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 16-05-19-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).

   This rule change incorporates immediate dentures, partial denture made with cast metal framework with resin denture bases, removal of torus palatinus/mandibularis, and denture program payments into Appendix A.

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	**09/09/16**	Final Adoption	**10/14/16**
Proposed Effective Date	**11/30/16**	Emergency Adoption	

DOCUMENT #04

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 16-05-19-A
Division / Contact / Phone: Special Financing / Chandra Vital / 303-866-5506

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 incorporates immediate dentures, partial dentures made with cast metal framework with resin denture bases, removal of torus palatinus/mamdibularis, and denture program payment changes into Appendix A. These additions will add an extra benefit for eligible seniors. The only cost the eligible seniors will have is the Max Patient Co-pay listed on Appendix A.

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

   The incorporation of the immediate dentures, partial dentures made with cast metal framework with resin denture bases copayments will be the same as existing complete and partial dentures. The incorporation of the removal of torus palatinus/mandivularis will have the same max co-pay as other oral and maxillofacial surgeries listed in Appendix A. Therefore, there is no change in cost or economic impact on 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.

   The Colorado Dental Health Care Program for Low-Income Seniors has a fixed appropriation and the addition of these services will not increase the Department's administrative costs for the program.

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

   The incorporation of the immediate dentures allows the eligible seniors to maintain healthy eating after tooth extraction. The partial dentures made with cast metal framework with resin denture bases is more durable than the current flexible resin base partial dentures. The incorporation of the removal of torus palatinus/mandibularis will offer a solution if the torus palatinus/mandibularis causes a problem in the placement of dentures or dental prosthesis.

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 incorporate these valuable services to the eligible seniors.

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 incorporate the immediate dentures, partial dentures made with cast metal framework with resin denture bases, and the removal of torus palatinus/mandibularis into Appendix A. There are no alternatives to amending the existing rule.

8.960 COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

8.960.1 Definitions

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

Covered Dental Care Services include Diagnostic Imaging, Emergency Services, Endodontic Services, Evaluation, Oral and Maxillofacial Surgery, Palliative Treatment, Periodontal Treatment, Preventive Services, Prophylaxis, Removable Prosthesis, and Restorative Services as listed by alphanumeric procedure code in Appendix A.

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

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

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

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

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

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

Eligible Senior or Client means an adult who is 60 years of age or older, who is Economically Disadvantaged, who is able to demonstrate lawful presence in the ~~state~~country ~~in accordance with 1 CCR 201-17~~, who is not eligible for dental services under Medicaid or the Old Age Pension Health and Medical Care Program, and who does not have private dental insurance. An E~~e~~ligible ~~s~~Senior shall be considered lawfully present in the country if they produce a document or waiver in accordance with 1 CCR 204-30 Rule 5 (effective August 30, 2016), which is hereby incorporated by reference. This incorporation of 1 CCR 204-30 Rule 5 excludes later amendments to, or editions of, the referenced material. Pursuant to § 24-4-103 (12.5), C.R.S., the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, Colorado 80203. Certified copies of incorporated materials are provided at cost upon request.

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

DRAFT

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

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

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

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

Max Allowable Fee means the total reimbursement listed by procedure for Covered Dental Care Services under the Colorado Dental Health Care Program for Low-Income Seniors in Appendix A. The Max Allowable Fee is the sum of the Program Payment and the Max ~~Patient~~ Client Co-Pay.

Max ~~Patient~~ Client Co-Pay means the maximum amount that a Qualified Provider may collect from an Eligible Senior listed by procedure in Appendix A for Covered Dental Services under the Colorado Dental Health Care Program for Low-Income Seniors.

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

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

Oral and Maxillofacial Surgery means the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

Palliative Treatment for dental pain means emergency treatment to relieve the client of pain; it is not a mechanism for addressing chronic pain.

Periodontal Treatment means the therapeutic plan intended to stop or slow periodontal ~~(gum)~~ disease progression.

Preventive Services means services concerned with promoting good oral health and function by preventing or reducing the onset and/or development of oral diseases or deformities and the occurrence of oro-facial injuries.

