Washington State Health Care Authority

REPORT TO THE LEGISLATURE

Medicaid Dental Prior Authorization

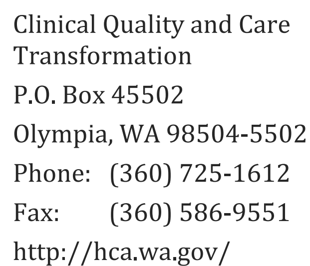
Substitute House Bill 2498, Chapter 128, Laws of 2016, Chapter 74.09 RCW

December 15, 2016

Medicaid Dental Prior Authorization

Acknowledgments

We would like to thank the dental advisory workgroup members, Washington State Dental Association (WSDA), Washington Dental Service Foundation (WDSF), representatives from Federally Qualified Health Centers (FQHC), Dean of the University of Washington Dental School and others who have shared information and provider feedback for this report.



Clinical Quality and Care
Transformation

P.O. Box 45502

Olympia, WA 98504-5502

Phone: (360) 725-1612

Fax: (360) 586-9551

http://hca.wa.gov/

Table of Contents

Executive Summary 2
Background 2
Legislation 2
Apple Health Dental Services 3
Prior Authorization Requirements 4
Dental Advisory Workgroup 4
Recommendations for Prior Authorization 4
Reducing wait times 4
Adjusting prior authorization requirements 6
Reducing prior authorization burdens on dental providers 6
Adjusting payments for services subject to prior authorization 7
Conclusion 8
References 9
Appendix A 10
Appendix B 11
Appendix C 14

Executive Summary

Substitute House Bill (SHB) 2498 directs the Health Care Authority (HCA) to convene a work group or use an existing work group to make recommendations on methods to improve the prior authorization system for dental providers who offer dental services to Medicaid clients.

Recommendations addressed within this report include options to: minimize wait times, decrease the number of dental procedures requiring prior authorization, and reduce provider burden. Feedback on these topics was solicited from the dental provider community, advocacy organizations and a dental advisory workgroup. Primary themes identified through the feedback process included increasing low provider reimbursement levels; decreasing lengthy wait times for prior authorization; increasing provider ability to contact agency staff; streamlining billing and prior authorization systems; and reducing prior authorization requirements.

HCA is currently undergoing multiple process improvement activities to improve the responsiveness of prior authorization and reduce the administrative burden, while maintaining patient safety and quality of care. After reviewing services associated with prior authorization, the dental advisory group identified 15 dental services as potentially appropriate for removal from prior authorization requirements. Additional steps will need to be taken before changes are approved and finalized.

Background

Legislation

SHB 2498 directs HCA to elicit recommendations regarding dental prior authorization from a workgroup composed of representatives of dental providers in private practices, dental providers in community health centers, oral health care advocates, and other relevant stakeholders. The recommendations must identify:

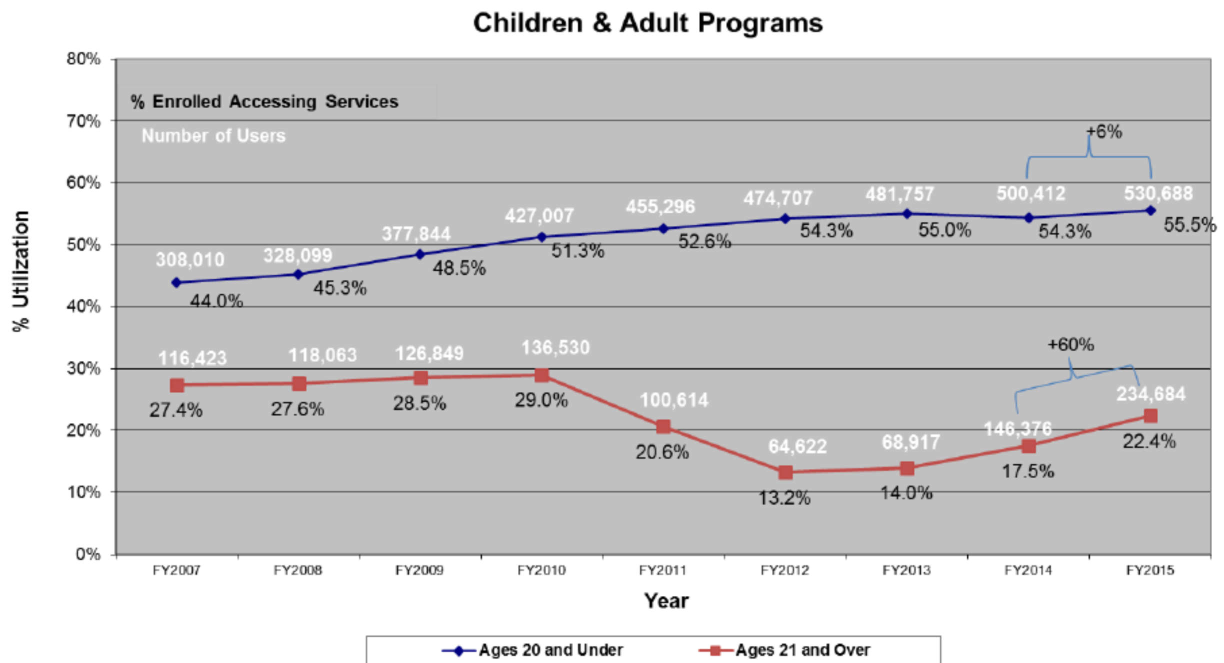
- Current wait times for prior authorization approvals for dental services and supplies, and options for reducing the time that medical assistance clients must wait for prior authorization decisions;
- Dental services and related supplies that are currently subject to prior authorization, including:
    - Which dental services and supplies must remain subject to prior authorization to maintain quality controls and consistency with federal law, and
    - Which dental services and supplies may be removed from prior authorization;
- Ways to reduce the cost and administrative burden of prior authorization requirements on dental providers; and

