

Denti-Cal Bulletin



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FIVE PERCENT (5%) REDUCTION IN SCHEDULE OF MAXIMUM ALLOWANCES (SMA)

Effective for dates of service on or after January 1, 2004, Medi-Cal is reducing payments for all services by five percent (5%) in accordance with the directives contained in AB 1762, Chapter 230, Statutes of 2003. (See attached, revised SMA Schedule). Further, in accordance with this statute, rate reductions shall remain in effect until January 1, 2007, at which time Medi-Cal anticipates a return to the current SMA.

This reduction also applies to Child Treatment Program (CTP) and County Medical Service Programs (CMSP).

Notices of Authorization (NOAs) received for payment on or after January 1, 2004 with dates of service December 31, 2003 and before, will be paid at the present rate. NOAs with dates of service on or after January 1, 2004 will be paid at the reduced rate. *Providers are reminded to always use their usual and customary fees when submitting for payment.*

For answers to additional questions, please call Denti-Cal toll-free at (800) 423-0507.

DENTI-CAL SCHEDULE OF MAXIMUM ALLOWANCES

Effective January 1, 2004

1. Fees payable to providers by Denti-Cal for covered services shall be LESSER of:
 - a. the fee charged by the provider
 - b. the charges for dental services shall be reimbursed in accordance with the Department of Health Services maximum reimbursement rates as follows
 - c. the maximum allowance set forth in the schedule below
2. Procedures limited to children (under age 18) are indicated by an asterisk (*).
3. Refer to your Denti-Cal Handbook for specific procedure instructions and program limitations.

Procedure Number	Procedure	Maximum Allowance (\$)
Visits – Diagnostic (000-199)		
010	Examination, initial episode of treatment only.....	23.75
015	Evaluation, periodic.....	14.25
020	Office visit during regular office hours for Treatment and observation of injuries to the teeth and supporting structures.....	19.00
030	Professional visit after regular office hours, or to bedside.....	33.25
035	Hospital Care.....	47.50
040	Specialist Consultation.....	33.25
045	Pit and Fissure Dental Sealants for Permanent First Molars, to age twenty-one (21).....	20.90
046	Pit and Fissure Dental Sealants for Permanent Second Molars, to age twenty-one (21).....	20.90
049*	Prophylaxis, beneficiaries through age 12.....	28.50
050	Prophylaxis, beneficiaries age 13 years and older.....	38.00
061*	Prophylaxis, including topical application of fluoride—Beneficiaries age 5 and under.....	33.25
062*	Prophylaxis, including topical application of fluoride—Beneficiaries age 6 through 17.....	38.00
080	Emergency Treatment, palliative.....	42.75
110	Intraoral periapical, single, first film.....	9.50
111	Intraoral periapical, each additional film (maximum 10 films).....	2.85
112	Intraoral, complete series consisting of at least 14 periapical films plus bitewings.....	42.75
113	Intraoral, occlusal, each film.....	9.50
114	Extraoral, single, head or lateral jaw.....	20.90
115	Extraoral, each additional, head or lateral jaw.....	4.75
116	Bitewings, two films.....	9.50
117	Bitewings, four films.....	17.10
118	Bitewing, anterior, one film.....	4.75
119	Photograph or slide, first.....	6.65
120	Photograph or slide, each additional (maximum 5).....	2.85
125	Panographic-type film, single film.....	23.75
150	Biopsy of oral tissue.....	95.00
160	Gross and microscopic histopathological report.....	47.50