Program Payment means the maximum amount by procedure listed in Appendix A for Covered Dental Care Services for which a Qualified Grantee may invoice the Department under the Colorado Dental Health Care Program for Low-Income Seniors

DRAFT

Prophylaxis means the removal of dental plaque and calculus from teeth, in order to prevent dental caries, gingivitis and periodontitis.

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

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

Qualified Provider means a licensed dentist or dental hygienist in good standing in Colorado or a person who employs a licensed dentist or dental hygienist in good standing in Colorado and who is willing to accept reimbursement for Covered Dental Services. A Qualified Provider may also be a Qualified Grantee if the person meets the qualifications of a Qualified Grantee.

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

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

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

8.960.2 Legal Basis

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

8.960.3 Request of Grant Proposals and Grant Award Procedures

8.960.3.A Request for Grant Proposals

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

8.960.3.B Evaluation of Grant Proposals

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

DRAFT

1. The review panel will be comprised of individuals who are deemed qualified by reason of training and/or experience and who have no personal or financial interest in the selection of any particular applicant.

2. The sole objective of the review panel is to recommend to the Department's executive director those proposals which most accurately and effectively meet the goals of the program within the available funding.

3. Preference will be given to grant proposals that clearly demonstrate the applicant's ability to:

   a. Outreach to and identify Eligible Seniors;

   b. Collaborate with community-based organizations; and

   c. Serve a greater number of Eligible Seniors or serve Eligible Seniors who reside in a geographic area designated as a Dental HPSA.

4. The review panel shall consider the distribution of funds across the state in recommending grant proposals for awards. The distribution of funds should be based on the estimated percentage of Eligible Seniors in the state by Area Agency on Aging region as provided by the Department.

8.960.3.C Grant Awards

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

8.960.3.D Qualified Grantee Responsibilities

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

1. Identify and outreach to Eligible Seniors and Qualified Providers;

2. Demonstrate collaboration with community-based organizations;

3. Ensure that Eligible Seniors receive Covered Dental Care Services efficiently without duplication of services;

4. Maintain records of Eligible Seniors serviced, Covered Dental Care Services provided, and moneys spent for a minimum of six (6) years;

5. Distribute grant funds to Qualified Providers in its service area or directly provide Covered Dental Care Services to Eligible Seniors;

DRAFT

6. Expend no more than seven (7) percent of the amount of its grant award for administrative purposes; and

7. Submit an annual report as specified under 8.960.3.F.

8.960.3.E Invoicing

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

1. Invoices shall include the number of Eligible Seniors served, the alphanumeric code and procedure description as listed in Appendix A, and any other information required by the Department.

2. The Department will pay no more than the established Program Payment per procedure rendered.

3. Eligible Seniors shall not be charged more than the Max ~~Patient~~ Client Co-Pay as listed in Appendix A.

4. Qualified Grantees may invoice for no more than seven (7) percent of the Program Payment for administrative costs.

8.960.3.F Annual Report

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

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

1. The number of Eligible Seniors served;

2. The types of Covered Dental Care Services provided;

3. An itemization of administrative expenditures; and

4. Any other information deemed relevant by the Department.

DRAFT

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.

Procedure Description	**Alpha-numeric Code**	**Max Allowable Fee**	**Program Payment**	**Max ~~Patient~~ Client Co-Pay**	**PROGRAM GUIDELINES**
Periodic oral evaluation - established ~~patient~~client	D0120	$46.00	$46.00	$0.00	Evaluation performed on a ~~patient~~ client of record to determine any changes in the client's ~~medical or~~ dental and medical health status since a previous comprehensive or periodic ~~last~~ evaluation. This may ~~i~~include~~s~~ an oral cancer evaluation and ~~,~~ periodontal evaluation, diagnosis, treatment planning. Frequency: One time per 6 month period per ~~patient~~client~~; 2 week window accepted~~.
Limited o~~O~~ral e~~E~~valuation - problem f~~F~~ocused	D0140	$62.00	$52.00	$10.00	Evaluation limited to a specific oral health problem or complaint. This code must be used in association with ~~/~~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~~ Cannot be used for adjustments made to prosthesis provided within previous 6~~12~~ months. ~~Should~~ Cannot be used as an encounter fee.
Comprehensive o~~O~~ral e~~E~~valuation - new or established ~~patient~~client	D0150	$81.00	$81.00	$0.00	Evaluation used by general dentist or a specialist when evaluating a client comprehensively. Applicable to new ~~patients~~clients; ~~or~~ established ~~patients~~ clients with~~/~~ significant health changes~~,~~ or other unusual circumstances; or established clients who have been

