant proposals form shall
15 be issued by the Department and posted for public access on the Department's website at
16 <https://www.colorado.gov/hcpf/research-data-and-grants> at least 30 days prior to the due date.

17 **8.960.3.B Evaluation of Grant Proposals**

18 Proposals submitted for the Colorado Dental Health Care Program for Low-Income Seniors will be
19 evaluated by a review panel in accordance with the following criteria developed under the advice of the
20 Senior Dental Advisory Committee.

- 21 1. The review panel will be comprised of individuals who are deemed qualified by reason of
22 training and/or experience and who have no personal or financial interest in the selection
23 of any particular applicant.
- 24 2. The sole objective of the review panel is to recommend to the Department's executive director
25 those proposals which most accurately and effectively meet the goals of the program
26 within the available funding.
- 27 3. Preference will be given to grant proposals that clearly demonstrate the applicant's ability to:
 - 28 a. Outreach to and identify Eligible Seniors;
 - 29 b. Collaborate with community-based organizations; and
 - 30 c. Serve a greater number of Eligible Seniors or serve Eligible Seniors who reside
31 in a geographic area designated as a Dental HPSA.
- 32 4. The review panel shall consider the distribution of funds across the state in recommending
33 grant proposals for awards. The distribution of funds should be based on the estimated
34 percentage of Eligible Seniors in the state by Area Agency on Aging region as provided
35 by the Department.

36 **8.960.3.C Grant Awards**

1 The Department's executive director, or his or her designee, shall make the final grant awards to selected
2 Qualified Grantees for the Colorado Dental Health Care Program for Low-Income Seniors.

3 **8.960.3.D Qualified Grantee Responsibilities**

4 A Qualified Grantee that is awarded a grant under the Colorado Dental Health Care Program for Low-
5 Income Seniors is required to:

- 6 1. Identify and outreach to Eligible Seniors and Qualified Providers;
- 7 2. Demonstrate collaboration with community-based organizations;
- 8 3. Ensure that Eligible Seniors receive Covered Dental Care Services efficiently without
9 duplication of services;
- 10 4. Maintain records of Eligible Seniors serviced, Covered Dental Care Services provided, and
11 moneys spent for a minimum of six (6) years;
- 12 5. Distribute grant funds to Qualified Providers in its service area or directly provide Covered
13 Dental Care Services to Eligible Seniors;
- 14 6. Expend no more than seven (7) percent of the amount of its grant award for administrative
15 purposes; and
- 16 7. Submit an annual report as specified under 8.960.3.F.

17 **8.960.3.E Invoicing**

18 A Qualified Grantee that is awarded a grant under the Colorado Dental Health Care Program for Low-
19 Income Seniors shall submit invoices on a form and schedule specified by the Department. Covered
20 Dental Care Services shall be provided before a Qualified Grantee may submit an invoice to the
21 Department.

- 22 1. Invoices shall include the number of Eligible Seniors served, the [alphanumeric code and](#)
23 [procedure description as listed in the published Fee Schedule for provided Appendix A](#)
24 [types of Covered Dental Care Services provided](#), and any other information required by
25 the Department.
- 26 2. The Department will pay no more than the established Program Payment per procedure
27 rendered.
- 28 3. ~~It is up to the discretion of Qualified Providers whether to charge a co-payment. Under no~~
29 ~~circumstance shall~~ Eligible Seniors ~~shall not~~ be charged more than the Max Patient Co-
30 Pay ~~as listed in Appendix A per procedure rendered.~~
- 31 4. Qualified Grantees may invoice for no more than seven (7) percent of the Program Payment
32 for administrative costs.

33 **8.960.3.F Annual Report**

34 On or before September 1, 2016, and each September 1 thereafter, each Qualified Grantee receiving
35 funds from the Colorado Dental Health Care Program for Low-Income Seniors shall submit a report to the
36 Department following the state fiscal year contract period.

1 The annual report shall be completed in a format specified by the Department and shall include:

- 2 1. The number of Eligible Seniors served;
- 3 2. The types of Covered Dental Care Services provided;
- 4 3. An itemization of administrative expenditures; and
- 5 4. Any other information deemed relevant by the Department.