Procedure Number	Procedure	Maximum Allowance (\$)
Oral Surgery (200-299)		
200	Removal of erupted tooth, uncomplicated, first tooth.....	42.75
201	Removal of erupted tooth, uncomplicated, each additional tooth.....	36.10
202	Removal of erupted tooth, surgical.....	80.75
203	Removal of root or root tip, completely covered by bone.....	95.00
204	Removal of root or root tip, not completely covered by bone.....	38.00
220	Postoperative visit, complications (e.g., osteitis).....	14.25
230	Removal of impacted tooth – soft tissue.....	95.00
231	Removal of impacted tooth – partially bony.....	128.25
232	Removal of impacted tooth – completely bony.....	156.75
250	Alveoloplasty per quadrant, edentulous.....	95.00
252	Alveoloplasty per quadrant, in conjunction with extractions.....	47.50
255	Vestibuloplasty, submucosal resection (not to include grafts).....	380.00
256	Alveoloplasty with ridge extension, secondary epithelialization (per arch).....	190.00
257	Removal of palatal exostosis (torus).....	190.00
258	Removal of mandibular exostosis (torus) per quadrant.....	95.00
259	Excision of hyperplastic tissue (per arch).....	95.00
260	Incision and drainage of abscess, intraoral.....	47.50
261	Incision and drainage of abscess, extraoral.....	71.25
262	Excision pericoronal gingiva, operculectomy.....	47.50
263	Sialolithotomy intraoral.....	223.25
264	Sialolithotomy extraoral.....	285.00
265	Closure of salivary fistula.....	114.00
266	Dilation of salivary duct.....	114.00
267	Reduction of tuberosity, unilateral.....	71.25
269	Excision of benign tumor, up to 1.25 cm.....	95.00
270	Excision of benign tumor, larger than 1.25 cm.....	237.50
271	Excision of malignant tumor.....	308.75
273	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus.....	166.25
275*	Transplantation of tooth or tooth bud.....	950.00

Procedure Number	Procedure	Maximum Allowance (\$)
276	Removal of foreign body from bone (independent procedure).....	123.50
277	Radical resection of bone for tumor with bone graft.....	1140.00
278	Maxillary sinusotomy for removal of tooth fraction or foreign body.....	361.00
279	Oral—anal fistula closure.....	285.00
280	Excision of cyst, up to 1.25 cm.....	95.00
281	Excision of cyst, over 1.25 cm.....	190.00
282	Sequestrectomy.....	95.00
285	Condylectomy of mandible, unilateral.....	950.00
289	Menisectomy of temporomandibular joint, unilateral.....	950.00
290	Excision of foreign body, soft tissue.....	57.00
291	Frenectomy, or frenotomy, separate procedure.....	95.00
292	Suture of soft tissue wound or injury.....	47.50
294	Injection of sclerosing agent into temporomandibular joint.....	71.25
295	Injection of trigeminal nerve branches for destruction.....	190.00
296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissues.....	95.00
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partially bony.....	128.25
298	Surgical exposure of impacted or unerupted tooth to aid eruption, completely bony or ectopic eruption.....	128.25
299	Unlisted surgical service or procedure.....	By Report
Drugs and Anesthesia (300-400)		
300	Injectable drugs.....	14.25
301	Conscious sedation relative analgesia (nitrous oxide) per visit.....	23.75
400	General anesthesia.....	95.00
Periodontics (450-499)		
451	Emergency treatment (periodontal abscess, Acute periodontitis, etc.).....	52.25
452	Subgingival curettage and root planing per treatment.....	112.10
452	Subgingival curettage and root planing per treatment (residents of SNF or ICF).....	190.00
453	Occlusal adjustment (limited) per quadrant (minor spot grinding).....	23.75
472	Gingivectomy or gingivoplasty per quadrant.....	157.70
473	Osseous and mucogingival surgery per quadrant.....	332.50
474	Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth).....	47.50
Endodontics (500-599)		
501	Therapeutic pulpotomy.....	67.45
502	Vital pulpotomy.....	67.45
503	Recalcification, includes temporary restoration, per tooth.....	38.95
511	Anterior root canal therapy.....	204.25
512	Bicuspid root canal therapy.....	247.00
513	Molar root canal therapy.....	313.50
530	Apicoectomy—surgical procedure in conjunction with root canal therapy.....	285.00

Procedure Number	Procedure	Maximum Allowance (\$)
b	Apicoectomy (separate surgical procedure), per tooth.....	95.00
534	Apexification/apexogenesis (therapeutic apical closure), per treatment.....	95.00

Restorative Dentistry (600-679)

Amalgam Restorations

600*	One surface, primary tooth.....	33.25
601*	Two surfaces, primary tooth.....	40.85
602*	Three surfaces, primary tooth.....	47.50
603*	Four or more surfaces, primary tooth (maximum).....	54.15
611	One surface, permanent tooth.....	37.05
612	Two surfaces, permanent tooth.....	45.60
613	Three surfaces, permanent tooth.....	54.15
614	Four or more surfaces, permanent tooth (maximum) ..	57.00

