



Provider Bulletin

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THIS ISSUE

pg 1 Medi-Cal Dental to Implement Current Dental Terminology 2019: New Draft Manual of Criteria and Schedule of Maximum Allowances

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Medi-Cal Dental to Implement Current Dental Terminology 2019: New Draft Manual of Criteria and Schedule of Maximum Allowances

The Medi-Cal Dental Program is working diligently to update its Current Dental Terminology (CDT) code set from CDT-13 to CDT-19. As part of this effort, providers can access the draft CDT-19 Manual of Criteria (MOC) [here](#) and the draft Medi-Cal Dental Schedule of Maximum Allowances (SMA) [here](#). The draft CDT-19 MOC contains all procedure codes added from CDT-14 to CDT-19 and all changes made with Provider Bulletin authority to existing procedure codes. All changes to the MOC and SMA are identified in **red**. Provider Handbook Section 5 will **not** be updated with the CDT-19 MOC or new SMA until the MOC is approved through the regulatory process. The Department of Health Care Services (DHCS) will notify providers via a Provider Bulletin when the MOC and SMA have been updated.

The tables below show all procedure code changes by category: deleted, new benefit, new global, new not a benefit, and existing with modified descriptions.

Continued on pg 2



Deleted Procedures

The procedures below will no longer be effective for DOS on or after March 14, 2020. If used after the effective date, these procedures will be denied with ARC 261A - Procedure code is missing or is not a valid code. Though not shown in this bulletin, the draft CDT-19 MOC and SMA show all deletions with **redlines**.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Deletion Effective Date
Diagnostic Procedures			
D0260	Extraoral - each additional radiographic image	\$5.00	March 14, 2020
D0290	Posterior - anterior or lateral skull and facial bone survey radiographic image	\$35.00	March 14, 2020
D0363	Cone beam - three dimensional image reconstruction using existing data, includes multiple images	Not A Benefit	March 14, 2020
D0421	Genetic test for susceptibility to oral diseases	Not A Benefit	March 14, 2020
Preventive Procedures			
D1515	Space maintainer-fixed - bilateral* *DTI Domain 1 Impact	\$200.00	March 14, 2020
D1525	Space maintainer-removable - bilateral* *DTI Domain 1 Impact	\$230.00	March 14, 2020
Restorative Procedures			
D2970	Temporary crown (fractured tooth)	\$45.00	March 14, 2020
Endodontic Procedures			
D3354	Pulpal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	Not A Benefit	March 14, 2020
Prosthodontic (Removable) Procedures			
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	Not A Benefit	March 14, 2020
D5510	Repair broken complete denture base	\$50.00	March 14, 2020
D5610	Repair resin denture base	\$60.00	March 14, 2020
D5620	Repair cast framework	\$230.00	March 14, 2020
D5860	Overdenture - complete, by report	\$450.00	March 14, 2020
D5861	Overdenture - partial, by report	Not A Benefit	March 14, 2020
Implant Service Procedures			
D6053	Implant/Abutment supported removable denture for completely edentulous arch	By Report	March 14, 2020

Continued on pg 3



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Deletion Effective Date
D6054	Implant/Abutment supported removable denture for partially edentulous arch	By Report	March 14, 2020
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	By Report	March 14, 2020
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	By Report	March 14, 2020
Fixed Prosthodontic Procedures			
D6975	Coping	Not A Benefit	March 14, 2020
Adjunctive Service Procedures			
D9220	Deep sedation/general anesthesia - first 30 minutes	\$91.35	March 14, 2020
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$14.01	March 14, 2020
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$42.14	March 14, 2020
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$21.07	March 14, 2020
D9931	Cleaning and Inspection of a Removable Appliance	Not A Benefit	March 14, 2020
D9940	Occlusal Guard, By Report	Not A Benefit	March 14, 2020

New Benefit Procedures

With exceptions, the procedures below will be effective as a benefit for DOS on and after March 14, 2020. Please refer to the draft CDT-19 MOC for the criteria applicable to the procedures. Effective date exceptions are indicated with an asterisk. Though not shown in this bulletin, the draft CDT-19 MOC and SMA show all new benefit procedures in red.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Benefit Effective Date
Preventive Procedures			
D1516	Space maintainer - fixed - bilateral, maxillary* *DTI Domain 1 Impact	\$200.00	March 14, 2020
D1517	Space maintainer - fixed - bilateral, mandibular* *DTI Domain 1 Impact	\$200.00	March 14, 2020