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10 CCR 2505-10 § 8.960 APPENDIX A: COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS COVERED SERVICES AND PROCEDURE CODES

Capitalized terms within this appendix shall have the meaning specified in the Definitions section.

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
<u>Periodic oral evaluation - established patient</u>	<u>D0120</u>	<u>\$46.00</u>	<u>\$46.00</u>	<u>\$0.00</u>	<u>Evaluation on patient of record to determine changes in medical or dental status since last evaluation. Includes oral cancer evaluation, periodontal evaluation, diagnosis, treatment planning. Frequency: One time per 6 month period per patient; 2 week window accepted.</u>
<u>Limited Oral Evaluation - problem Focused</u>	<u>D0140</u>	<u>\$62.00</u>	<u>\$52.00</u>	<u>\$10.00</u>	<u>Evaluation limited to a specific oral health problem or complaint. This code must be used in association w/a specific oral health problem or complaint and is not to be used to address situations that arise during multi-visit treatments covered by a single fee, such as, endodontic or post-operative visits related to treatments including prosthesis. Specific problems may include dental emergencies, trauma, acute infections, etc. Should not be used for adjustments made to prosthesis provided within previous 12 months. Should not be used as an encounter fee.</u>
<u>Comprehensive Oral Evaluation - new or established patient</u>	<u>D0150</u>	<u>\$81.00</u>	<u>\$81.00</u>	<u>\$0.00</u>	<u>Evaluation used by general dentist or specialist. Applicable to new patients or established patients w/significant health changes, or absence from active treatment for more than 5 years. This includes a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues, and an evaluation and recording of the patient's dental and medical history and general health assessment. A periodontal</u>