Silicate, Composite, Plastic Restorations

640	Silicate cement restoration.....	0.00
641	Silicate restorations, two or more in a single tooth (maximum).....	0.00
645	Composite or plastic restoration.....	52.25
646	Composite or plastic restorations two or more in a single tooth (maximum).....	80.75
648	Pin retention (per pin) maximum three pins per tooth.....	76.00

Crowns

650	Crown, plastic (laboratory processed).....	142.50
651	Crown, plastic with metal.....	209.00
652	Crown, porcelain.....	356.25
653	Crown, porcelain fused to metal.....	323.00
660	Crown, cast full.....	323.00
663	Crown, cast, three quarters.....	356.25
670*	Crown, stainless steel (primary).....	71.25
671	Crown, stainless steel (permanent).....	85.50
672	Cast metal dowel post.....	71.25

Prosthetics (680-799)

Pontics

680	Fixed bridge pontic, cast metal.....	308.75
681	Fixed bridge pontic, slotted facing.....	308.75
682	Fixed bridge pontic, slotted pontic.....	308.75
692	Fixed bridge pontic, porcelain fused to metal.....	308.75
693	Fixed bridge pontic, plastic processed to metal.....	308.75

Recementation

685	Recement inlay, facing, pontic.....	28.50
686	Recement crown.....	28.50
687	Recement bridge.....	47.50

Repairs, Crown, and Bridge

690	Repair fixed bridge.....	By Report
694	Replace broken tru-pontic.....	71.25
695	Replace broken facing, post intact.....	71.25
696	Replace broken facing, post backing broken.....	71.25

Removal Prosthodontics

700	Complete maxillary denture.....	427.50
701	Complete mandibular denture.....	427.50

Procedure Number	Procedure	Maximum Allowance (\$)
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base	394.25
703	Partial upper or lower denture with cast chrome cobalt skeleton, two cast clasps, and necessary teeth.	380.00
704	Clasps, third and each additional clasp for Procedure 703.....	38.00
705	Stress breakers, extra	38.00
706	Partial upper or lower stayplate, acrylic-base fee, teeth and clasps extra	142.50
708	Partial upper or lower denture, all acrylic with two assembled chrome cobalt wrought clasps having two clasp arms, but no rests, and necessary teeth	261.25
709	Clasp, third and each additional for Procedure 708.....	23.75
712	Clasp, third and each additional for Procedure 702.....	23.75
716	Clasp or teeth, each for Procedure 706	21.85
720	Denture adjustment, per visit.....	23.75
721	Reline—office, cold cure.....	66.50
722	Reline—laboratory processed.....	133.00
723	Tissue conditioning, per denture.....	47.50
724	Denture duplication (“jump,” “reconstruction”) denture base including necessary tooth replacement, per denture.....	142.50
Repairs, Dentures, Acrylic		
750	Repair broken denture base only (complete or partial)	42.75
751	Repair broken denture and replace one broken denture tooth.....	61.75
752	Each additional denture tooth replaced on 751 repair (maximum two).....	14.25
753	Replace one broken denture tooth only (complete or partial).....	47.50
754	Each additional denture tooth replaced on 753 repair (maximum two).....	14.25
755	Adding first tooth to partial denture to replace newly extracted natural tooth	61.75
756	Each additional natural tooth replaced on 755 repair (maximum two).....	28.50
757	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 702 partial denture.....	71.25

Procedure Number	Procedure	Maximum Allowance (\$)
758	Each additional new or replacement clasp for repair 757 (maximum two).....	71.25
759	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 708 partial denture	71.25
760	Each additional new or replacement clasp for repair 759 (maximum two).....	47.50
761	Reattaching clasp on partial denture, clasp intact, each (maximum two).....	57.00
762	Add a new or replace a broken cast chrome Cobalt clasp with two clasp arms and rest to an existing 703 partial denture.....	71.25
763	Each additional new or replacement clasp for repair 762 (maximum two).....	71.25

Space Maintainers (800-899)

