



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health
Services

NEWSLETTER

Volume 10 No. 52

August 2000

TO: Providers of Dental Services - **For Action**
Health Maintenance Organizations - **For Information Only**

SUBJECT: **Changes in Medicaid Fee-For-Service (FFS)
Allowances for Dental Services**

EFFECTIVE: Claims with service dates on or after August 15, 2000

PURPOSE: To notify providers of dental services of changes in Medicaid FFS reimbursement for covered dental services.

BACKGROUND: In accordance with the State Fiscal Year 2001 Appropriations Act, the Division of Medical Assistance and Health Services (DMAHS) is increasing maximum fee allowances for certain dental services covered by the Medicaid, General Assistance (GA) and NJ KidCare FFS programs.

The intent of these changes is to encourage New Jersey licensed dentists to participate in the Medicaid FFS program and for participating dentists to provide the full range of dental services covered by the Medicaid, GA and NJ KidCare FFS programs.

ACTION: **Effective for claims with service dates on or after August 15, 2000**, Medicaid, NJ KidCare and GA FFS reimbursement for dental procedure codes listed on the attachment to this Newsletter have been **increased** by the Division of Medical Assistance and Health Services. These changes were proposed in the New Jersey Register (32 NJR 2411(a)), dated July 3, 2000.

The attached list includes only those dental procedure codes affected by these changes. Those procedure codes not listed continue to be covered by the Medicaid program and their maximum fee allowances remain unchanged.

If you have any questions concerning this Newsletter, please do not hesitate to contact the Chief, Dental Services, at 1-800-782-0181.

HCPCS CODES	PROCEDURE DESCRIPTION	MAXIMUM FEE ALLOWANCE		
		S	\$	NS
00110	Initial Oral Examination	14.00		13.00
00110 76	Initial Oral Examination	14.00		13.00
00110 WT	Comprehensive Oral Examination – Child	25.00		21.00
00120	Periodic Oral Examination	14.00		13.00
00210 52	Intraoral – Complete Series (including bitewings)	18.00		18.00
00210	Intraoral – Complete Series (including bitewings)	22.00		22.00
00210 22	Intraoral – Complete Series (including bitewings)	26.00		26.00
00220	Intraoral – Periapical – First Film	3.75		3.75
00230	Intraoral – Periapical – Each Additional Film	2.75		2.75
00270	Bitewing – One Film	3.00		3.00
00272	Bitewings – Two Films	5.00		5.00
00274	Bitewings – Four Films	9.00		9.00
00330	Panoramic Film	15.75		15.75
00340	Cephalometric Film	15.00		15.00
00340 22	Cephalometric Film	22.50		22.50
01110	Prophylaxis – Adult	17.00		16.00
01110 52	Prophylaxis – Adult	8.50		8.00
01110 76	Prophylaxis – Adult	17.00		16.00

01120	Prophylaxis – Child	14.00	13.00
01120 76	Prophylaxis – Child	14.00	13.00
Y2105 76	Additional Scaling	16.00	15.00
01201	Topical Application of Fluoride (Including Prophylaxis) Child	24.00	22.00
01202	Topical Application of Fluoride (Including Prophylaxis) – Adult	27.00	25.00
01202 52	Topical Application of Fluoride (Including Prophylaxis) – Adult	13.50	12.50
01201 76	Topical Application of Fluoride (Including Prophylaxis) – Child	24.00	22.00
01202 76	Topical Application of Fluoride (Including Prophylaxis) – Adult	27.00	25.00
01351	Sealant – Per Tooth	10.00	9.00
01510	Space Maintainer – Fixed – Unilateral	85.00	80.00
01515	Space Maintainer – Fixed – Bilateral	123.00	115.00
02110	Amalgam – One Surface, Primary	32.00	30.00
02120	Amalgam – Two Surfaces, Primary	38.00	35.50
02130	Amalgam – Three Surfaces, Primary	44.00	41.00
02131	Amalgam – Four or more Surfaces, Primary	51.00	46.50
02140	Amalgam – One Surface, Permanent	32.00	30.00
02150	Amalgam – Two Surfaces, Permanent	38.00	35.50
02160	Amalgam – Three Surfaces, Permanent	44.00	41.00
02161	Amalgam – Four or more Surfaces, Permanent	51.00	46.50
02330	Resin – One Surface	35.50	33.00

02331	Resin – Two Surfaces	42.50	39.00
02332	Resin – Three Surfaces	49.50	45.00
02335	Resin – Four or more Surfaces or Involving Incisal Angle	59.50	54.00
02385	Resin – one surface, posterior permanent	32.00	30.00
02386	Resin – two surfaces, posterior permanent	38.00	35.50
02387	Resin – three surfaces, posterior permanent	44.00	41.00
02750	Crown – Porcelain Fused to High Noble Metal	279.00	253.00
02751	Crown – Porcelain Fused to Predominantly Base Metal	279.00	253.00
02752	Crown – Porcelain Fused to Noble Metal	279.00	253.00
02930	Prefabricated Stainless Steel Crown - Primary Tooth	76.00	70.00
02931	Prefabricated Stainless Steel Crown - Permanent Tooth	76.00	70.00
02950	Crown Buildup including any pins	49.00	45.00
02951	Pin Retention – Per Tooth, in addition to Restoration	6.00	5.00
02952	Cast Post and Core in addition to Crown	75.00	68.00
02954	Prefabricated Post and Core in addition to Crown	49.00	45.00
03220	Therapeutic Pulpotomy (Excluding Final Restoration)	28.00	26.00
03310	One Canal (Excluding Final Restoration)	148.00	135.00
03320	Two Canals (Excluding Final Restoration)	190.00	173.00
03330	Three Canals (Excluding Final Restoration)	247.00	225.00

