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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 93 LCM-148

Date: October 25, 1993

Division: Health & Long Term
Care

TO: Local District Commissioners

SUBJECT: Increases to Fees for Targeted Adult Dental Procedures

ATTACHMENTS: Fee Increase Schedule for Adult Dental Services
(Attachment is on-line)

The Department of Social Services is pleased to announce approval by the Division of the Budget for increases to fees for targeted adult dental procedures. This initiative to increase fees is intended to help provide equal and improved access to dental services for all Medicaid recipients. It seeks to improve dental providers' participation in the fee-for-service setting.

The specific procedures are noted on the attached list. The new fees were effective August 1, 1993. We are preparing a notice to providers announcing the fee increase, and we will ask the dental associations to publicize the enhancements to those who are not currently participating.

If you have any questions concerning the increased dental fees, please contact Andrea Person, Division of Health & Long Term Care, 1-800-342-3009, extension 35882, User ID AY5660.

Sue Kelly
Deputy Commissioner
Division of Health & Long Term Care

ADULT DENTAL FEE INCREASE
Effective August 1, 1993

| <u>Procedure Code</u> | <u>Procedure Description</u> | <u>Present Fee</u> | <u>New Fee</u> |
|-----------------------|--|--------------------|----------------|
| 00110 | Initial Oral Examination | \$ 5.00 | \$ 10.00 |
| 00120 | Periodic Oral Examination | 5.00 | 10.00 |
| X0125 | Oral Examination by an Oral Surgeon or Dental Anesthesiologist | 10.00 | 20.00 |
| 00130# | Emergency Oral Examination | -- | 5.00 |
| 01110 | Prophylaxis, Adult | 12.00 | 15.40 |
| 01351 | Sealant-per tooth | 12.00 | 18.00 |
| 02720 | Crown; Resin w/High Noble Metal | 150.00 | 225.00 |
| 02750 | Crown; Porcelain fused to High Noble Metal | 200.00 | 300.00 |
| 02751 | Crown; Porcelain fused to predominantly Base Metal | 200.00 | 300.00 |
| 02752 | Crown; Porcelain Fused to Noble Metal | 200.00 | 300.00 |
| 02791 | Crown; Full Cast predominately Base Metal | 140.00 | 210.00 |
| 02792 | Crown; Full Cast Noble Metal | 140.00 | 210.00 |
| 04345 | Periodontal Scaling Performed in Presence of Gingival Inflammation | 20.00 | 30.00 |
| 05110 | Denture, Complete Upper | 150.00 | 300.00 |
| 05120 | Denture, Complete Lower | 150.00 | 300.00 |
| 05130 | Denture, Intermediate Upper | 165.00 | 247.50 |
| 05140 | Denture, Intermediate Lower | 165.00 | 247.50 |
| 05211 | Denture, Upper Partial; Resin Base | 160.00 | 240.00 |
| 05212 | Denture, Lower Partial; Resin Base | 160.00 | 240.00 |
| 05213 | Denture, Upper Partial; Cast Metal Base w/Resin Saddles | 214.00 | 240.00 |
| 05214 | Denture, Lower Partial; Cast Metal Base w/ Resin Saddles | 214.00 | 240.00 |
| 07110 | Extraction of single tooth | 10.50 | 25.00 |
| 07120 | Extraction each additional tooth | 10.50 | 20.00 |
| 07210 | Surgical Removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | 19.50 | 45.00 |
| 09110 | Palliative Treatment of Dental Pain - minor procedure | 6.50 | 9.75 |

#New Medicaid procedure code