800	Fixed, unilateral band type (including band).....	114.00
801	Removable, plastic, with two stainless steel round wire clasps or rests.....	218.50
802	Each additional clasp or rest (for 801 only).....	14.25
811	Fixed, unilateral stainless steel crown type (including crown, Procedure 670 or 671).....	105.45
812	Fixed, bilateral, lingual or palatal bar type	190.00
832	Fixed or removable appliance to control harmful habit	209.95

Fractures and Dislocations (900-949)

(includes usual follow-up care)

900	Maxilla, open reduction, simple	950.00
901	Maxilla, closed reduction, simple.....	475.00
902	Mandible, open reduction, simple	1140.00
903	Mandible, closed reduction, simple.....	665.00
904	Maxilla, closed reduction, compound	760.000
905	Maxilla, open reduction, compound.....	1140.00
906	Mandible, closed reduction, compound.....	760.00
907	Mandible, open reduction, compound	1140.00
913	Reduction of dislocation of Temporomandibular joint.....	133.00
915	Treatment of malar fracture, simple; closed Reduction	237.50
916	Treatment of malar fracture, simple or Compound depressed, open reduction	475.00

Unlisted Procedures

999Fees to be determined by Report
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DENTI-CAL SCHEDULE OF MAXILLOFACIAL DENTAL SERVICES

Effective January 1, 2004

1. Fees payable to providers by Denti-Cal for covered services shall be the LESSER of:
 - a. the fee charged by the provider
 - b. maximum allowances or
 - c. the maximum allowance set forth in the schedule below

Procedure Number	Procedure	Maximum Allowance (\$)	Procedure Number	Procedure	Maximum Allowance (\$)
Diagnostic Services (950-957)			975	Resection prosthesis, permanent, partially edentulous, complex	1615.00
950	Clinical examination and consultation, including study models	95.00	976	Repositioner, mandibular, two piece	2185.00
952	Prosthetic evaluation and treatment plan, including study models	95.00	977	Removable facial prosthesis	By Report
955	TMJ series radiographs	95.00	978	Splints and stents	By Report
956	Cephalometric head film, single, first film, including tracing	47.50	979	Radiation therapy fluoride carrier	76.00
957	Cephalometric head film, each additional film, including tracing	9.50	980	Repairs, maxillofacial prosthesis	By Report
Maxillofacial Prosthetic Services (960-982)			981	Rebase laboratory processed, maxillofacial prosthesis	By Report
960	Speech appliance, transitional, with or without pharyngeal extension	760.00	982	Balancing (opposing) maxillofacial prosthesis	By Report
962	Speech appliance, permanent, edentulous, with or without pharyngeal extension	1330.00	Maxillofacial Surgical Procedures		
964	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension	1425.00	985	Maxillofacial surgical procedures	By Report
966	Palatal lift, interim	760.00	Temporomandibular Joint Dysfunction Management (990-998)		
968	Palatal lift permanent, cast framework	1330.00	990	Occlusal analysis, including report and/or models	171.00
970	Obturator, immediate surgical routine	855.00	992	Occlusal adjustments, limited centric and excursive adjustments, including records and/or models	85.50
971	Obturator, immediate surgical complex	1140.00	994	Occlusal balancing, altering centric relation, including records and/or models	380.00
972	Obturator, permanent, complex	1425.00	995	Orthopedic stabilizing appliance, disocclusion splint....	285.00
973	Resection prosthesis, permanent, edentulous, complex	1425.00	996	Postoperative visits, symptomatic care and counseling...	71.25
974	Resection prosthesis, permanent, edentulous, routine	1330.00	998	Unlisted therapeutic service	By Report

DENTI-CAL SCHEDULE OF CLEFT PALATE ORTHODONTIC SERVICES

Effective January 1, 2004

1. Reimbursement for orthodontic dental services in the treatment of handicapping malocclusion and cleft palate deformities shall be the usual charge to the general public, not to exceed the maximum reimbursement rate listed.
2. Maximum allowances.

