

# Denti-Cal Bulletin



---

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

---

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

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

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

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

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

# CHDP/CTP FEE SCHEDULE

Effective March 4, 2006

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

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

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>Oral Surgery (200-299)</b>		
<b>200</b>	Removal of erupted tooth, uncomplicated, first tooth	45.00
<b>201</b>	Removal of erupted tooth (teeth), uncomplicated, each additional tooth	38.00
<b>202</b>	Removal of erupted tooth, surgical	85.00
<b>203</b>	Removal of root or root tip completely covered by bone	100.00
<b>204</b>	Removal of root or root tip not completely covered by bone	40.00
<b>220</b>	Postoperative visit, complications e.g., osteitis	15.00
<b>230</b>	Removal of impacted tooth, soft tissue	100.00
<b>231</b>	Removal of impacted tooth, partial bony	135.00
<b>232</b>	Removal of impacted tooth, complete bony	165.00
<b>250</b>	Alveoloplasty per quadrant, edentulous	100.00
<b>252</b>	Alveoloplasty per quadrant, in conjunction with extractions	50.00
<b>255</b>	Vestibuloplasty, submucosal resection (not to include grafts)	400.00
<b>256</b>	Alveoloplasty with ridge extension, secondary epithelialization (per arch)	200.00
<b>257</b>	Removal of palatal exostosis (torus)	200.00
<b>258</b>	Removal of mandibular exostosis (torus) per quadrant	100.00
<b>259</b>	Excision of hyperplastic tissue (per arch)	100.00
<b>260</b>	Incision and drainage of abscess, intraoral	50.00
<b>261</b>	Incision and drainage of abscess, extraoral	75.00
<b>262</b>	Excision pericoronal gingiva, operculectomy	50.00
<b>263</b>	Sialolithotomy, intraoral	235.00
<b>264</b>	Sialolithotomy, extraoral	300.00
<b>265</b>	Closure of salivary fistula	120.00
<b>266</b>	Dilation of salivary duct	120.00
<b>267</b>	Reduction of tuberosity, unilateral	75.00
<b>269</b>	Excision of benign tumor, up to 1.25 cm	100.00
<b>270</b>	Excision of benign tumor, larger than 1.25 cm	250.00
<b>271</b>	Excision of malignant tumor	325.00
<b>273</b>	Reimplantation and/or stabilization of accidentally evulsed or displaced permanent tooth and/or alveolus	175.00
<b>275</b>	Transplantation of tooth or tooth bud	1000.00
<b>276</b>	Removal of foreign body from bone (independent procedure)	130.00
<b>277</b>	Radical resection of bone for tumor with bone graft	1200.00
<b>278</b>	Maxillary sinusotomy for removal of tooth fraction or foreign body	380.00
<b>279</b>	Oral antral fistula closure	300.00
<b>280</b>	Excision of cyst up to 1.25 cm	100.00
<b>281</b>	Excision of cyst over 1.25 cm	200.00
<b>282</b>	Sequestrectomy	100.00
<b>285</b>	Condylectomy of mandible, unilateral	1000.00
<b>289</b>	Meniscectomy of temporomandibular joint, unilateral	1000.00
<b>290</b>	Excision of foreign body, soft tissue	60.00
<b>291</b>	Frenectomy, or frenotomy, separate procedure	100.00
<b>292</b>	Suture of soft tissue wound or injury	50.00
<b>294</b>	Injection of sclerosing agent into temporomandibular joint	75.00
<b>295</b>	Injection of trigeminal nerve branches for destruction	200.00
<b>296</b>	Surgical exposure of impacted or unerupted tooth to aid eruption, soft tissues	100.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>297</b>	Surgical exposure of impacted or unerupted tooth to aid eruption, partial bony	135.00
<b>298</b>	Surgical exposure of impacted or unerupted tooth to aid eruption, complete bony	135.00
<b>299</b>	Unlisted surgical service or procedure	By Report
<b>Drugs and Anesthesia (300-400)</b>		
<b>300</b>	Therapeutic drug injection	15.00
<b>301</b>	Conscious sedation, relative analgesia (nitrous oxide), per visit	25.00
<b>400</b>	General anesthesia	100.00
<b>Periodontics (450-499)</b>		
<b>451</b>	Emergency treatment (periodontal abscess, acute periodontitis, etc.)	55.00
<b>452</b>	Subgingival curettage and root planing, per full mouth treatment (residents of SNF or ICF)	118.00 200.00
<b>453</b>	Occlusal adjustment (limited) per quadrant (minor spot grinding)	25.00
<b>472</b>	Gingivectomy or gingivoplasty per quadrant	166.00
<b>473</b>	Osseous and mucogingival surgery per quadrant	350.00
<b>474</b>	Gingivectomy or gingivoplasty, treatment per tooth (fewer than six teeth)	50.00
<b>Endodontics (500-599)</b>		
<b>501</b>	Therapeutic pulpotomy	71.00
<b>502</b>	Vital pulpotomy	71.00
<b>503</b>	Recalcification, includes temporary restoration, per tooth	41.00
<b>511</b>	Anterior root canal therapy; and	215.00
<b>512</b>	Bicuspid root canal therapy; and	260.00
<b>513</b>	Molar root canal therapy	330.00
<b>530</b>	Apicoectomy - surgical procedure in conjunction with root canal filling	300.00
<b>531</b>	Apicoectomy (separate surgical procedure) per tooth	100.00
<b>534</b>	Apexification/Apexogenesis (therapeutic apical closure, per treatment)	100.00
<b>Orthodontic Services (551-599)</b>		
<b>Malocclusion Cases</b>		
<b>551</b>	Initial orthodontic examination/handicapping labio-lingual deviation index	35.00
<b>552</b>	Banding and materials	650.00
<b>554</b>	Per treatment visit - 24 visits maximum. One visit maximum per calendar month.	70.00
<b>556</b>	Quarterly observation 6 quarters maximum	50.00
<b>557</b>	Diagnostic work-up and photographs (additional dental services are listed separately in 22 CCR, Section 51506(b), Procedure Code 112 - intraoral, complete series; and Section 51506.1(b), Procedure Codes 956 and 957 cephalometric head films, including tracing).	100.00
<b>558</b>	Study models	75.00