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					~~absence~~ absent from active treatment for three or more ~~than 5~~ years. ~~This~~It ~~includes~~is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues, and an evaluation and recording of the ~~patient's~~ client's dental and medical history and general health assessment. A periodontal evaluation, oral cancer evaluation, diagnosis and treatment planning should be included. Frequency: 1 per 5 years per ~~patient~~client. ~~Should~~ Cannot be charged on the same date as D0180.
Comprehensive p~~P~~eriodontal e~~E~~valuation - new or established ~~patient~~client	D0180	$88.00	$88.00	$0.00	Evaluation for ~~patients~~ clients presenting signs & symptoms of periodontal disease & ~~patients~~ clients with ~~/~~risk factors such as smoking or diabetes. It includes evaluation of ~~This evaluation encompasses a comprehensive oral exam, and full, complete & detailed~~ periodontal conditions, probing and charting, evaluation and recording of the client's dental and medical history and general health assessment. ~~It may include the evaluation and recording of the patient's dental and medical history and general health assessment.~~ It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation. Frequency: 1 per 3 years per ~~patient~~client. ~~Should~~ Cannot be charged on the same date as D0150.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Intraoral - complete series of radiographic images	D0210	$125.00	$125.00	$0.00	Radiographic survey of whole mouth, usually consisting of 14~~6~~-22 periapical & posterior bitewing images intended to display~~ing~~ 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 with~~/~~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~~client. Any combination of x-rays taken on the same date of service that equals or exceeds the max allowable fee for D0210 ~~should~~ must be billed and reimbursed as D0210. Should not be charged in addition to panoramic film D0330. Either D0330 or D0210 per 5 year period.
Intraoral - periapical first radiographic image	D0220	$25.00	$25.00	$0.00	D0220 one (1) per day per ~~patient~~client. Report additional radiographs as D0230. 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. D0210 will only be reimbursed every 5 years.
Intraoral - periapical each additional radiographic image	D0230	$23.00	$23.00	$0.00	D0230 ~~should~~ must 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. D0210 will only be reimbursed every 5 years.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Bitewing - single radiographic image	D0270	$26.00	$26.00	$0.00	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.
Bitewings - two radiographic images	D0272	$42.00	$42.00	$0.00	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.
Bitewings - three radiographic images	D0273	$52.00	$52.00	$0.00	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.
Bitewings - four radiographic images	D0274	$60.00	$60.00	$0.00	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.
Panoramic radiographic image	D0330	$63.00	$63.00	$0.00	Frequency: 1 per 5 years per ~~patient~~client. ~~Should~~ Cannot be charged in addition to full mouth series D0210. Either D0330 or D0210 per 5 years.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Prophylaxis - a~~A~~dult	D1110	$88.00	$88.00	$0.00	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 with~~/~~ D4341 and D4342 one time during initial periodontal therapy for prophylaxis of areas of the mouth not receiving nonsurgical ~~periodental~~periodontal therapy. When this option is used, individual should still be placed on D4910 for maintenance of periodontal disease. D1110 ~~should~~ can only be charged once, not per quadrant, and represents areas of the mouth not included in the D4341 or D4342 being reimbursed. • ~~Should~~May ~~not~~ be alternated w/D4910 for maintenance of periodontally-involved individuals. ~~Should~~ • Cannot be used as 1 month re-evaluation following nonsurgical periodontal therapy.