Procedure Number	Procedure	Maximum Allowance (\$)	Procedure Number	Procedure	Maximum Allowance (\$)
Malocclusion Cases (551-558)			Facial Growth Management (590-598)		
551	Initial Orthodontic Examination/Handicapping Labio-Lingual Deviation Index.....	33.25	590	Diagnostic work-up, photographs and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule).....	95.00
552	Banding and materials	617.50	592	Quarterly observation, maximum 6 quarters	47.50
554	Per treatment visit24 months maximum. One visit maximum per calendar month	66.50	594	Progress records prior to treatment.....	95.00
556	Quarterly observation 6 quarters maximum.....	47.50	596	Banding and materials	760.00
557	Diagnostic work-up and photographs (additional dental services are listed separately in Section 51506(b), procedure 112Intraoral, complete series; and Section 51506.1(b), procedure codes 956 and 957 cephalometric head films, including tracing).....	95.00	598	Per treatment visit24 visits maximum. One visit maximum per calendar month.....	95.00
558	Study models	71.25	Malocclusion, Cleft Palate and Facial Growth Management Cases – Retention (556-599)		
Cleft Palate Cases (560-582)			556	Quarterly observation 6 quarters maximum	47.50
Primary Dentition			599	Retainer, removable, for each upper and lower	190.00
560	Diagnostic work-up, photographs and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule).....	190.00			
562	Banding and materials	285.00			
564	Per treatment visit - 10 visits maximum, one visit per calendar month.....	47.50			
Mixed Dentition					
570	Banding and materials	475.00			
572	Per treatment visit - 14 visits maximum. One visit maximum per calendar month	47.50			
Permanent Dentition					
580	Banding and materials	760.00			
582	Per treatment visit - 30 visits maximum. One visit per calendar month	95.00			

CHDP/CTP FEE SCHEDULE

Effective January 1, 2004

Procedure Number	Procedure	CHDP/CTP Rate
Visits - Diagnostic (000-199)		
010	Examination, initial episode of treatment only	23.75
015	Examination, periodic	14.25
020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures.....	19.00
030	Professional visit after regular office hours, or to bedside.....	33.25
035	Hospital Care	47.50
040	Specialist Consultation	33.25
045	Pit and Fissure Dental Sealants for Permanent First Molars, to age twenty-one (21)	20.90
046	Pit and Fissure Dental Sealants for Permanent Second Molars, to age twenty-one (21)	20.90
049*	Prophylaxis, beneficiaries through age 12	28.50
050	Prophylaxis, beneficiaries age 13 years and older	38.00
061*	Prophylaxis, including topical application of fluoride beneficiaries age 5 and under.....	33.25
062*	Prophylaxis, including topical application of fluoride beneficiaries age 6 through 17	38.00
080	Emergency Treatment, palliative	42.75
110	Intraoral periapical, single, first film.....	9.50
111	Intraoral periapical, each additional film (maximum 10 films).....	2.85
112	Intraoral, complete series consisting of at least 14 periapical films plus bitewings	42.75
113	Intraoral, occlusal, each film.....	9.50
114	Extraoral, single, head or lateral jaw.....	20.90
115	Extraoral, each additional, head or lateral jaw	4.75
116	Bitewings, two films	9.50
117	Bitewings, four films	17.10
118	Bitewing, anterior, one film	4.75
119	Photograph or slide, first.....	6.65
120	Photograph or slide, each additional (maximum 5)	2.85
125	Panographic-type film, single film.....	23.75
150	Biopsy of oral tissue	95.00
160	Gross and microscopic histopathological report.....	47.50
Oral Surgery (200-299)		
200	Removal of erupted tooth, uncomplicated, first tooth.....	42.75
201	Removal of erupted tooth, uncomplicated, each additional tooth	36.10

