

Healthy Kids Dental MIChild

Covered Benefits and Fee Schedule for Specialists



**Addendum to
the Uniform Requirements of Delta Dental Premier Participation
for
Healthy Kids Dental and MIChild Enrollees Only**

For the Healthy Kids Dental and MIChild programs, an Addendum is being added to Section B of the Uniform Requirements of Delta Dental Premier Participation, which deals with payment. This Addendum provides that for these two programs only, the participating Dentist agrees to the following:

If a Delta Dental Premier Participating Dentist treats a Healthy Kids Dental or a MIChild patient, Delta Dental's payment shall not exceed the lesser of the Dentist's submitted fee or the amount on the attached fee schedule. This applies to all locations at which the dentist has a Delta Dental Premier Participation Agreement.

This Addendum for Healthy Kids Dental and MIChild may be terminated by Delta Dental or the Dentist with or without cause, upon 30 days written notice.

The effective date of this Addendum is January 1, 2006.

Healthy Kids Dental

Covered Services and Fee Schedule for Specialists

Fees Effective January 15, 2008

Payment is based on the lesser of the dentist's submitted fee or the amount on this fee schedule. Covered services are reimbursed at 100% and, except as noted, are subject to Delta Dental's standard time limitations and policies. If a procedure does not appear on this list, it is not a covered benefit. Payment for noncovered services is the responsibility of the beneficiary or responsible party; however, fees must be discussed with these individuals in advance and treatment should only be rendered if they agree to pay for the noncovered (or alternative) procedures. Due to federal Medicaid requirements, covered services that are denied by Delta Dental cannot be charged to the enrollee.

CDT 2007-2008			CDT 2007-2008		
CODE	NOMENCLATURE	FEE	CODE	NOMENCLATURE	FEE
DIAGNOSTIC			ENDODONTICS		
D0120	Periodic oral evaluation	34	D2710	Crown—resin-based composite (indirect)	490
D0140	Limited oral evaluation—problem focused	65	D2712	Crown—3/4 resin-based composite (indirect)	490
D0145 ¹	Oral evaluation/counseling with primary caregiver.....	35	D2910	Recement inlay, onlay, or partial coverage restoration.....	68
D0150	Comprehensive oral evaluation—new or established patient.....	65	D2915	Recement cast or prefabricated post and core.....	65
D0210	Intraoral—complete series (including bitewings).....	87	D2920	Recement crown.....	66
D0220	Intraoral—periapical first film	18	D2930	Prefabricated stainless steel crown—primary tooth	181
D0230	Intraoral—periapical—each additional film	9	D2931	Prefabricated stainless steel crown—permanent tooth	181
D0240	Intraoral—occlusal film	19	D2932	Prefabricated resin crown	215
D0270	Bitewing—single film.....	15	D2933	Prefabricated stainless steel crown with resin window.....	208
D0272	Bitewings—two films	26	D2934	Prefabricated esthetic coated stainless steel crown—primary tooth.....	208
D0273	Bitewings—three films	34	D2940	Sedative filling	75
D0274	Bitewings—four films.....	41	D2950	Core buildup, including any pins	210
D0330	Panoramic film	73	D2951	Pin retention—per tooth, in addition to restoration	54
PREVENTIVE			D2952	Cast post and core in addition to crown.....	310
D1110	Prophylaxis—adult	55	D2954	Prefabricated post and core in addition to crown.....	290
D1120	Prophylaxis—child	41	D2999	Unspecified restorative procedure (by report)	❖
D1203 ²	Topical application of fluoride—child	28	ENDODONTICS		
D1204 ²	Topical application of fluoride—adult	28	D3110	Pulp cap—direct	35
D1206 ³	Topical fluoride varnish	28	D3220	Therapeutic pulpotomy	116
D1351 ⁴	Sealant—per tooth	32	D3221	Pulpal debridement	129
D1510	Space maintainer—fixed, unilateral.....	204	D3230	Pulpal therapy—anterior, primary tooth	159
D1515	Space maintainer—fixed, bilateral.....	355	D3240	Pulpal therapy—posterior, primary tooth	159
D1550	Re-cementation of space maintainer.....	43	D3310	Root canal therapy—anterior	520
D1555	Removal of fixed space maintainer.....	44	D3320	Root canal therapy—bicuspid	606
¹ To age 3 ² To age 16, twice in a 12-month period ³ Age 3 and under ⁴ Occlusal surface of unrestored first permanent molars to age 9, second permanent molars to age 14, once per tooth per lifetime			D3330	Root canal therapy—molar	727
RESTORATIVE			D3351	Apexification/recalcification—initial visit	201
D2140	Amalgam—one surface	68	D3352	Apexification/recalcification—interim medication replacement	98
D2150	Amalgam—two surfaces.....	81	D3353	Apexification/recalcification—final visit	315
D2160	Amalgam—three surfaces.....	99	D3410	Apicoectomy/periradicular surgery—anterior	622
D2161	Amalgam—four or more surfaces	125	D3421	Apicoectomy/periradicular surgery—bicuspid (first root).....	673
D2330	Resin-based composite—one surface, anterior.....	79	D3425	Apicoectomy/periradicular surgery—molar (first root).....	673
D2331	Resin-based composite—two surfaces, anterior.....	97	D3426	Apicoectomy/periradicular surgery (each additional root)	190
D2332	Resin-based composite—three surfaces, anterior.....	120	D3430	Retrograde filling—per root.....	115
D2335	Resin-based composite—four or more surfaces or involving incisal angle, anterior.....	180	D3999	Unspecified endodontic procedure (by report)	❖
D2390	Resin-based composite crown—anterior	185	❖ Benefit determined by consultant review		