Continued on pg 4



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Benefit Effective Date
D1526	Space maintainer - removable - bilateral, maxillary* *DTI Domain 1 Impact	\$230.00	March 14, 2020
D1527	Space maintainer - removable - bilateral, mandibular* *DTI Domain 1 Impact	\$230.00	March 14, 2020
D1575	Distal shoe space maintainer- fixed-unilateral* *DTI Domain 1 Impact	\$120.00	May 16, 2020*
D1999	Unspecified preventive procedure, by report	\$46.00	March 14, 2020
Restorative Procedures			
D2941	Interim therapeutic restoration- primary dentition	\$45.00	March 14, 2020
Endodontic Procedures			
D3427	Periradicular surgery without apicoectomy	\$100.00	March 14, 2020
Prosthodontic (Removable) Procedures			
D5511	Repair broken complete denture base, mandibular	\$50.00	March 14, 2020
D5512	Repair broken complete denture base, maxillary	\$50.00	March 14, 2020
D5611	Repair resin partial denture base, mandibular	\$60.00	March 14, 2020
D5612	Repair resin partial denture base, maxillary	\$60.00	March 14, 2020
D5621	Repair cast partial denture framework, mandibular	\$230.00	March 14, 2020
D5622	Repair cast partial denture framework, maxillary	\$230.00	March 14, 2020
D5863	Overdenture - complete maxillary	\$450.00	March 14, 2020
D5865	Overdenture - complete mandibular	\$450.00	March 14, 2020
Implant Service Procedures			
D6013	Surgical Placement of Mini Implant	By Report	March 14, 2020
D6052	Semi-precision Attachment Abutment	By Report	March 14, 2020
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch - Maxillary	By Report	March 14, 2020
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch - Mandibular	By Report	March 14, 2020

Continued on pg 5



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Benefit Effective Date
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Maxillary	By Report	March 14, 2020
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch - Mandibular	By Report	March 14, 2020
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch - Maxillary	By Report	March 14, 2020
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch - Mandibular	By Report	March 14, 2020
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Maxillary	By Report	March 14, 2020
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch - Mandibular	By Report	March 14, 2020
Oral and Maxillofacial Surgery Procedures			
D7979	Non-surgical Sialolithotomy	\$45.00	May 16, 2020*
Orthodontic Procedures			
D8694	Repair of Fixed Retainers, Includes Reattachment	\$50.00	March 14, 2020
D8695	Removal of Fixed Orthodontic Appliance(s) - other than at conclusion of treatment	\$50.00	May 16, 2020*
Adjunctive Service Procedures			
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$45.68	March 14, 2020
D9223	Deep Sedation/General Anesthesia - Each subsequent 15 minute increment	\$45.68	March 14, 2020
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$21.07	March 14, 2020
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each subsequent 15 minute increment	\$21.07	March 14, 2020
D9990	Certified Translation or Sign Language Services - Per Visit	Refer to Manual of Criteria (MOC)	May 16, 2020*
D9992	Dental Case Management - Care Coordination	Refer to Manual of Criteria (MOC)	May 16, 2020*
D9995	Teledentistry - Synchronous; Real-time encounter	\$0.24/min up to 90 minutes	May 16, 2020*

Continued on pg 6



D9996	Teledentistry - Asynchronous; Information stored and forwarded to dentist for subsequent review *Transmission costs associated with store and forward are not payable	\$0.00*	May 16, 2020*
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New Global Procedures

With exceptions, the procedures below will be effective as “global” for DOS on and after March 14, 2020. If used after the effective date, these procedures will be denied with ARC 269A - Procedure denied for the following reason: Included in the fee for another procedure and is not payable separately. Effective date exceptions are indicated with an asterisk. Though not shown in this bulletin, the draft CDT-19 MOC and SMA show all new global procedures in red.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Global Effective Date
Diagnostic Procedures			
D0171	Re-Evaluation Post-Operative Office Visit	Global	March 14, 2020
Restorative Procedures			
D2949	Restorative foundation for an indirect restoration	Global	March 14, 2020
Periodontal Procedures			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Global	May 16, 2020*
D4921	Gingival irrigation- per quadrant	Global	March 14, 2020
Implant Service Procedures			
D6011	Second Stage Implant Surgery	Global	March 14, 2020
D6081	Scaling and Debridement in the presence of Inflammation or Mucositis of a Single Implant, including cleaning of the Implant surfaces, without Flap entry and closure	Global	March 14, 2020
Oral and Maxillofacial Surgery Procedures			
D7881	Occlusal Orthotic Device Adjustment	Global	March 14, 2020
Orthodontic Procedures			
D8681	Removable Orthodontic Retainer Adjustment	Global	March 14, 2020
Adjunctive Service Procedures			
D9130	Temporomandibular joint dysfunction - Non-invasive Physical Therapies	Global	March 14, 2020