Procedure Number	Procedure	CHDP/CTP Rate
202	Removal of erupted tooth, surgical.....	80.75
203	Removal of root or root tip, completely covered by bone.....	95.00
204	Removal of root or root tip, not completely covered by bone.....	38.00
220	Postoperative visit, complications (e.g. osteitis).....	14.25
230	Removal of impacted tooth soft tissue.....	95.00
231	Removal of impacted tooth partially bony	128.25
232	Removal of impacted tooth completely bony	156.75
250	Alveoloplasty per quadrant, edentulous	95.00
252	Alveoloplasty per quadrant, in conjunction with extractions	47.50
255	Vestibuloplasty, submucosal resection (not to include grafts)	380.00
256	Alveoloplasty with ridge extension, secondary epithelialization (per arch).....	190.00
257	Removal of palatal exostosis (torus)	190.00
258	Removal of mandibular exostosis (torus) per quadrant ...	95.00
259	Excision of hyperplastic tissue (per arch).....	95.00
260	Incision and drainage of abscess, intraoral	47.50
261	Incision and drainage of abscess, extraoral	71.25
262	Excision pericoronal gingiva, operculectomy	47.50
263	Sialolithotomy intraoral.....	223.25
264	Sialolithotomy extraoral	285.00
265	Closure of salivary fistula.....	114.00
266	Dilation of salivary duct	114.00
267	Reduction of tuberosity, unilateral	71.25
269	Excision of benign tumor, up to 1.25 cm.....	95.00
270	Excision of benign tumor, larger than 1.25 cm.....	237.50
271	Excision of malignant tumor	308.75
273	Reimplantation and/or stabilization of accident-ally evulsed or displaced permanent tooth and/or alveolus ..	166.25
275*	Transplantation of tooth or tooth bud	950.00
276	Removal of foreign body from bone (independent procedure)	123.50
277	Radical resection of bone for tumor with bone graft ...	1140.00
278	Maxillary sinusotomy for removal of tooth fragment or foreign body	361.00
279	Oral antral fistula closure	285.00
280	Excision of cyst, up to 1.25 cm	95.00
281	Excision of cyst, over 1.25 cm	190.00

Procedure Number	Procedure	CHDP/CTP Rate
282	Sequestrectomy.....	95.00
285	Condylectomy of mandible, unilateral.....	950.00
289	Meniscectomy of temporomandibular joint, unilateral....	950.00
290	Excision of foreign body, soft tissue.....	57.00
291	Frenectomy, or frenotomy, separate procedure.....	95.00
292	Suture of soft tissue wound or injury.....	47.50
294	Injection of sclerosing agent into temporo-mandibular joint.....	71.25
295	Injection of trigeminal nerve branches for destruction...	190.00
296	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissues.....	95.00
297	Surgical exposure of impacted or unerupted tooth to aid eruption, partially bony.....	128.25
298	Surgical exposure of impacted or unerupted tooth to aid eruption, completely bony or ectopic eruption.....	128.25
299	Unlisted surgical service or procedure.....	By Report

Drugs and Anesthesia (300-400)

300	Injectable drugs.....	14.25
301	Conscious sedation relative analgesia (nitrous oxide) per visit.....	23.75
400	General anesthesia.....	95.00

Periodontics (450-499)

451	Emergency treatment (periodontal abscess, acute periodontitis, etc.).....	52.25
452	Subgingival curettage and root planing per treatment....	112.10
452	Subgingival curettage and root planing per treatment (residents of SNF or ICF).....	190.00
453	Occlusal adjustment (limited) per quadrant (minor) spot grinding).....	23.75
472	Gingivectomy or gingivoplasty per quadrant.....	157.70
473	Osseous and mucogingival surgery per quadrant.....	332.50
474	Gingivectomy, or gingivoplasty, treatment per tooth (fewer than six teeth).....	47.50

Endodontics (500-599)

501	Therapeutic pulpotomy.....	67.45
502	Vital pulpotomy.....	67.45
503	Recalcification, includes temporary restoration, per tooth.....	38.95
511	Anterior root canal therapy.....	204.25
512	Bicuspid root canal therapy.....	247.00
513	Molar root canal therapy.....	313.50
530	Apicoectomy surgical procedure in conjunction with root canal filling.....	285.00

Procedure Number	Procedure	CHDP/CTP Rate
531	Apicoectomy (separate surgical procedure), per tooth	95.00
534	Apexification/apexogenesis (therapeutic apical closure), per treatment.....	95.00

Restorative Dentistry (600-679)

Amalgam Restorations

600*	One surface, primary tooth.....	33.25
601*	Two surfaces, primary tooth.....	40.85
602*	Three surfaces, primary tooth.....	47.00
603*	Four or more surfaces, primary tooth (maximum).....	54.15
611	One surface, permanent tooth.....	37.05
612	Two surfaces, permanent tooth.....	45.60
613	Three surfaces, permanent tooth.....	54.15
614	Four or more surfaces, permanent tooth (maximum)	57.00