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					evaluation, oral cancer evaluation, diagnosis and treatment planning should be included. Frequency: 1 per 5 years per patient. Should not be charged on the same date as D0180.
<u>Comprehensive Periodontal Evaluation - new or established patient</u>	<u>D0180</u>	<u>\$88.00</u>	<u>\$88.00</u>	<u>\$0.00</u>	<u>Evaluation for patients presenting signs & symptoms of periodontal disease & patients w/risk factors such as smoking or diabetes. This evaluation encompasses a comprehensive oral exam, and full, complete & detailed periodontal charting. Frequency: 1 per 3 years per patient. Should not be charged on the same date as D0150.</u>
<u>Intraoral - complete series of radiographic images</u>	<u>D0210</u>	<u>\$125.00</u>	<u>\$125.00</u>	<u>\$0.00</u>	<u>Radiographic survey of whole mouth, 6-22 periapical & posterior bitewing images displaying the crowns & roots of all teeth, periapical areas of alveolar bone. Panoramic radiographic image & bitewing radiographic images taken on the same date of service shall not be billed as a D0210. Payment for additional periapical radiographs w/in 60 days of a full month series or a panoramic film is not covered unless there is evidence of trauma. Frequency: 1 per 5 years per patient. Any combination of x-rays taken on the same date of service that equals or exceeds the max allowable fee for D0210 should be billed and reimbursed as D0210. Should not be charged in addition to panoramic film D0330. Either D0330 or D0210 per 5 year period.</u>
<u>Intraoral - periapical first radiographic image</u>	<u>D0220</u>	<u>\$25.00</u>	<u>\$25.00</u>	<u>\$0.00</u>	<u>D0220 one (1) per day per patient. Report additional radiographs as D0230. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
					same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210. D0210 will only be reimbursed every 5 years.
<u>Intraoral - periapical each additional radiographic image</u>	<u>D0230</u>	<u>\$23.00</u>	<u>\$23.00</u>	<u>\$0.00</u>	<u>D0230 should be utilized for additional films taken beyond D0220. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.</u>
<u>Bitewing - single radiographic image</u>	<u>D0270</u>	<u>\$26.00</u>	<u>\$26.00</u>	<u>\$0.00</u>	<u>Frequency: 1 in a 12 month period. Report more than 1 radiographic image as: D0272 two (2); D0273 three (3); D0274 four (4). Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.</u>
<u>Bitewings - two radiographic images</u>	<u>D0272</u>	<u>\$42.00</u>	<u>\$42.00</u>	<u>\$0.00</u>	<u>Frequency: 1 time in a 12 month period. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.</u>
<u>Bitewings - three radiographic images</u>	<u>D0273</u>	<u>\$52.00</u>	<u>\$52.00</u>	<u>\$0.00</u>	<u>Frequency: 1 time in a 12 month period. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.</u>
<u>Bitewings - four radiographic images</u>	<u>D0274</u>	<u>\$60.00</u>	<u>\$60.00</u>	<u>\$0.00</u>	<u>Frequency: 1 time in a 12 month period. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
					same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
<u>Panoramic radiographic image</u>	<u>D0330</u>	<u>\$63.00</u>	<u>\$63.00</u>	<u>\$0.00</u>	<u>Frequency: 1 per 5 years per patient. Should not be charged in addition to full mouth series D0210. Either D0330 or D0210 per 5 yrs.</u>
<u>Prophylaxis - Adult</u>	<u>D1110</u>	<u>\$88.00</u>	<u>\$88.00</u>	<u>\$0.00</u>	<u>Removal of plaque, calculus and stains from the tooth structures with intent to control local irritational factors. Prophylaxis is not a benefit when billed on the same date of service as any periodontal procedure code. Frequency: 1 time per 6 calendar months; 2 week window accepted. May be billed for routine prophylaxis for areas of mouth not periodontally involved. Should not be billed in addition to code D4910 for periodontal maintenance. D1110 may be billed w/ D4341 and D4342 one time during initial periodontal therapy for prophylaxis of areas of the mouth not receiving nonsurgical periodontal therapy. When this option is used, individual should still be placed on D4910 for maintenance of periodontal disease. D1110 should only be charged once, not per quadrant, and represents areas of the mouth not included in the D4341 or D4342 being reimbursed. Should not be alternated w/D4910 for maintenance of periodontally-involved individuals. Should not be used as 1 month re-evaluation following nonsurgical periodontal therapy.</u>
<u>Topical application of fluoride varnish</u>	<u>D1206</u>	<u>\$52.00</u>	<u>\$52.00</u>	<u>\$0.00</u>	<u>Topical fluoride application is to be used in conjunction with prophylaxis or preventive</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
					<u>appointment. Should be applied to whole mouth. Frequency: up to four (4) times per 12 calendar months. Should not be used with D1208.</u>
<u>Topical application of fluoride - excluding varnish</u>	<u>D1208</u>	<u>\$52.00</u>	<u>\$52.00</u>	<u>\$0.00</u>	<u>Any fluoride application, including swishing, trays or paint on variety, to be used in conjunction w/prophylaxis or preventive appointment. Frequency: one (1) time per 12 calendar months. Should not be used wD1206. D1206 varnish should be utilized in lieu of D1208 whenever possible.</u>
<u>Amalgam - one surface, primary or permanent</u>	<u>D2140</u>	<u>\$107.00</u>	<u>\$97.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.</u>
<u>Amalgam - two surfaces, primary or permanent</u>	<u>D2150</u>	<u>\$138.00</u>	<u>\$128.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Amalgam - three surfaces, primary or permanent</u>	<u>D2160</u>	<u>\$167.00</u>	<u>\$157.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Amalgam - four or more surfaces, primary or permanent</u>	<u>D2161</u>	<u>\$203.00</u>	<u>\$193.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Resin-based composite - one surface, anterior</u>	<u>D2330</u>	<u>\$115.00</u>	<u>\$105.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.</u>
<u>Resin-based composite - two surfaces, anterior</u>	<u>D2331</u>	<u>\$146.00</u>	<u>\$136.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
<u>Resin-based composite - three surfaces, anterior</u>	<u>D2332</u>	<u>\$179.00</u>	<u>\$169.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Resin-based composite - four or more surfaces or involving incisal angle (anterior)</u>	<u>D2335</u>	<u>\$212.00</u>	<u>\$202.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Resin-based composite - one surface, posterior</u>	<u>D2391</u>	<u>\$134.00</u>	<u>\$124.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Resin-based composite -two surfaces, posterior</u>	<u>D2392</u>	<u>\$176.00</u>	<u>\$166.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Resin-based composite - three surfaces, posterior</u>	<u>D2393</u>	<u>\$218.00</u>	<u>\$208.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Resin-based composite - four or more surfaces, posterior</u>	<u>D2394</u>	<u>\$268.00</u>	<u>\$258.00</u>	<u>\$10.00</u>	<u>Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.</u>
<u>Crown - porcelain/ceramic substrate</u>	<u>D2740</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	<u>One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
<u>Crown - porcelain fused to high noble metal</u>	<u>D2750</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - porcelain fused to predominantly base metal</u>	<u>D2751</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - porcelain fused to noble metal</u>	<u>D2752</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - 3/4 cast predominantly base metal</u>	<u>D2781</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - 3/4 cast noble metal</u>	<u>D2782</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per