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

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>Silicate, Composite, Plastic Restorations</b>		
<b>640</b>	Silicate cement restoration	0.00
<b>641</b>	Silicate restorations, two or more in a single tooth (maximum)	0.00
<b>645</b>	Composite or plastic restoration	55.00
<b>646</b>	Composite or plastic restorations, two or more in a single tooth (maximum)	85.00
<b>648</b>	Pin retention (per pin), maximum three pins per tooth	80.00
<b>Crowns</b>		
<b>650</b>	Crown, plastic (laboratory processed)	150.00
<b>651</b>	Crown, plastic with metal	220.00
<b>652</b>	Crown, porcelain	375.00
<b>653</b>	Crown, porcelain fused to metal	340.00
<b>660</b>	Crown, cast, full	340.00
<b>663</b>	Crown, cast, three quarters	375.00
<b>670</b>	Crown, stainless steel, primary	75.00
<b>671</b>	Crown, stainless steel, permanent	90.00
<b>672</b>	Gold dowel post	75.00
<b>Prosthetics (680-799)</b>		
<b>Pontics</b>		
<b>680</b>	Fixed bridge pontic, cast metal	325.00
<b>681</b>	Fixed bridge pontic, slotted facing	325.00
<b>682</b>	Fixed bridge pontic, slotted pontic	325.00
<b>692</b>	Fixed bridge pontic, porcelain fused to metal	325.00
<b>693</b>	Fixed bridge pontic, plastic processed to metal	325.00
<b>Recementation</b>		
<b>685</b>	Recement inlay, facing, pontic	30.00
<b>686</b>	Recement crown	30.00
<b>687</b>	Recement bridge	50.00
<b>Repairs, Crown, and Bridge</b>		
<b>690</b>	Repair fixed bridge	By Report
<b>694</b>	Replace broken tru-pontic	75.00
<b>695</b>	Replace broken facing, post intact	75.00
<b>696</b>	Replace broken facing, post backing broken	75.00
<b>Removal Prosthodontics</b>		
<b>700</b>	Complete maxillary denture	450.00
<b>701</b>	Complete mandibular denture	450.00
<b>702</b>	Partial upper or lower denture with two assembled wrought wire or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base	415.00
<b>703</b>	Partial upper or lower denture with cast chrome skeleton, two cast clasps, and necessary teeth	400.00
<b>704</b>	Clasp, third and each additional clasp for Procedure 703	40.00
<b>705</b>	Stressbreaker, extra	40.00
<b>706</b>	Partial upper or lower stayplate, acrylic base fee, teeth and clasps extra	150.00
<b>708</b>	Partial upper or lower denture, all acrylic with two assembled wrought wire clasps having two clasp arms, but no rests, and necessary teeth	275.00
<b>709</b>	Clasp, third and each additional for Procedure 708	25.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
712	Clasp, third and each additional for Procedure 702	25.00
716	Clasp or teeth, each for Procedure 706	23.00
720	Denture adjustment, per visit	25.00
721	Reline - office, cold cure	70.00
722	Reline - laboratory processed	140.00
723	Tissue conditioning, per denture	50.00
724	Denture duplication ("jump," "reconstruction"), denture base including necessary tooth replacement, per denture	150.00
<b>Repairs, Dentures, Acrylic</b>		
750	Repair broken denture base only (complete or partial)	45.00
751	Repair broken denture base and replace one broken denture tooth (maximum two)	65.00
752	Each additional denture tooth replaced on 751 repair (maximum two)	15.00
753	Replace one broken denture tooth only (complete or partial)	50.00
754	Each additional denture tooth replaced on 753 repair (maximum two)	15.00
755	Adding first tooth to partial denture to replace newly extracted natural tooth	65.00
756	Each additional natural tooth replaced on 755 repair (maximum two)	30.00
757	Add a new or replace a broken chrome cobalt assembled wrought clasp with two clasp arms and rest to an existing 702 partial denture	75.00
758	Each additional new or replacement clasp for repair 757 (maximum two)	75.00
759	Add a new or replace broken chrome cobalt assembled wrought clasp with two clasp arms and no rest to an existing 708 partial denture	75.00
760	Each additional new or replacement clasp for repair 759 (maximum two)	50.00
761	Reattaching clasp on partial denture, clasp intact, each (maximum two)	60.00
762	Add a new or replace a broken cast chrome cobalt clasp with two clasp arms and rest to an existing 703 partial denture	75.00
763	Each additional new or replacement clasp for repair 762 (maximum two)	75.00
<b>Space Maintainers (Procedures 800-899)</b>		
800	Fixed, unilateral band type space maintainer; (including band)	120.00
801	Removable, plastic - with two stainless steel round wire clasps or rests	230.00
802	Each additional clasp or rest (for 801 only)	15.00
811	Fixed, unilateral, stainless steel crown type space maintainer; (including crown, Procedure 670 or 671); space maintainer	111.00
812	Fixed, bilateral, lingual, or palatal bar type space maintainer	200.00
832	Fixed or removable appliance to control harmful habit	221.00
<b>Fractures and Dislocations (<i>includes usual follow-up care</i>) (Procedures 900-949)</b>		
900	Maxilla - open reduction, simple	1000.00
901	Maxilla - closed reduction, simple	500.00
902	Mandible - open reduction, simple	1200.00
903	Mandible - closed reduction, simple	700.00
904	Maxilla - closed reduction, compound	800.00
905	Maxilla - open reduction, compound	1200.00
906	Mandible - closed reduction, compound	800.00
907	Mandible - open reduction, compound	1200.00
913	Reduction of dislocation of temporomandibular joint	140.00