Silicate, Composite, Plastic Restorations

640	Silicate cement restoration.....	0.00
641	Silicate restorations, two or more in a single tooth (maximum).....	0.00
645	Composite or plastic restoration.....	52.25
646	Composite or plastic restorations two or more in a single tooth (maximum).....	80.75
648	Pin retention (per pin) maximum three pins per tooth	76.00

Crowns

650	Crown, plastic (laboratory processed).....	142.50
651	Crown, plastic with metal.....	209.00
652	Crown, porcelain.....	356.25
653	Crown, porcelain fused to metal.....	323.00
660	Crown, cast, full.....	323.00
663	Crown, cast, three quarters.....	356.25
670*	Crown, stainless steel (primary).....	71.25
671	Crown, stainless steel (permanent).....	85.50
672	Cast metal dowel post.....	71.25

Prosthetics (680-799)

Pontics

680	Fixed bridge pontic, cast metal.....	308.75
681	Fixed bridge pontic, slotted facing.....	308.75
682	Fixed bridge pontic, slotted pontic.....	308.75
692	Fixed bridge pontic, porcelain fused to metal.....	308.75
693	Fixed bridge pontic, plastic processed to metal.....	308.75

Recementation

685	Recement inlay, facing, pontic.....	28.50
686	Recement crown.....	28.50
687	Recement bridge.....	47.50

Procedure Number	Procedure	CHDP/CTP Rate
Repairs, Crown and Bridge		
690	Repair fixed bridge	By Report
694	Replace broken tru-pontic.....	71.25
695	Replace broken facing, post intact	71.25
696	Replace broken facing, post backing broken.....	71.25
Removable Prosthodontics		
700	Complete maxillary denture.....	427.50
701	Complete mandibular denture.....	427.50
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base ...	394.25
703	Partial upper or lower denture with cast chrome cobalt skeleton, two cast clasps, and necessary teeth.....	380.00
704	Clasps, third and each additional, clasp for Procedure 703	38.00
705	Stress breakers, extra	38.00
706	Partial upper or lower stayplate, acrylic base fee, teeth and clasps extra	142.50
708	Partial upper or lower denture, all acrylic with two assembled chrome cobalt wrought clasps having two clasp arms, but no rests, and necessary teeth	261.25
709	Clasp, third and each additional for Procedure 708	23.75
712	Clasp, third and each additional for Procedure 702	23.75
716	Clasp or teeth, each for Procedure 706	21.85
720	Denture adjustment, per visit	23.75
721	Reline office, cold cure.....	66.50
722	Reline laboratory processed	133.00
723	Tissue conditioning, per denture	47.50
724	Denture duplication ("jump," " reconstruction") denture base including necessary tooth replacement, per denture	142.50
Repairs, Dentures, Acrylic		
750	Repair broken denture base only (complete or partial)	42.75
751	Repair broken denture and replace one broken denture tooth.....	61.75
752	Each additional denture tooth replaced on 751 repair (maximum two)	14.25
753	Replace one broken denture tooth only (complete or partial).....	47.50
754	Each additional denture tooth replaced on 753 repair (maximum two)	14.25
755	Adding first tooth to partial denture to replace newly extracted natural tooth	61.75
756	Each additional natural tooth replaced on 755 repair (maximum two)	28.50
757	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 702 partial denture	71.25

Procedure Number	Procedure	CHDP/CTP Rate
758	Each additional new or replacement clasp for repair 757 (maximum two).....	71.25
759	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 708 partial denture	71.25
760	Each additional new or replacement clasp for repair 759 (maximum two).....	47.50
761	Reattaching clasp on partial denture, clasp intact, each (maximum two).....	57.00
762	Add a new or replace a broken cast chrome cobalt clasp with two clasp arms and rest to an existing 703 partial denture.....	71.25
763	Each additional new or replacement clasp for repair 762 (maximum two).....	71.25

Space Maintainers (800-899)

800	Fixed, unilateral band type (including band).....	114.00
801	Removable, plastic, with two stainless steel round wire clasps or rests	218.50
802	Each additional clasp or rest (for 801 only).....	14.25
811	Fixed, unilateral stainless steel crown type (including crown, Procedure 670 or 671)	105.45
812	Fixed, bilateral, lingual or palatal bar type	190.00
832	Fixed or removable appliance to control harmful habit ..	209.95

Fractures and Dislocations (900-949)