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					tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - 3/4 porcelain/ceramic</u>	<u>D2783</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - full cast high noble metal</u>	<u>D2790</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - full cast predominantly base metal</u>	<u>D2791</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
<u>Crown - full cast noble metal</u>	<u>D2792</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	One of (<u>D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794</u>) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
<u>Crown - titanium</u>	<u>D2794</u>	<u>\$780.00</u>	<u>\$730.00</u>	<u>\$50.00</u>	<u>One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.</u>
<u>Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration</u>	<u>D2910</u>	<u>\$87.00</u>	<u>\$77.00</u>	<u>\$10.00</u>	<u>Not allowed within 6 months of placement.</u>
<u>Re-cement or re-bond crown</u>	<u>D2920</u>	<u>\$89.00</u>	<u>\$79.00</u>	<u>\$10.00</u>	
<u>Core buildup, including any pins when required</u>	<u>D2950</u>	<u>\$225.00</u>	<u>\$200.00</u>	<u>\$25.00</u>	<u>One of (D2950, D2952, D2954) per 84 month(s) per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.</u>
<u>Pin Retention per tooth</u>	<u>D2951</u>	<u>\$50.00</u>	<u>\$40.00</u>	<u>\$10.00</u>	<u>Pins placed to aid in retention of restoration. Should only be used in combination with a multi-surface amalgam.</u>
<u>Cast post and core in addition to crown</u>	<u>D2952</u>	<u>\$332.00</u>	<u>\$307.00</u>	<u>\$25.00</u>	<u>One of (D2950, D2952, D2954) per 84 month(s) per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.</u>
<u>Prefabricated post and core in addition to crown</u>	<u>D2954</u>	<u>\$269.00</u>	<u>\$244.00</u>	<u>\$25.00</u>	<u>One of (D2950, D2952, D2954) per 84 month(s) per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.</u>

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<u>Endodontic therapy, anterior tooth (excluding final restoration)</u>	<u>D3310</u>	<u>\$566.40</u>	<u>\$516.40</u>	<u>\$50.00</u>	<u>Teeth covered - 6-11, 22-27.</u>
<u>Endodontic therapy, bicuspid tooth (excluding final restoration)</u>	<u>D3320</u>	<u>\$661.65</u>	<u>\$611.65</u>	<u>\$50.00</u>	<u>Teeth covered - 4,5,12,13,20,21,28, and 29.</u>
<u>Endodontic therapy, molar (excluding final restoration)</u>	<u>D3330</u>	<u>\$786.31</u>	<u>\$736.31</u>	<u>\$50.00</u>	<u>Teeth covered - 2,3,14,15,18,19,30, and 31.</u>
<u>Periodontal scaling & root planing - four or more teeth per quadrant</u>	<u>D4341</u>	<u>\$177.00</u>	<u>\$167.00</u>	<u>\$10.00</u>	<u>Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For patients w/periodontal disease and is therapeutic, not prophylactic. D4341 and D1110 can be reported on same service date when D1110 is utilized for areas of the mouth that are not affected by periodontal disease. D1110 may only be charged once, not per quadrant. A diagnosis of periodontitis w/clinical attachment loss (CAL) included. Diagnosis and classification of the periodontology case type must be in accordance w/documentation as currently established by the American Academy of Periodontology. Current periodontal charting must be present in patient chart documenting active periodontal disease. Frequency: 1 time per quadrant per 36 month interval. When 4 quadrants are completed in a single visit, consideration should be taken for individual's ability to withstand extended treatment time. Documentation of other treatment provided at same time will be requested. Should include any follow-up and re-</u>