DRAFT

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

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Resin-based composite - one surface, anterior	D2330	$115.00	$105.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. See Explanation of Restorations.
Resin-based composite - two surfaces, anterior	D2331	$146.00	$136.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.
Resin-based composite - three surfaces, anterior	D2332	$179.00	$169.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.
Resin-based composite - four or more surfaces or involving incisal angle (anterior)	D2335	$212.00	$202.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.
Resin-based composite - one surface, posterior	D2391	$134.00	$124.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.
Resin-based composite -two surfaces, posterior	D2392	$176.00	$166.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.
Resin-based composite - three surfaces, posterior	D2393	$218.00	$208.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Resin-based composite - four or more surfaces, posterior	D2394	$268.00	$258.00	$10.00	Includes tooth preparation, all adhesives, liners, etching, ~~polishing,~~ and bases. Adjustments are included. Frequency: 36 months for the same restoration. See Explanation of Restorations.
Crown - porcelain/ceramic substrate	D2740	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - porcelain fused to high noble metal	D2750	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - porcelain fused to predominantly base metal	D2751	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Crown - porcelain fused to noble metal	D2752	$780.00	$730.00	$50.00	Only ~~O~~one the following will be reimbursed each 84 months per client per tooth~~of~~: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - 3/4 cast predominantly base metal	D2781	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - 3/4 cast noble metal	D2782	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - 3/4 porcelain/ceramic	D2783	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or D2794~~) per 84 month(s) per patient per tooth~~. Second molars are only

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					covered if it ~~meets criteria and~~ is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.
Crown - full cast high noble metal	D2790	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - full cast predominantly base metal	D2791	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - full cast noble metal	D2792	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Crown - titanium	D2794	$780.00	$730.00	$50.00	Only ~~O~~one of the following will be reimbursed each 84 months per client per tooth: ~~(D2710, D2712, D2721, D2722,~~ D2740, D2750,

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, or 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.
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	D2910	$87.00	$77.00	$10.00	Not allowed within 6 months of placement.
Re-cement or re-bond crown	D2920	$89.00	$79.00	$10.00	Not allowed within 6 months of placement.
Core buildup, including any pins when required	D2950	$225.00	$200.00	$25.00	Only ~~O~~one of the following will be reimbursed per 84 months per client per tooth. ~~(~~D2950, D2952, or D2954~~) per 84 month(s) per patient per tooth~~. Refers to building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation. ~~anatomical crown when restorative crown will be placed.~~ Not payable on the same tooth and same day as D2951.
Pin r~~R~~etention per tooth	D2951	$50.00	$40.00	$10.00	Pins placed to aid in retention of restoration. ~~Should~~ Can only be used in combination with a multi-surface amalgam.
Cast post and core in addition to crown	D2952	$332.00	$307.00	$25.00	Only ~~O~~one of the following will be reimbursed per 84 months per client per tooth. ~~(~~D2950, D2952, or 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.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Prefabricated post and core in addition to crown	D2954	$269.00	$244.00	$25.00	Only ~~O~~one of the following will be reimbursed per 84 months per client per tooth. ~~(~~D2950, D2952, or D2954~~) per 84 month(s) per patient per tooth~~. Core is built around a prefabricated post. This procedure includes the core material and ~~R~~refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
Endodontic therapy, anterior tooth (excluding final restoration)	D3310	$566.40	$516.40	$50.00	Complete root canal therapy; Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Teeth covered: ~~–~~6-11~~,~~ and 22-27.
Endodontic therapy, bicuspid tooth (excluding final restoration)	D3320	$661.65	$611.65	$50.00	Complete root canal therapy; Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Teeth covered: ~~–~~4, 5, 12, 13, 20, 21, 28, and 29.
Endodontic therapy, molar (excluding final restoration)	D3330	$786.31	$736.31	$50.00	Complete root canal therapy; Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Teeth covered: ~~–~~2, 3, 14, 15, 18, 19, 30, and 31.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Periodontal scaling & root planing - four or more teeth per quadrant	D4341	$177.00	$167.00	$10.00	Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For ~~patients~~ clients with~~/~~ 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~~ can only be charged once, not per quadrant~~.~~; A diagnosis of periodontitis with~~/~~ clinical attachment loss (CAL) included. Diagnosis and classification of the periodontology case type must be in accordance with~~/~~ documentation as currently established by the American Academy of Periodontology. Current periodontal charting must be present in ~~patient~~ client chart documenting active periodontal disease. Frequency: • 1 time per quadrant per 36 month interval. • No more than ~~When 4~~2 quadrants on the same side of the mouth may ~~are~~be 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 a~~Any follow-up and re-evaluation are included in the initial reimbursement.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Periodontal scaling & root planing - one to three teeth per quadrant	D4342	$128.00	$128.00	$0.00	Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For ~~patients~~ clients with~~/~~ periodontal disease and is therapeutic, not prophylactic. D4342~~1~~ 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~~ can only be charged once, not per quadrant~~.~~; A diagnosis of periodontitis with~~/~~ clinical attachment loss (CAL) included. Current periodontal charting must be present in ~~patient~~ client chart documenting active periodontal disease. Frequency: • 1 time per quadrant per 36 month interval. • ~~When 4~~No more than 2 quadrants on the same side of the mouth may be ~~are completed~~ considered in a single visit in a non-hospital setting.~~, 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 a~~Any follow-up and re-evaluation are included in the initial reimbursement.
Periodontal maintenance procedures	D4910	$136.00	$136.00	$0.00	Procedure following periodontal therapy ~~(~~D4341 or ~~,~~D4342~~)~~. This procedure includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					root pla~~n~~ning where indicated and polishing the teeth. ~~If D1110 is once again reported then scaling and root planing will be required to use D4910.~~ Frequency: • ~~u~~Up to four ~~(4)~~ times per fiscal year per ~~patient~~client. ~~Should not be charged alternating with D1110.~~ • Cannot be charged with~~/~~in the first three months following active periodontal treatment.
Complete denture - maxillary	D5110	$793.00	$713.00	$80.00	Reimbursement made upon ~~DELIVERY~~ delivery of a ~~(~~complete~~d)~~ maxillary denture to the client. D5110 or D5120 ~~should~~ cannot be used to report an immediate denture~~. Immediate denture~~, ~~(~~D5130 or~~,~~ 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 with~~/~~in ~~12~~6 months ~~should~~ are to 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~~client, oral health, overall health, and other confounding factors. Frequency: Program will only pay for one per every five years ~~There should be an expected life span of 5-10 years before~~