(includes usual follow-up care)

900	Maxilla, open reduction, simple	950.00
901	Maxilla, closed reduction, simple	475.00
902	Mandible, open reduction, simple	1140.00
903	Mandible, closed reduction, simple	665.00
904	Maxilla, closed reduction, compound.....	760.00
905	Maxilla, open reduction, compound	1140.00
906	Mandible, closed reduction, compound.....	760.00
907	Mandible, open reduction, compound	1140.00
913	Reduction of dislocation of temporomandibular joint ...	133.00
915	Treatment of malar fracture, simple, closed reduction ..	237.50
916	Treatment of malar fracture, simple or compound depressed, open reduction	475.00

Maxillofacial Dental Services (950-998)

Diagnostic Services

950	Clinical examination and consultation, including study models	95.00
952	Prosthetic evaluation and treatment plan, including study models	95.00
955	TMJ series radiographs.....	95.00
956	Cephalometric head film, single, first film, including tracing.....	47.50
957	Cephalometric head film, each additional film, including tracing.....	9.50

Procedure Number	Procedure	CHDP/CTP Rate
Maxillofacial Prosthetic Services		
960	Speech appliance, transitional, with or without pharyngeal extension	760.00
962	Speech appliance, permanent, edentulous, with or without pharyngeal extension	1330.00
964	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension	1425.00
966	Palatal lift, interim	760.00
968	Palatal lift permanent, cast framework	1330.00
970	Obturator, immediate surgical routine	855.00
971	Obturator, immediate surgical complex	1140.00
972	Obturator, permanent, complex	1425.00
973	Resection prosthesis, permanent, edentulous, complex	1425.00
974	Resection prosthesis, permanent, edentulous, routine ..	1330.00
975	Resection prosthesis, permanent, partially edentulous, complex	1615.00
976	Repositioner, mandibular, two piece	2185.00
977	Removable facial prosthesis	By Report
978	Splints and stents	By Report
979	Radiation therapy fluoride carrier	80.00
980	Repairs, maxillofacial prosthesis	By Report
981	Rebase laboratory processed, maxillo-facial prosthesis	By Report
982	Balancing (opposing) maxillofacial prosthesis	By Report
Maxillofacial Surgical Procedures		
985	Maxillofacial surgical procedures	By Report
Temporomandibular Joint Dysfunction Management		
990	Occlusal analysis, including report and/or models	171.00
992	Occlusal adjustments, limited centric and excursive adjustments, including records and/or models	85.50
994	Occlusal balancing, altering centric relation, including records and/or models	380.00
995	Orthopedic stabilizing appliance, disocclusion splint	285.00
996	Postoperative visits, symptomatic care and counseling	71.75
998	Unlisted therapeutic service	By Report
Unlisted Procedures		
999 Fees to be determined by Report	

Procedure Number	Procedure	CHDP/CTP Rate
Orthodontic Services		
Malocclusion Cases		
551	Initial Orthodontic Examination/Handicapping Labio-Lingual Deviation Index	33.25
552	Banding and materials	617.50
554	Per treatment visit – 24 months maximum One visit maximum per calendar month	66.50
556	Quarterly-observation-6 quarters maximum	47.50
557	Diagnostic work-up and photographs (additional dental services are listed separately in Section 51506(b), procedure 112-intraoral, complete series; and Section 51506.1(b), procedure codes 956 and 957-cephalometric head films	95.00
558	Study models	71.75
Cleft Palate Cases		
560	Diagnostic work-up, photographs and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule)	190.00
562	Banding and materials	285.00
564	Per treatment visit – 10 visits maximum. One visit maximum per calendar month.	47.50
570	Banding and materials	475.00
572	Per treatment visit-14 visits maximum. One visit maximum per calendar month.	47.50
580	Banding and materials	760.00
582	Per treatment visit - 30 visits maximum. One visit per calendar month	95.00
Facial Growth Management		
590	Diagnostic work-up, photographs and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule)	95.00
592	Quarterly observation, maximum 6 quarters	47.50
594	Progress records prior to treatment	950.00
596	Banding and materials	760.00
598	Per treatment visit 24 visits maximum. One visit maximum per calendar month	95.00
Program Exception Procedure		
777	Program Exception Procedure	By Report