<b>Procedure Number</b>	<b>Procedure</b>	<b>Maximum Allowance</b>
<b>915</b>	Treatment of malar fracture, simple, closed reduction	250.00
<b>916</b>	Treatment of malar fracture, simple or compound depressed, open reduction	500.00
<b>Maxillofacial Dental Services (Procedures 950-998)</b>		
<b>Diagnostic Services</b>		
<b>950</b>	Clinical examination and consultation, including study models	100.00
<b>952</b>	Prosthetic evaluation and treatment plan, including study models	100.00
<b>955</b>	TMJ series radiographs	100.00
<b>956</b>	Cephalometric head film - single, first film, including tracing	50.00
<b>957</b>	Cephalometric head film - each additional film, including tracing	10.00
<b>Maxillofacial Prosthetic Services</b>		
<b>960</b>	Speech appliance, transitional, with or without pharyngeal extension	800.00
<b>962</b>	Speech appliance, permanent, edentulous, with or without pharyngeal extension	1400.00
<b>964</b>	Speech appliance, permanent, partially edentulous, cast framework, with or without pharyngeal extension	1500.00
<b>966</b>	Palatal lift, interim	800.00
<b>968</b>	Palatal lift permanent, cast framework	1400.00
<b>970</b>	Obturator, immediate surgical, routine	900.00
<b>971</b>	Obturator, immediate surgical, complex	1200.00
<b>972</b>	Obturator, permanent, complex	1500.00
<b>973</b>	Resection prosthesis, permanent, edentulous, complex	1500.00
<b>974</b>	Resection prosthesis, permanent, edentulous, routine	1400.00
<b>975</b>	Resection prosthesis, permanent, partially edentulous, complex	1700.00
<b>976</b>	Repositioner, mandibular, two piece	2300.00
<b>977</b>	Removable facial prosthesis	By Report
<b>978</b>	Splints and stents	By Report
<b>979</b>	Radiation therapy fluoride carrier	80.00
<b>980</b>	Repairs, maxillofacial prosthesis	By Report
<b>981</b>	Rebase, laboratory processed, maxillofacial prosthesis	By Report
<b>982</b>	Balancing (opposing) maxillofacial appliance	By Report
<b>985</b>	Maxillofacial surgical procedures	By Report
<b>Temporomandibular Joint Dysfunction Management</b>		
<b>990</b>	Occlusal analysis, including report and/or models	180.00
<b>992</b>	Occlusal adjustments, limited centric and excursive adjustments, including records and/or models	90.00
<b>994</b>	Occlusal balancing, altering centric relation, including records and/or models	400.00
<b>995</b>	Orthopedic stabilizing appliance, disocclusion splint	300.00
<b>996</b>	Postoperative visits, symptomatic care, and counseling	75.00
<b>998</b>	Unlisted therapeutic service	By Report
<b>Unlisted Services</b>		
<b>999</b>		By Report