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					evaluation.
<u>Periodontal scaling & root planing - one to three teeth per quadrant</u>	<u>D4342</u>	<u>\$128.00</u>	<u>\$128.00</u>	<u>\$0.00</u>	<u>Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For patients w/periodontal disease and is therapeutic, not prophylactic. D4341 and D1110 can be reported on same service date when date when D1110 is utilized for areas of the mouth that are not affected by periodontal disease. D1110 may only be charged once, not per quadrant. A diagnosis of periodontitis w/clinical attachment loss (CAL) included. Current periodontal charting must be present in patient chart documenting active periodontal disease. Frequency: 1 time per quadrant per 36 month interval. When 4 quadrants are completed in a single visit, consideration should be taken for individual's ability to withstand extended treatment time. Documentation of other treatment provided at same time will be requested. Should include any follow-up and re-evaluation</u>
<u>Periodontal maintenance procedures</u>	<u>D4910</u>	<u>\$136.00</u>	<u>\$136.00</u>	<u>\$0.00</u>	<u>Procedure following periodontal therapy (D4341,D4342). This procedure includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planning where indicated and polishing the teeth. If D1110 is</u>

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					<p>once again reported then scaling and root planing will be required to use D4910. Frequency: up to four (4) times per fiscal year per patient. Should not be charged alternating with D1110. Cannot be charged w/in the first three months following active periodontal treatment.</p>
<p><u>Complete denture - maxillary</u></p>	<p><u>D5110</u></p>	<p><u>\$793.00</u></p>	<p><u>\$713.00</u></p>	<p><u>\$80.00</u></p>	<p>Reimbursement made upon DELIVERY (completed) maxillary denture. D5110 or D5120 should not be used to report an immediate denture. Immediate denture (D5130, D5140) OR interim complete denture (D5810, D5811) is inserted immediately after extraction of teeth and is not currently covered on the OAP Dental Program Provider Reimbursement Schedule. Routine follow-up adjustments/relines w/in 12 months should be anticipated and are included in the initial reimbursement. A complete denture is made after teeth have been removed and the gum and bone tissues have healed - or to replace an existing denture. Complete dentures are provided once adequate healing has taken place following extractions. This can vary greatly depending upon patient, oral health, overall health, and other confounding factors. Frequency: There should be an expected life span of 5-10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.</p>

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<u>Complete denture - mandibular</u>	<u>D5120</u>	<u>\$793.00</u>	<u>\$713.00</u>	<u>\$80.00</u>	<p>Reimbursement made upon <u>DELIVERY (completed) mandibular denture. D5110 or D5120 should not be used to report an immediate denture. Immediate denture (D5130, D5140) OR interim complete denture (D5810, D5811) is inserted immediately after extraction of teeth and is not currently covered on the OAP Dental Program Provider Reimbursement Schedule. Routine follow-up adjustments/relines w/in 12 months should be anticipated and are included in the initial reimbursement. A complete denture is made after teeth have been removed and the gum and bone tissues have healed - or to replace an existing denture. Complete dentures are provided once adequate healing has taken place following extractions. This can vary greatly depending upon patient, oral health, overall health, and other confounding factors. Frequency: There should be an expected life span of 5-10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.</u></p>
<u>Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</u>	<u>D5211</u>	<u>\$700.00</u>	<u>\$640.00</u>	<u>\$60.00</u>	<p>Reimbursement made upon <u>DELIVERY (completion) of partial maxillary denture. D5211 or D5212 should not be used to report an interim partial denture (D5820, D5821). D5211 and D5212 should be considered definitive treatment. Routine follow-up adjustments or relines within 12 months should be anticipated and are included in the initial reimbursement. A partial resin base denture can be made</u></p>