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					~~replacement dentures should be considered~~ - documentation that existing prosthesis cannot be made serviceable ~~should~~ must be maintained.
Complete denture - mandibular	D5120	$793.00	$713.00	$80.00	Reimbursement made upon ~~DELIVERY~~ delivery of a ~~(~~complete~~d)~~ mandibular denture to the client. D5110 or D5120 ~~should~~ cannot 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 with~~/~~in 6~~12~~ months ~~should~~ are to 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~~client, oral health, overall health, and other confounding factors. Frequency: Program will only pay for one per every five years~~There should be an expected life span of 5-10 years before replacement dentures should be considered~~ - documentation that

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					existing prosthesis cannot be made serviceable ~~should~~ must be maintained.
Immediate denture – maxillary	D5130	$793.00	$713.00	$80.00	Reimbursement made upon delivery of an immediate maxillary denture to the client. Routine follow-up adjustments/soft tissue condition relines within 6 months are to be anticipated and are included in the initial reimbursement. An immediate denture is made prior to teeth being extracted and is inserted same day of extraction of remaining natural teeth. Frequency: D5130 can be reimbursed only once per lifetime per client. Complete denture, D5110, may be considered 5 years after immediate denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained.
Immediate denture – mandibular					Reimbursement made upon delivery of an immediate mandibular denture to the client. Routine follow-up adjustments/soft tissue condition relines within 6 months are to be anticipated and are included in the initial reimbursement. An immediate denture is made prior to teeth being extracted and is inserted same day of extraction of remaining natural teeth. Frequency: D5140 can be reimbursed only once per lifetime per client. Complete dentures,

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
	D5140	$793.00	$713.00	$80.00	D5120, may be considered 5 years after immediate denture was reimbursed – documentation that existing prosthesis cannot be made serviceable must be maintained.
Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	D5211	$700.00	$640.00	$60.00	Reimbursement made upon ~~DELIVERY~~ delivery of a ~~(~~complete~~ion) of~~ partial maxillary denture to the client. ~~D5211 or D5212 should not be used to report an interim partial denture (D5820, D5821).~~ D5211 and D5212 ~~should be~~are considered definitive treatments. Routine follow-up adjustments or relines within 6~~12~~ months ~~should~~ are to 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 also 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" appointments may be necessary and are included in the cost. Frequency: Program will only pay for one resin maxillary per every 3 years~~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~~ must be maintained.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	D5212	$778.00	$718.00	$60.00	Reimbursement made upon ~~DELIVERY~~ delivery of a ~~(~~complete~~ion) of~~ partial mandibular denture to the client. ~~D5211 or D5212 should not be used to report an interim partial denture (D5820, D5821).~~ D5211 and D5212 ~~should~~ are~~be~~ considered definitive treatment. Routine follow-up adjustments/relines within 6~~12~~ months ~~should~~ are to 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 also 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" appointments may be necessary and are included in the cost. Frequency: Program will only pay for one resin mandibular per every 3 years ~~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~~ must be maintained.
Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213	$778.00	$718.00	$60.00	