Continued on pg 7



Not a Benefit Procedures

The procedures below are not a benefit of the Program and will no longer be effective for DOS on or after March 14, 2020. If used after the effective date, these procedures will be denied with ARC 261 - Procedure is not a benefit of this program. Though not shown in this bulletin, the draft CDT-19 MOC and SMA show in red, all new procedures that are not a benefit.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Not a Benefit Effective Date
Diagnostic Procedures			
D0251	Extra-oral posterior dental radiographic image	Not a Benefit	March 14, 2020
D0351	3D photographic image	Not A Benefit	March 14, 2020
D0393	Treatment simulation using 3d image volume	Not A Benefit	March 14, 2020
D0394	Digital subtraction of two or more images or image volumes of the same modality	Not A Benefit	March 14, 2020
D0395	Fusion of two or more 3d image volumes of one or more modalities	Not A Benefit	March 14, 2020
D0411	HBA1C in-office point of service testing	Not a Benefit	March 14, 2020
D0412	Blood glucose level test in-office using a glucose meter	Not A Benefit	March 14, 2020
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Not A Benefit	March 14, 2020
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Not A Benefit	March 14, 2020
D0423	Genetic test for susceptibility to diseases-specimen analysis	Not A Benefit	March 14, 2020
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Not A Benefit	March 14, 2020
D0601	Caries risk assessment and documentation, with a finding of low risk	Not A Benefit (Benefit in DTI)	March 14, 2020 (January 1, 2017)
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Not A Benefit (Benefit in DTI)	March 14, 2020 (January 1, 2017)
D0603	Caries risk assessment and documentation, with a finding of high risk	Not A Benefit (Benefit in DTI)	March 14, 2020 (January 1, 2017)

Continued on pg 8



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Not a Benefit Effective Date
Preventive Procedures			
D1353	Sealant repair- per tooth	Not A Benefit	March 14, 2020
D1354	Interim caries arresting medicament application-per tooth	Not A Benefit (Benefit in DTI)	March 14, 2020 (January 1, 2017)
D1520	Space maintainer-removable - unilateral* *DTI Domain 1 Impact	\$230.00 Not A Benefit	March 14, 2020
Restorative Procedures			
D2921	Reattachment of Tooth Permanent, Incisal Edge or Cusp	Not a Benefit	March 14, 2020
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$75.00 Not A Benefit	March 14, 2020
Endodontic Procedures			
D3355	Pulpal regeneration- initial visit	Not A Benefit	March 14, 2020
D3356	Pulpal regeneration- interim medication replacement	Not A Benefit	March 14, 2020
D3357	Pulpal regeneration- completion of treatment	Not A Benefit	March 14, 2020
D3428	Bone graft in conjunction with periradicular surgery- per tooth, single site	Not A Benefit	March 14, 2020
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	Not A Benefit	March 14, 2020
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not A Benefit	March 14, 2020
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Not A Benefit	March 14, 2020
Periodontal Procedures			
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not A Benefit	March 14, 2020