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					<p>right after having teeth extracted (healing from only a few teeth is as extensive as healing from multiple). A partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and "try-in" appts may be necessary and are included in the cost. Frequency: There should be an expected life span of 5 - 10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.</p>
<p><u>Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)</u></p>	<u>D5212</u>	<u>\$778.00</u>	<u>\$718.00</u>	<u>\$60.00</u>	<p>Reimbursement made upon DELIVERY (completion) of partial mandibular denture. D5211 or D5212 should not be used to report an interim partial denture (D5820, D5821). D5211 and D5212 should be considered definitive treatment. Routine follow-up adjustments/relines within 12 months should be anticipated and are included in the initial reimbursement. A partial resin base denture can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and "try-in" appts may be necessary and are included in the cost. Frequency: There should be an expected life span of 5 - 10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.</p>

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<u>Repair *Broken complete denture base</u>	<u>D5510</u>	<u>\$87.00</u>	<u>\$77.00</u>	<u>\$20.00</u>	<u>Repair *Broken complete denture base.</u>
<u>Replace missing or *Broken teeth - complete denture (each tooth)</u>	<u>D5520</u>	<u>\$73.00</u>	<u>\$63.00</u>	<u>\$10.00</u>	<u>Replacement/repair of missing or *Broken teeth.</u>
<u>Repair resin denture base</u>	<u>D5610</u>	<u>\$95.00</u>	<u>\$85.00</u>	<u>\$10.00</u>	<u>Repair of upper/lower partial denture base.</u>
<u>Repair or replace *Broken clasp</u>	<u>D5630</u>	<u>\$123.00</u>	<u>\$113.00</u>	<u>\$10.00</u>	<u>Repair of *Broken clasp on partial denture base.</u>
<u>Replace *Broken teeth-per tooth</u>	<u>D5640</u>	<u>\$80.00</u>	<u>\$70.00</u>	<u>\$10.00</u>	<u>Repair/replacement of missing tooth.</u>
<u>Add tooth to existing partial denture</u>	<u>D5650</u>	<u>\$109.00</u>	<u>\$99.00</u>	<u>\$10.00</u>	<u>Adding tooth to partial denture base. Documentation may be requested when charged on partial delivered in last 12 months.</u>
<u>Add clasp to existing partial denture</u>	<u>D5660</u>	<u>\$131.00</u>	<u>\$121.00</u>	<u>\$10.00</u>	<u>Adding clasp to partial denture base. Documentation may be requested when charged on partial delivered in last 12 months.</u>
<u>Rebase complete maxillary denture</u>	<u>D5710</u>	<u>\$322.00</u>	<u>\$297.00</u>	<u>\$25.00</u>	<u>Rebasing the denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.</u>
<u>Rebase complete mandibular denture</u>	<u>D5711</u>	<u>\$308.00</u>	<u>\$283.00</u>	<u>\$25.00</u>	<u>Rebasing the denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.</u>

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<u>Rebase maxillary partial denture</u>	<u>D5720</u>	<u>\$304.00</u>	<u>\$279.00</u>	<u>\$25.00</u>	<u>Rebasing the partial denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.</u>
<u>Rebase mandibular partial denture</u>	<u>D5721</u>	<u>\$304.00</u>	<u>\$279.00</u>	<u>\$25.00</u>	<u>Rebasing the partial denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.</u>
<u>Reline complete maxillary denture (chairside)</u>	<u>D5730</u>	<u>\$182.00</u>	<u>\$172.00</u>	<u>\$10.00</u>	<u>Chair side reline that resurfaces w/out processing denture base. Frequency: One (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline complete mandibular denture (chairside)</u>	<u>D5731</u>	<u>\$182.00</u>	<u>\$172.00</u>	<u>\$10.00</u>	<u>Chair side reline that resurfaces w/out processing denture base. Frequency: One (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline maxillary partial denture (chairside)</u>	<u>D5740</u>	<u>\$167.00</u>	<u>\$157.00</u>	<u>\$10.00</u>	<u>Chair side reline that resurfaces w/out processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline mandibular</u>	<u>D5741</u>	<u>\$167.00</u>	<u>\$157.00</u>	<u>\$10.00</u>	<u>Chair side reline that resurfaces w/out processing partial denture</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
<u>partial denture (chairside)</u>					<u>base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline complete maxillary denture (laboratory)</u>	<u>D5750</u>	<u>\$243.00</u>	<u>\$218.00</u>	<u>\$25.00</u>	<u>Laboratory reline that resurfaces w/processing denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline complete mandibular denture (laboratory)</u>	<u>D5751</u>	<u>\$243.00</u>	<u>\$218.00</u>	<u>\$25.00</u>	<u>Laboratory reline that resurfaces w/processing denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline maxillary partial denture (laboratory)</u>	<u>D5760</u>	<u>\$239.00</u>	<u>\$214.00</u>	<u>\$25.00</u>	<u>Laboratory reline that resurfaces with processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Reline mandibular partial denture (laboratory)</u>	<u>D5761</u>	<u>\$239.00</u>	<u>\$214.00</u>	<u>\$25.00</u>	<u>Laboratory reline that resurfaces w/processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.</u>
<u>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</u>	<u>D7140</u>	<u>\$82.00</u>	<u>\$72.00</u>	<u>\$10.00</u>	<u>Routine removal of tooth structure, including minor smoothing of socket bone, and closure as necessary. Treatment notes must include documentation that a surgical extraction was done per tooth.</u>