03410	Apicoectomy (Per Tooth) – First Root	79.00	72.00
03410 22	Apicoectomy/Endodontic Procedure (Per Tooth) – First Root	135.50	122.50
04341	Periodontal Scaling and Root Planing Per Quadrant	37.50	34.50
05110	Complete Upper	334.00	302.00
05120	Complete Lower	342.00	311.00
05130	Immediate Upper	365.00	332.00
05130 22	Immediate Upper	392.00	353.00
05140	Immediate Lower	372.00	338.00
05140 22	Immediate Lower	400.00	363.00
05211	Upper Partial – Acrylic Base (Including any Conventional Clasps and Rests	275.00	250.00
05211 52	Upper Partial – Acrylic Base – Without Clasps (Flipper)	186.00	173.00
05212	Lower Partial – Acrylic Base – (Including any Conventional Clasps and Rests)	275.00	250.00
05212 52	Lower Partial – Acrylic Base without Clasps (Flipper)	186.00	173.00
05213	Upper Partial – Predominantly Base Cast Base with Acrylic Saddles (including any Conventional Clasps and Rests)	361.00	328.00
05214	Lower Partial – Predominantly Base Cast Base with Acrylic Saddles (including any Conventional Clasps and Rests)	342.00	311.00
Y2505	Immediate Replacement of Anterior Teeth - Per Tooth	11.00	10.00
05410	Adjust Complete Denture – Upper	10.00	9.00

05411	Adjust Complete Denture – Lower	10.00	9.00
05421	Adjust Partial Denture – Upper	10.00	9.00
05422	Adjust Partial Denture – Lower	10.00	9.00
05510 YU	Repair Broken Complete Denture Base	49.50	45.00
05510 YL	Repair Broken Complete Denture Base	49.50	45.00
05520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	15.00	15.00
05610 YU	Repair Acrylic Saddle or Base	49.50	45.00
05610 YL	Repair Acrylic Saddle or Base	49.50	45.00
05620	Repair Cast Framework	33.00	30.00
05630 YU	Repair or Replace Broken Clasp	76.50	72.00
05630 YL	Repair or Replace Broken Clasp	76.50	72.00
05640	Replace Broken Teeth - Per Tooth	15.00	15.00
05650	Add Tooth to Existing Partial Denture	66.00	60.00
05660 YU	Add Clasp to Existing Partial Denture	76.50	72.00
05660 YL	Add Clasp to Existing Partial Denture	76.50	72.00
Y2510	Each Additional Clasp – For Repair	30.00	27.00
05710	Rebase Complete Upper Denture	132.00	120.00
05711	Rebase Complete Lower Denture	132.00	120.00
05720	Rebase Upper Partial Denture	124.00	113.00
05721	Rebase Lower Partial Denture	124.00	113.00
05730	Reline Upper Complete Denture (Chairside)	29.00	26.00
05731	Reline Lower Complete Denture (Chairside)	29.00	26.00

05740	Reline Upper Partial Denture (Chairside)	29.00	26.00
05741	Reline Lower Partial Denture (Chairside)	29.00	26.00
05750	Reline Upper Complete Denture (Laboratory)	99.00	90.00
05751	Reline Lower Complete Denture (Laboratory)	99.00	90.00
05760	Reline Upper Partial Denture (Laboratory)	91.00	83.00
05761	Reline Lower Partial Denture (Laboratory)	91.00	83.00
06240	Pontic – Porcelain Fused to High Noble Metal	170.00	165.00
06241	Pontic – Porcelain Fused to Predominantly Base Metal	170.00	165.00
06242	Pontic – Porcelain Fused to Noble Metal	170.00	165.00
06750	Crown – Porcelain Fused to High Noble Metal	279.00	253.00
06751	Crown – Porcelain Fused to Predominantly Base Metal	279.00	253.00
06752	Crown – Porcelain Fused to Noble Metal	279.00	253.00
06970	Cast Post and Core in Addition to Bridge Retainer	75.00	68.00
06972	Prefabricated Post and Core in Addition to Bridge Retainer	49.00	45.00
07110	Single Tooth	32.00	30.00
07130 52	Root Removal – Exposed Roots	19.50	18.00
07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal Of Bone and/or Section of Tooth	33.00	31.00