Continued on pg 9



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Not a Benefit Effective Date
D4285	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not A Benefit	March 14, 2020
Prosthodontic (Removable) Procedures			
D5221	Immediate maxillary partial denture -resin base (including any conventional clasps, rests and teeth)	Not A Benefit	March 14, 2020
D5222	Immediate mandibular partial denture -resin base (including any conventional clasps, rests and teeth)	Not A Benefit	March 14, 2020
D5223	Immediate maxillary partial denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Not A Benefit	March 14, 2020
D5224	Immediate mandibular partial denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Not A Benefit	March 14, 2020
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	Not A Benefit	March 14, 2020
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	Not A Benefit	March 14, 2020
D5864	Overdenture - partial maxillary	Not A Benefit	March 14, 2020
D5866	Overdenture - partial mandibular	Not A Benefit	March 14, 2020
D5876	Add metal substructure to acrylic full denture (per arch)	Not A Benefit	March 14, 2020
Maxillofacial Prosthetic Procedures			
D5994	Periodontal medicament carrier with peripheral seal- laboratory processed	Not A Benefit	March 14, 2020
Implant Service Procedures			
D6085	Provisional Implant Crown	Not a Benefit	March 14, 2020
D6096	Remove Broken Implant retaining screw	Not a Benefit	March 14, 2020
D6118	Implant/Abutment supported Interim Fixed Denture for Edentulous Arch - Maxillary	Not a Benefit	March 14, 2020

Continued on pg 10



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	New Not a Benefit Effective Date
D6119	Implant/Abutment supported Interim Fixed Denture for Edentulous Arch - Mandibular	Not a Benefit	March 14, 2020
Fixed Prosthodontic Procedures			
D6549	Resin Retainer - for Resin Bonded Fixed Prosthesis	Not A Benefit	March 14, 2020
Oral and Maxillofacial Surgery Procedures			
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant	Not A Benefit	March 14, 2020
D7297	Corticotomy - Four or more teeth or tooth spaces, per quadrant	Not A Benefit	March 14, 2020
Adjunctive Service Procedures			
D9311	Consultation with Medical Health Care Professional	Not A Benefit	March 14, 2020
D9613	Infiltration of sustained release Therapeutic Drug - single or multiple sites	Not A Benefit	March 14, 2020
D9932	Cleaning and Inspection of a Removable Complete Denture, Maxillary	Not A Benefit	March 14, 2020
D9933	Cleaning and Inspection of a Removable Complete Denture, Mandibular	Not A Benefit	March 14, 2020
D9934	Cleaning and Inspection of a Removable Partial Denture, Maxillary	Not A Benefit	March 14, 2020
D9935	Cleaning and Inspection of a Removable Partial Denture, Mandibular	Not A Benefit	March 14, 2020
D9943	Occlusal Guard Adjustment	Not A Benefit	March 14, 2020
D9944	Occlusal Guard - Hard Appliance, Full arch	Not A Benefit	March 14, 2020
D9945	Occlusal Guard - Soft Appliance, Full arch	Not A Benefit	March 14, 2020
D9946	Occlusal Guard - Hard Appliance, Partial arch	Not A Benefit	March 14, 2020
D9961	Duplicate/Copy Patient Records	Not A Benefit	March 14, 2020
D9985	Sales Tax	Not A Benefit	March 14, 2020
D9986	Missed Appointment	Not A Benefit	March 14, 2020
D9987	Cancelled Appointment	Not A Benefit	March 14, 2020
D9991	Dental Case Management - Addressing appointment compliance barriers	Not A Benefit	March 14, 2020
D9993	Dental Case Management - Motivational Interviewing	Not A Benefit (Benefit in DTI)	March 14, 2020
D9994	Dental Case Management - Patient education to improve Oral Health literacy	Not A Benefit	March 14, 2020

Continued on pg 11



Existing CDT Procedures with Modification to Description

The descriptions of service for the existing procedures below will be effective March 14, 2020. There is no impact to adjudication with these changes. The existing criteria will not change for these procedures.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
Diagnostic Procedures			
D0250	Extra-oral - first 2D projection radiographic images created using a stationary radiation source, and detector	\$22.00	
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis	\$50.00	June 1, 2019
D0350	2D Oral/Facial photographic images obtained intra-orally or extra orally	\$6.00	
Preventive Procedures			
D1208	Topical application of fluoride - excluding varnish - child 0-5	\$18.00	June 1, 2019
D1208	Topical application of fluoride - excluding varnish - child 6-20	\$8.00	June 1, 2019
D1208	Topical application of fluoride - excluding varnish - adult	\$6.00	June 1, 2019
D1550	Re-cement ation or re-bond of space maintainer	\$30.00	
Restorative Procedures			
D2910	Recement inlay or re-bond , onlay, veneer or partial coverage restoration	\$30.00	
D2915	Recement or re-bond indirectly fabricated cast or prefabricated post and core	Global	
D2920	Recement or re-bond crown	\$30.00	
D2950	Core buildup, including any pins when required	Global	
Endodontic Procedures			
D3320	Endodontic therapy, premolar-bicuspid tooth (excluding final restoration)	\$261.00	March 15, 2017
D3347	Retreatment of previous root canal therapy - bicuspid-premolar	\$261.00	March 15, 2017
D3351	Apexification/Recalcification/ Pulpal regeneration - initial visit (apical closure/ calcific repair of perforations, root resorption, pulp space disinfection etc.)	\$100.00	