Healthy Kids Dental

CDT 2007-2008			CDT 2007-2008		
CODE	NOMENCLATURE	FEE	CODE	NOMENCLATURE	FEE
PERIODONTICS			PROSTHODONTICS (fixed)		
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	134	D6930	Recement fixed partial denture	97
PROSTHODONTICS (removable)			ORAL & MAXILLOFACIAL SURGERY		
D5110	Complete denture, maxillary.....	1,200	NOTE: Removal of asymptomatic third molars is not a covered benefit.		
D5120	Complete denture, mandibular.....	1,200	D7111	Extraction, coronal remnants—deciduous tooth.....	70
D5130	Immediate denture, maxillary	1,325	D7140	Extraction, erupted tooth or exposed root	84
D5140	Immediate denture, mandibular	1,325	D7210	Surgical removal of erupted tooth	172
D5211	Maxillary partial denture—resin base	920	D7220	Removal of impacted tooth—soft tissue.....	193
D5212	Mandibular partial denture—resin base	920	D7230	Removal of impacted tooth—partially bony.....	252
D5213	Maxillary partial denture—cast metal framework with resin denture bases	1,275	D7240	Removal of impacted tooth—completely bony	294
D5214	Mandibular partial denture—cast metal framework with resin denture bases	1,275	D7250	Surgical removal of residual tooth roots	204
D5225	Maxillary partial denture—flexible base (including any clasps, rests, and teeth).....	900	D7260	Oroantral fistula closure	321
D5226	Mandibular partial denture—flexible base (including any clasps, rests, and teeth).....	900	D7261	Primary closure of a sinus perforation	342
D5410	Adjust complete denture—maxillary	62	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	311
D5411	Adjust complete denture—mandibular	62	D7310	Alveoloplasty in conjunction with extractions—per quadrant, four or more teeth or spaces.....	173
D5421	Adjust partial denture—maxillary	64	D7320	Alveoloplasty not in conjunction with extractions—per quadrant, four or more teeth or spaces.....	245
D5422	Adjust partial denture—mandibular	64	D7471	Removal of lateral exostosis (maxilla or mandible)	355
D5510	Repair broken complete denture base.....	140	D7472	Removal of torus palatinus	330
D5520	Replace missing or broken teeth—complete denture (each tooth).....	95	D7473	Removal of torus mandibularis.....	325
D5610	Repair resin denture base.....	140	D7485	Surgical reduction of osseous tuberosity	320
D5620	Repair cast framework	180	D7510	Incision and drainage of abscess— intraoral soft tissue	130
D5630	Repair or replace broken clasp.....	155	D7970	Excision of hyperplastic tissue—per arch.....	296
D5640	Replace broken teeth—per tooth	95	D7971	Excision of pericoronal gingiva	122
D5650	Add tooth to existing partial denture	128	D7972	Surgical reduction of fibrous tuberosity.....	301
D5660	Add clasp to existing partial denture	160	D7999	Unspecified oral surgery procedure (by report)	❖
D5710	Rebase complete maxillary denture.....	500	ADJUNCTIVE GENERAL SERVICES		
D5711	Rebase complete mandibular denture	500	D9110	Palliative (emergency) treatment of dental pain— minor procedures	90
D5720	Rebase maxillary partial denture	400	D9220	Deep sedation/General anesthesia— first 30 minutes.....	216
D5721	Rebase mandibular partial denture.....	400	D9221	Deep sedation/General anesthesia— each additional 15 minutes.....	84
D5730	Reline complete maxillary denture (chairside).....	220	D9241	Intravenous conscious sedation/analgesia— first 30 minutes.....	205
D5731	Reline complete mandibular denture (chairside).....	220	D9242	Intravenous conscious sedation/analgesia— each additional 15 minutes.....	85
D5740	Reline maxillary partial denture (chairside)	195	D9248	Non-intravenous conscious sedation (by report)	❖
D5741	Reline mandibular partial denture (chairside).....	195	D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).....	76
D5750	Reline complete maxillary denture (laboratory)	400	D9420	Hospital call (by report).....	❖
D5751	Reline complete mandibular denture (laboratory)	400	D9920	Behavior management (by report)	❖
D5760	Reline maxillary partial denture (laboratory)	340	D9930	Treatment of complications (post-surgical)— unusual circumstances, by report.....	❖
D5761	Reline mandibular partial denture (laboratory).....	340			
D5810	Interim complete denture (maxillary).....	550			
D5811	Interim complete denture (mandibular).....	550			
D5820	Interim partial denture (maxillary).....	410			
D5821	Interim partial denture (mandibular).....	410			
D5899	Unspecified prosthodontic procedure (by report).....	❖			