- Options to adjust payment practices for those dental services and supplies with prior authorization requirements.

Apple Health Dental Services

Dental services for Medicaid clients are provided through a fee-for-service arrangement in which the dentist directly bills HCA. Medicaid in Washington covered adult dental care until 2011 when budget reductions went into effect, which limited most dental coverage to emergency services, such as tooth extractions, antibiotics for infections and medications for pain. Between 2011 and 2014 comprehensive adult dental coverage was only available to very limited populations. In January 2014, comprehensive dental coverage was restored to all Medicaid-insured adults, including those covered by the Medicaid Expansion component of the Affordable Care Act. Chart 1 identifies dental utilization trends for children and adults covered by Apple Health.

Chart 1: Statewide Apple Health Dental Utilization



In reviewing Medicaid agencies across the nation, Washington State Dental Association (WSDA) found that 15 states offered comprehensive benefits to adults, 16 states provided limited benefits, and 19 offered no benefits or emergency-only benefits in 2015 (WSDA, 2016). Dental services have historically been a challenging benefit for Medicaid programs to administer for a variety of reasons, including low provider participation rates. (National Academy for State Health Policy, 2016)

Prior Authorization Requirements

Certain dental services require that the dental provider obtain authorization from insurers prior to the service being performed. Prior authorization generally requires that the dental provider establish medical necessity for the service through sufficient objective, clinical information. This report will discuss the current state of Medicaid prior authorization and the recommendation issued from the dental advisory workgroup and other relevant stakeholders.

Dental Advisory Workgroup

HCA has actively engaged the dental advisory workgroup to review and provide recommendations for improving the administration of the adult Medicaid dental program. The current workgroup members include agency staff and outside stakeholders including representatives from WSDA, Washington Dental Service Foundation (WDSF), representatives from Federally Qualified Health Centers (FQHC), the Dean of the University of Washington Dental School, and independent (non-FQHC) dentists.

HCA solicited input through a variety of methods, including requesting comments from the Pacific Northwest Dental conference participants, scheduled webinars, and in-person workgroup meetings. WSDA and WDSF solicited feedback from their large network of providers, directing them to a designated HCA email address.

Primary themes identified through the feedback process included:

- Decrease lengthy wait times for prior authorization;
- Improve provider ability to contact agency staff;
- Increase low reimbursement levels;
- Streamline the billing and prior authorization system; and
- Reduce prior authorization requirements for certain dental procedures.

Recommendations for Prior Authorization

Reducing wait times

Current wait times for prior authorization requests are, at minimum, a wait of up to 1.5 months. An alternate, expedited process is available within certain clinical parameters, such as when a client is in pain or having difficulty eating, or when there is a related urgent medical condition, such as cancer treatment. Wait times for this type of request are typically less than two days. Wait times are long because the volume of prior authorization requests exceeds the capacity of staff resources

to respond. The lack of available staff results in a continual backlog of authorizations needing response and a lengthy wait time for providers and patients needing care.

Table 1: 2016 Prior Authorization Requests

Dental Prior Authorization 2016 Log	January	February	March	April	May	June	July	August
Number of PA requests	4,848	5,601	6,189	5,581	5,820	5,250	4,809	6,148
Number of denials	957	1,260	1,234	1,343	1,342	1,112	1,226	1,364
Number of approvals	2,943	2,872	2,816	3,688	3,267	2,359	2,450	2,975
Percentage of completed PA during month	80%	74%	65%	90%	79%	66%	76%	71%

Efforts are currently underway to improve the wait time for processing dental prior authorization requests. Process flow mapping was completed for the over 35 prior authorization business processes and the staffing model was evaluated.

The basic process involves receiving a form from a provider (primarily via fax), inputting that fax into Provider One, ensuring the criteria for the service is met and communicating the decision to the provider and the patient. In reviewing the business flows, several areas were identified as opportunities for improvement. See Appendix B for details on the work flow processes documented.

Some process improvements have already been implemented, such as a revision of the existing staffing model to optimize workloads and clarification of the criteria utilized for expedited prior authorization. In addition, the process of x-ray intake has been streamlined, removing several non-critical steps and increasing the number of daily deliveries and retrievals to dental consultants. Effective September 1, 2016, a revised staffing model was implemented in the Authorization Services Unit. Improvements to the Authorization Services Office staffing have resulting in a reduction of wait time from 45 days to 5 days for this determination review. The clinical review staffing model will be changed, as options for clinical supports are being explored currently.