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<u>Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated</u>	<u>D7210</u>	<u>\$135.00</u>	<u>\$125.00</u>	<u>\$10.00</u>	<u>Includes removal of bone, and/or sectioning of erupted tooth, smoothing of socket bone and closure as necessary. Treatment notes must include documentation that a surgical extraction was done per tooth.</u>
<u>Surgical removal of residual tooth roots (cutting procedure)</u>	<u>D7250</u>	<u>\$143.00</u>	<u>\$133.00</u>	<u>\$10.00</u>	<u>Includes removal of bone, and/or sectioning of residual tooth roots, smoothing of socket bone and closure as necessary. Treatment notes must include documentation that a surgical extraction was done per tooth. May only be charged once per tooth. May not be charged for removal of broken off roots for recently extracted tooth.</u>
<u>Incisional biopsy of oral tissue-soft</u>	<u>D7286</u>	<u>\$381.00</u>	<u>\$381.00</u>	<u>\$0.00</u>	<u>Removing tissue for histologic evaluation. Treatment notes must include documentation and proof that biopsy was sent for evaluation.</u>
<u>Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</u>	<u>D7310</u>	<u>\$150.00</u>	<u>\$140.00</u>	<u>\$10.00</u>	<u>Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone. Reported per quadrant.</u>
<u>Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</u>	<u>D7311</u>	<u>\$138.00</u>	<u>\$128.00</u>	<u>\$10.00</u>	<u>Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone. Reported per quadrant.</u>
<u>Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per</u>	<u>D7320</u>	<u>\$150.00</u>	<u>\$140.00</u>	<u>\$10.00</u>	<u>Substantially reshaping the bone after an extraction procedure, correcting anatomical irregularities. Reported per quadrant.</u>

<u>Procedure Description</u>	<u>Alpha-numeric Code</u>	<u>Max Allowable Fee</u>	<u>Program Payment</u>	<u>Max Patient Co-Pay</u>	<u>PROGRAM GUIDELINES</u>
<u>quadrant</u>					
<u>Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</u>	<u>D7321</u>	<u>\$138.00</u>	<u>\$128.00</u>	<u>\$10.00</u>	<u>Substantially reshaping the bone after an extraction procedure, correcting anatomical irregularities. Reported per quadrant.</u>
<u>Incision & drainage of abscess - intraoral soft tissue</u>	<u>D7510</u>	<u>\$193.00</u>	<u>\$183.00</u>	<u>\$10.00</u>	<u>Incision through mucosa, including periodontal origins.</u>
<u>Palliative (emergency) treatment of dental pain - minor procedure</u>	<u>D9110</u>	<u>\$61.00</u>	<u>\$36.00</u>	<u>\$25.00</u>	<u>Emergency treatment to alleviate pain/discomfort. This code should not be used for file claims for writing or calling in a prescription to the pharmacy or to address situations that arise during multi-visit treatments covered by a single fee such as surgical or endodontic treatment. Report per visit, no procedure. Frequency: Limit 1 time per year. Maintain documentation that specifies problem and treatment.</u>