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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.

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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