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					Reimbursement made upon delivery of a complete partial maxillary denture to the client. D5213 and D5214 are considered definitive treatment. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial cast metal base can also be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial cast metal 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" appointments may be necessary and are included in the cost. Frequency: Program will only pay for one maxillary per every five years - documentation that existing prosthesis cannot be made serviceable must be maintained.
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5214	$778.00	$718.00	$60.00	Reimbursement made upon delivery of a complete partial mandibular denture to the client. D5213 and D5214 are considered definitive treatment. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial cast metal base can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial cast metal base denture can also

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					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" appointments may be necessary and are included in the cost. Frequency: Program will only pay for one mandibular per every five years - documentation that existing prosthesis cannot be made serviceable must be maintained.
Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	D5221	$509.00	$449.00	$60.00	Reimbursement made upon delivery of an immediate partial maxillary denture to the client. D5221 can be reimbursed only once per lifetime per client and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months is to be anticipated and are included in the initial reimbursement. An immediate 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" appointments may be necessary and are included in the cost. Frequency: A maxillary partial denture may be considered 3 years after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained.
					Reimbursement made upon delivery of an immediate partial mandibular denture to the client. D5222 can be reimbursed only once per lifetime per client and must be on the same date of service as the extraction. Routine

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	D5222	$509.00	$449.00	$60.00	follow-up adjustments or relines within 6 months is to be anticipated and are included in the initial reimbursement. An immediate 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" appointments may be necessary and are included in the cost. Frequency: A mandibular partial denture may be considered 3 years after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained.
Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5223	$778.00	$718.00	$60.00	Reimbursement made upon delivery of an immediate partial maxillary denture to the client. D5223 can be reimbursed only once per lifetime per client and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months is to be anticipated and are included in the initial reimbursement. An immediate partial cast metal framework with 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" appointments may be necessary and are included in the cost. Frequency: A maxillary partial denture may be considered 5 years after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5224	$778.00	$718.00	$60.00	Reimbursement made upon delivery of an immediate partial mandibular denture to the client. D5224 can be reimbursed only once per lifetime per client and must be on the same date of service as the extraction. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. An immediate partial cast metal framework with 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" appointments may be necessary and are included in the cost. Frequency: A mandibular partial denture may be considered 5 years after immediate partial denture was reimbursed. Documentation that existing prosthesis cannot be made serviceable must be maintained.
Repair b*~~B~~roken complete denture base	D5510	$87.00	$77.00	$20.00	Repair b*~~B~~roken complete denture base.
Replace missing or b*~~B~~roken teeth - complete denture (each tooth)	D5520	$73.00	$63.00	$10.00	Replacement/repair of missing or b*~~B~~roken teeth.
Repair resin denture base	D5610	$95.00	$85.00	$10.00	Repair of upper/lower partial denture base.
Repair or replace b*~~B~~roken clasp	D5630	$123.00	$113.00	$10.00	Repair of b*~~B~~roken clasp on partial denture base – per tooth.
Replace b*~~B~~roken teeth-per tooth	D5640	$80.00	$70.00	$10.00	Repair/replacement of missing tooth.
Add tooth to existing partial denture	D5650	$109.00	$99.00	$10.00	Adding tooth to partial denture base. Documentation may be requested when charged on partial delivered in last 12 months.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Add clasp to existing partial denture	D5660	$131.00	$121.00	$10.00	Adding clasp to partial denture base – per tooth. Documentation may be requested when charged on partial delivered in last 12 months.
Rebase complete maxillary denture	D5710	$322.00	$297.00	$25.00	Rebasing the denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a reline in a 12 month period.