07220	Removal of Impacted Tooth – Soft Tissue	43.00	40.00
07230	Removal of Impacted Tooth – Partially Bony	114.00	106.00
07240	Removal of Impacted Tooth – Completely Bony	114.00	106.00
07250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	43.00	39.00
07260	Oroantral Fistula Closure	108.00	99.00
07270	Tooth Re-implantation and/or Stabilization of Accidentally Avulsed or Displaced Tooth and/or Alveolus	93.00	85.00
07270 22	Tooth Re-implantation and/or Stabilization of Accidentally Avulsed or Displaced Tooth and/or Alveolus	118.00	107.00
07280	Surgical Exposure of Impacted or Unerupted Tooth for Orthodontic Reason (Including Orthodontic Attachments)	101.00	94.00
07281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	45.00	41.00
07310	Alveoloplasty in Conjunction with Extractions - Per Quadrant	62.50	56.50
07320	Alveoloplasty Not in Conjunction With Extraction - Per Quadrant	62.50	56.50
07340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	65.00	59.00
07350	Vestibuloplasty – Ridge Extension (including Soft Tissue Grafts, Muscle Re-attachments , Revision of Soft Tissue Attachment, and Management of Hypertrophied and Hyperplastic Tissue)	169.00	153.00
07470	Removal of Exostosis – Maxilla or Mandible	62.50	56.50
07470 22	Removal of Exostosis	109.00	98.00
07510	Incision and Drainage of Abscess – Intraoral Soft	28.00	26.00

	Tissue		
07610	Maxilla – Open Reduction (Teeth Immobilized if Present)	273.00	249.00
07620	Maxilla – Closed Reduction (Teeth Immobilized if Present)	182.00	166.00
07620 52	Maxilla – Closed Reduction	80.00	76.00
07630	Mandible – Open Reduction (Teeth Immobilized if Present)	363.00	331.00
07630 22	Mandible – Open Reduction (Teeth immobilized if Present)	454.00	414.00
07640	Mandible – Closed Reduction (Teeth immobilized if Present)	182.00	166.00
07640 52	Mandible – Closed Reduction	80.00	76.00
07650	Malar and/or Zygomatic Arch – Open Reduction	182.00	166.00
07660	Malar and/or Zygomatic Arch – Closed Reduction	63.00	58.00
07660 52	Malar and/or Zygomatic Arch – Closed Reduction	56.00	52.00
07670 YU	Alveolus – Stabilization of Teeth, Open Reduction Splinting	138.00	126.00
07670 YL	Alveolus – Stabilization of Teeth, Open Reduction Splinting	138.00	126.00
07680	Facial Bones – Complicated Reduction with Fixation and Multiple Surgical Approaches	363.00	331.00
07710	Maxilla – Open Reduction	273.00	249.00
07720	Maxilla – Closed Reduction	182.00	166.00
07720 52	Maxilla – Closed Reduction	80.00	76.00
07730	Mandible – Open Reduction	363.00	331.00
07730 22	Mandible – Open Reduction	454.00	414.00

07740	Mandible – Closed Reduction	182.00	166.00
07740 52	Mandible – Closed Reduction	80.00	76.00
07750	Malar and/or Zygomatic Arch – Open Reduction	182.00	166.00
07760	Malar and/or Zygomatic Arch – Closed Reduction	63.00	58.00
07760 52	Malar and/or Zygomatic Arch – Closed Reduction	56.00	52.00
07770 YU	Alveolus – Stabilization of Teeth, Open Reduction Splinting	138.00	126.00
07770 YL	Alveolus – Stabilization of Teeth, Open Reduction Splinting	138.00	126.00
07780	Facial Bones – Complicated Reduction with Fixation and Multiple Surgical Approaches	363.00	331.00
07810	Open Reduction of Dislocation	273.00	249.00
07820	Closed Reduction of Dislocation	27.00	25.00
07830	Manipulation under Anesthesia	27.00	25.00
07910 52	Suture of Recent Small Wounds	26.00	24.00
07910	Suture of Recent Small Wounds	35.00	32.00
07910 22	Suture of Recent Small Wounds	43.00	39.00
07960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	60.00	56.00
Y2910	Appliances	493.00	370.00
Y2920	1 st Through 12 th Month of Treatment To Start On Day insertion of Appliance is Completed, Per Month	80.00	75.00
Y2930	13 th Through 24 th Month of Treatment, Per Month	80.00	75.00
Y2965	Orthodontic Examination (Comprehensive And Complete Orthodontic) Treatment Plan	11.00	10.00

09110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedures	10.00	9.00
09220	General Anesthesia	125.00	125.00
09220 22	Maximum 4 units	44.00	44.00
09220 52	Time Units: Each additional 15 minute period or major portion thereof. (Limited to "table" or "chair" time only). Maximum reimbursable : two hours.	11.00	11.00
09230	Analgesia	15.00	14.00
09240	Intravenous Sedation	50.00	49.00
09410	House Call	20.50	19.00
Y3005	Long Term Care Facility Visits	20.50	19.00
09420 52	Hospital Call	19.00	17.00
09420 22	Hospital Call	32.00	27.00
09420	Hospital Call	19.00	17.00
09930	Treatment of Complications (Post Surgical) - Unusual Circumstances, By Report	9.00	8.00
09940	Occlusal Guards	50.00	45.00
09940 22	Occlusal Guards	65.00	58.00

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