Continued on pg 12



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
D3352	Apexification/Recalcification/ Pulpal regeneration - interim medication replacement	\$100.00	
D3410	Apicoectomy/ Periradicular surgery - anterior	\$100.00	
D3421	Apicoectomy/ Periradicular surgery - bicuspid (first root)	\$100.00	
D3425	Apicoectomy/ Periradicular surgery - molar (first root)	\$100.00	
D3426	Apicoectomy/ Periradicular surgery - (each additional root)	\$100.00	
Periodontal Procedures			
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Not A Benefit	
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Not A Benefit	
D4260	Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00	
D4261	Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth bounded spaces, per quadrant	\$245.00	
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Not A Benefit	
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Not A Benefit	
D4273	Autogenous Subepithelial connective tissue graft procedures (including donor and recipient surgical sites), per first tooth, implant, or edentulous tooth position in graft	Not A Benefit	
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Not A Benefit	

Continued on pg 13



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
D4275	Non-Autogenous connective soft tissue allograft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Not A Benefit	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites surgery); first tooth, implant, or edentulous tooth position in graft	Not A Benefit	
D4278	Free soft tissue graft procedure (including recipient and donor surgery surgical sites surgery), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not A Benefit	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	Global \$75.00	July 15, 2016
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$45.00	
Prosthodontic (Removable) Procedures			
D5211	Maxillary partial denture - resin base (including any conventional clasps, retentive/clasping materials , rests and teeth)	\$250.00	July 10, 2019
D5212	Mandibular partial denture - resin base (including any conventional clasps, retentive/clasping materials , rest and teeth)	\$250.00	July 10, 2019
D5630	Repair or replace broken clasp- retentive/ clasping materials per tooth	\$100.00	
D5660	Add clasp to existing partial denture- per tooth	\$100.00	
Maxillofacial Prosthetic Procedures			
D5991	Topical Vesiculobullous Disease Medicament Carrier	\$80.00	
Implant Service Procedures			
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	By Report	

Continued on pg 14



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
D6092	Recement or Re-bond implant/abutment supported crown	\$30.00	
D6093	Recement or Re-bond implant/abutment supported fixed partial denture	\$50.00	
D6101	Debridement of a peri-implant defect or defects surrounding a single implant , and surface cleaning of the exposed implant services, including flap entry and closure	Not A Benefit	
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, and including flap entry and closure	Not A Benefit	
D6103	Bone graft for repair of peri-implant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration does not include flap entry and closure	Not A Benefit	
Fixed Prosthodontic Procedures			
D6600	Retainer Inlay - porcelain/ceramic, two surfaces	Not A Benefit	
D6601	Retainer Inlay - porcelain/ceramic, three or more surfaces	Not A Benefit	
D6602	Retainer Inlay - cast high noble metal, two surfaces	Not A Benefit	
D6603	Retainer Inlay - cast high noble metal, three or more surfaces	Not A Benefit	
D6604	Retainer Inlay - cast predominantly base metal, two surfaces	Not A Benefit	
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces	Not A Benefit	
D6606	Retainer Inlay - cast noble metal, two surfaces	Not A Benefit	
D6607	Retainer Inlay - cast noble metal, three or more surfaces	Not A Benefit	
D6608	Retainer Onlay - porcelain/ceramic, two surfaces	Not A Benefit	
D6609	Retainer Onlay - porcelain/ceramic, three or more surfaces	Not A Benefit	