Rebase complete mandibular denture	D5711	$322~~08~~.00	$297~~83~~.00	$25.00	Rebasing the denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a reline in a 12 month period.
Rebase maxillary partial denture	D5720	$304.00	$279.00	$25.00	Rebasing the partial denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a reline in a 12 month period.
Rebase mandibular partial denture	D5721	$304.00	$279.00	$25.00	Rebasing the partial denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a reline in a 12 month period.
Reline complete maxillary denture (chairside)	D5730	$182.00	$172.00	$10.00	Chair side reline that resurfaces with~~/~~out processing denture base. Frequency: One (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline complete mandibular denture (chairside)	D5731	$182.00	$172.00	$10.00	Chair side reline that resurfaces with~~/~~out processing denture base. Frequency: One (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline maxillary partial denture (chairside)	D5740	$167.00	$157.00	$10.00	Chair side reline that resurfaces with~~/~~out processing partial denture base. Frequency: one (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (chairside)	D5741	$167.00	$157.00	$10.00	Chair side reline that resurfaces with~~/~~out processing partial denture base. Frequency: one (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline complete maxillary denture (laboratory)	D5750	$243.00	$218.00	$25.00	Laboratory reline that resurfaces with~~/~~ processing denture base. Frequency: one (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline complete mandibular denture (laboratory)	D5751	$243.00	$218.00	$25.00	Laboratory reline that resurfaces with~~/~~ processing denture base. Frequency: one (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Reline maxillary partial denture (laboratory)	D5760	$239.00	$214.00	$25.00	Laboratory reline that resurfaces with processing partial denture base. Frequency: one (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (laboratory)	D5761	$239.00	$214.00	$25.00	Laboratory reline that resurfaces with~~/~~ processing partial denture base. Frequency: one (1) time per 12 months. ~~May~~ Cannot be charged on denture provided in the last 6~~12~~ months. ~~May~~ Cannot be charged in addition to a rebase in a 12 month period.
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	$82.00	$72.00	$10.00	Routine removal of tooth structure, including minor smoothing of socket bone, and closure as necessary. Treatment notes must include documentation that an ~~surgical~~ extraction was done per tooth.
Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210	$135.00	$125.00	$10.00	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.
Surgical removal of residual tooth roots (cutting procedure)	D7250	$143.00	$133.00	$10.00	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~~ Can only be charged once per tooth. ~~May~~ Cannot be charged for removal of broken off roots for recently

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
					extracted tooth.
Incisional biopsy of oral tissue-soft	D7286	$381.00	$381.00	$0.00	Removing tissue for histologic evaluation. Treatment notes must include documentation and proof that biopsy was sent for evaluation.
Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7310	$150.00	$140.00	$10.00	Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone. Reported per quadrant.
Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7311	$138.00	$128.00	$10.00	Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone. Reported per quadrant.
Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7320	$150.00	$140.00	$10.00	Substantially reshaping the bone after an extraction procedure, correcting anatomical irregularities. Reported per quadrant.
Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7321	$138.00	$128.00	$10.00	Substantially reshaping the bone after an extraction procedure, correcting anatomical irregularities. Reported per quadrant.
Removal of torus palatinus	D7472	$308.00	$298.00	$10.00	To r~~R~~emove a malformation of bone for proper prosthesis fabrication.

DRAFT

Procedure Description	Alpha-numeric Code	Max Allowable Fee	Program Payment	Max ~~Patient~~ Client Co-Pay	PROGRAM GUIDELINES
Removal of torus mandibularis	D7473	$300.00	$290.00	$10.00	To r~~R~~emove a malformation of bone for proper prosthesis fabrication.
Incision & drainage of abscess - intraoral soft tissue	D7510	$193.00	$183.00	$10.00	Incision through mucosa, including periodontal origins.
Palliative (emergency) treatment of dental pain - minor procedure	D9110	$61.00	$36.00	$25.00	Emergency treatment to alleviate pain/discomfort. This code ~~should~~ cannot be used for filing~~e~~ claims ~~f~~or 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.

EXPLANATION OF RESTORATIONS		
Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial–Lingual.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual–Mesial–Labial.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisal-Lingual-Labial.

DRAFT

Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

DRAFT