❖ Benefit determined by consultant review

MIChild

Covered Services and Fee Schedule for Specialists

Fees Effective January 15, 2008

Payment is based on the lesser of the dentist's submitted fee or the amount on this fee schedule. Covered services are reimbursed at 100% and, except as noted, are subject to Delta Dental's standard time limitations and policies. If a procedure does not appear on this list, it is not a covered benefit. The calendar year maximum is \$600, no deductible.

**CDT
2007-2008**

CODE	NOMENCLATURE	FEE
------	--------------	-----

DIAGNOSTIC

D0120	Periodic oral evaluation	34
D0140	Limited oral evaluation—problem focused	65
D0145 ¹	Oral evaluation/counseling with primary caregiver.....	35
D0150	Comprehensive oral evaluation— new or established patient.....	65
D0160	Detailed and extensive oral evaluation	65
D0270	Bitewing—single film.....	15
D0272	Bitewings—two films	26
D0273	Bitewings—three films	34
D0274	Bitewings—four films.....	41
D0277	Vertical bitewings—seven to eight films	58

PREVENTIVE

D1110	Prophylaxis—adult	55
D1120	Prophylaxis—child	41
D1203 ²	Topical application of fluoride, prophylaxis not included—child.....	28
D1206 ³	Topical fluoride varnish	28
D1351 ⁴	Sealant—per tooth	32
D1510	Space maintainer—fixed, unilateral.....	204
D1515	Space maintainer—fixed, bilateral.....	355
D1520	Space maintainer—removable, unilateral.....	234
D1525	Space maintainer—removable, bilateral.....	375
D1550	Recementation of space maintainer	43
D1555	Removal of fixed space maintainer.....	44

¹ To age 3

² To age 14, twice in a 12-month period

³ Age 3 and under

⁴ Occlusal surface of unrestored first permanent molars to age 9, second permanent molars to age 14, once per tooth per lifetime

**CDT
2007-2008**

CODE	NOMENCLATURE	FEE
------	--------------	-----

RESTORATIVE

D2140	Amalgam—one surface	68
D2150	Amalgam—two surfaces.....	81
D2160	Amalgam—three surfaces.....	99
D2161	Amalgam—four or more surfaces	125
D2330	Resin-based composite—one surface, anterior.....	79
D2331	Resin-based composite—two surfaces, anterior.....	97
D2332	Resin-based composite—three surfaces, anterior.....	120
D2335	Resin-based composite—four or more surfaces or involving incisal angle, anterior.....	180
D2920	Recement crown.....	66
D2930	Prefabricated stainless steel crown—primary tooth	181
D2931	Prefabricated stainless steel crown—permanent tooth	181
D2932	Prefabricated resin crown	215
D2933	Prefabricated stainless steel crown with resin window.....	208
D2934	Prefabricated esthetic coated stainless steel crown— primary tooth.....	208
D2940	Sedative filling	75
D2951	Pin retention—per tooth, in addition to restoration	54

ENDODONTICS

D3220	Therapeutic pulpotomy	119
-------	-----------------------------	-----

ORAL AND MAXILLOFACIAL SURGERY

D7111	Extraction, coronal remnants—deciduous tooth.....	70
D7140	Extraction, erupted tooth or exposed root.....	84

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain— minor procedure	90
D9440	Office visit—after regularly scheduled hours.....	90