Continued on pg 15



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
D6610	Retainer Onlay - cast high noble metal, two surfaces	Not A Benefit	
D6611	Retainer Onlay - cast high noble metal, three or more surfaces	Not A Benefit	
D6612	Retainer Onlay - cast predominantly base metal, two surfaces	Not A Benefit	
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces	Not A Benefit	
D6614	Retainer Onlay - cast noble metal, two surfaces	Not A Benefit	
D6615	Retainer Onlay - cast noble metal, three or more surfaces	Not A Benefit	
D6624	Retainer Inlay - titanium	Not A Benefit	
D6634	Retainer Onlay - titanium	Not A Benefit	
D6710	Retainer Crown - indirect resin based composite	Not A Benefit	
D6720	Retainer Crown - resin with high noble metal	Not A Benefit	
D6721	Retainer Crown - resin with predominantly base metal	\$220.00	
D6722	Retainer Crown - resin with noble metal	Not A Benefit	
D6740	Retainer Crown - porcelain/ceramic	\$340.00	
D6750	Retainer Crown - porcelain fused to high noble metal	Not A Benefit	
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$340.00	
D6752	Retainer Crown - porcelain fused to noble metal	Not A Benefit	
D6780	Retainer Crown - 3/4 cast high noble metal	Not A Benefit	
D6781	Retainer Crown - 3/4 cast predominantly base metal	\$340.00	
D6782	Retainer Crown - 3/4 cast noble metal	Not A Benefit	
D6783	Retainer Crown - 3/4 porcelain/ceramic	\$340.00	
D6790	Retainer Crown - full cast high noble metal	Not A Benefit	
D6791	Retainer Crown - full cast predominantly base metal	\$340.00	
D6792	Retainer Crown - full cast noble metal	Not A Benefit	
D6794	Retainer Crown - titanium	Not A Benefit	
D6930	Re-cement or Re-Bond fixed partial denture	\$50.00	

Continued on pg 16



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
Oral and Maxillofacial Surgery Procedures			
D7111	Extraction, coronal remnants - primary deciduous tooth	\$41.00	
D7210	Surgical removal Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$85.00	
D7280	Surgical access Exposure of an unerupted tooth	\$100.00	
D7285	Incisional Biopsy of oral tissue - hard (bone, tooth)	\$100.00	
D7286	Incisional Biopsy of oral tissue - soft	\$30.00	
D7292	Surgical Placement of temporary anchorage device (screw retained plate) requiring surgical flap; includes device removal	Not A Benefit	
D7293	Surgical placement of temporary anchorage device requiring surgical flap; includes device removal	Not A Benefit	
D7294	Surgical placement of temporary anchorage device without surgical flap; includes device removal	Not A Benefit	
D7873	Arthroscopy - surgical : lavage and lysis of adhesions	\$800.00	
D7874	Arthroscopy - surgical : disc repositioning and stabilization	\$800.00	
D7875	Arthroscopy - surgical : synovectomy	\$800.00	
D7876	Arthroscopy - surgical : discectomy	\$1,000.00	
D7877	Arthroscopy - surgical : debridement	\$800.00	
D7980	Surgical Sialolithotomy	\$235.00	
Orthodontic Procedures			
D8660	Pre-orthodontic treatment visit-examination to monitor growth and development	\$50.00	
D8670	Periodic orthodontic treatment visit (as part of contract) Handicapping malocclusion	\$210.00	
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - primary dentition	\$125.00	
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - mixed dentition	\$140.00	

Continued on pg 17



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance	Description Modification Effective Date
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate - permanent dentition	\$300.00	
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - primary dentition	\$125.00	
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - mixed dentition	\$140.00	
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management - permanent dentition	\$300.00	
D8693	Re-cement or re-bond Rebonding or recementing: and/or repair, as required, of fixed retainers	\$30.00	
Adjunctive Service Procedures			
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Global	March 14, 2020
D9630	Other drugs and/or medicaments dispensed in the office for home use, by report	Not A Benefit	

Please note the following Adjudication Reason Code (ARC) impacts. These ARCs are effective for dates of service (DOS) on and after May 16, 2020.

- **NEW:** ARC 071D - This procedure does not have a fee in the Schedule of Maximum Allowance and is not payable through a claim submission. Please see https://www.denti-cal.ca.gov/Dental_Providers/Denti-Cal/Dental_Case_Management_Program/ for further instructions.
- **NEW:** ARC 086B - Full Mouth Debridement is not payable when rendered within 24 months of a scaling and root planning.
- **NEW:** ARC 666A - Per clinical screening, the patient's medical condition does not preclude the taking of radiographs.

For questions about the CDT-19 implementation or SMA updates, please call the Telephone Service Center at (800) 423-0507.