Other areas of opportunity being explored will require more time and planning to implement. Examples of these potential improvements are listed below.

- Investigate expanding an electronic capture and submission of documentation for dental x-rays and photos to reduce the processing times and allow for an electronic log of the x-ray/photo.

- Identify a system that stores x-rays and photos for quicker processing of decisions from the consultants. This may require a Provider One system enhancement.

Adjusting prior authorization requirements

In 2015-2016, HCA performed a clinical review on prior authorization. Considerations that inform whether or not a treatment or a procedure should have a prior authorization include: medical necessity; a procedure's or treatment's cost-effectiveness, relative to other procedures or treatments for the same condition; the risk of harm the procedure or treatment poses to the client; and evidence of over-utilization. Regardless of the considerations as to whether or not a procedure or treatment should have prior authorization, its approval is based on whether or not the request is determined to be medically necessary, as defined by Washington Administrative Code 182-500-0070.

Dental services have been reviewed to determine whether they may be removed from prior authorization. 250 current dental terminology (CDT) codes describing services provided by Medicaid benefits were identified. Of these, 53 dental codes require prior authorization. Dental codes requiring prior authorization were reviewed by the contracted Medicaid dental consultant and the members of the dental advisory committee to ensure reduced provider administrative burden while maintaining patient safety. 15 dental codes were identified as potentially suitable for removal from prior authorization requirements. Simplification of the prior authorization process has been recommended for two additional dental services. The remaining 36 dental codes were deemed either appropriate for continuing to require prior authorization or will need further assessment before removal. Further information is documented in Appendix A.

Once the recommendations of the advisory workgroup are finalized, the next steps for modification to prior authorization include a fiscal impact analysis and technical system clarifications, along with a risk and safety assessment. Additional steps include revisions to the Washington Administrative Code (WAC), the ProviderOne system, workflows, billing guides and notifications and, potentially, the State Plan Amendment (SPA) for Medicaid. The staffing model will be updated as appropriate as changes are made. The estimated completion time for this work is March 2017.

Reducing prior authorization burdens on dental providers

Efforts to reduce providers' administrative burden by streamlining the prior authorization process are currently underway. The majority of efforts have focused on reducing the length of time providers must wait for a prior authorization response, as detailed in a previous section of this report. Removing prior authorization requirements on certain procedures would also decrease the administrative burden on providers.

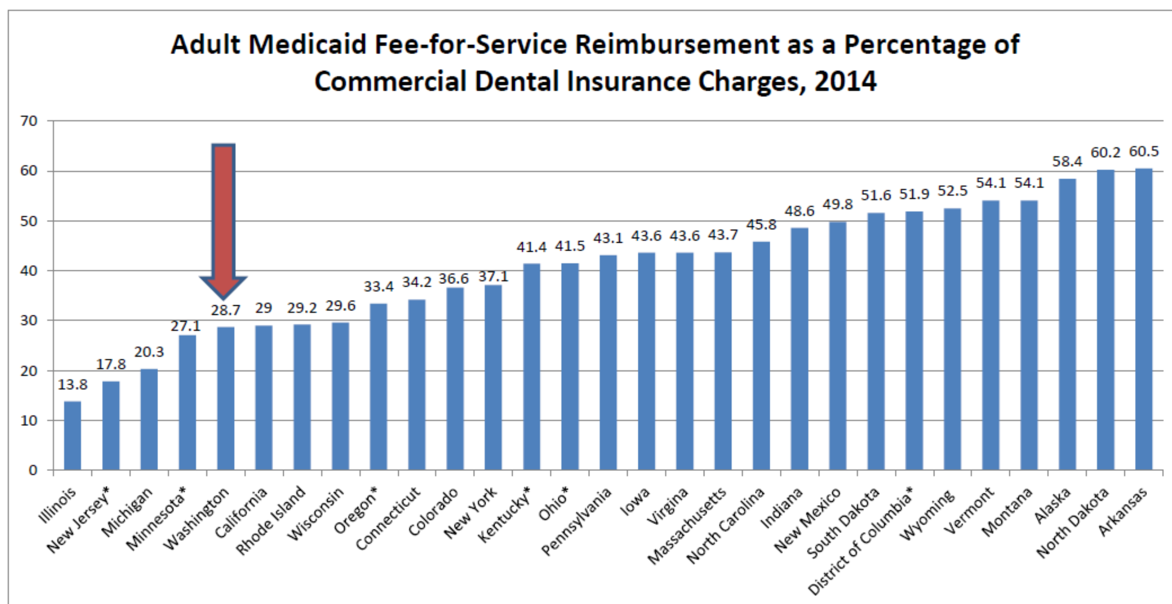
Currently, the Washington Medicaid dental fee schedule does not clearly identify dental procedure codes as requiring prior authorization. This information is often provided within other Medicaid provider billing guides and fee schedules. Revising the fee schedule to incorporate this information in a user-friendly fashion would significantly improve providers' ability to interpret the expectations for prior authorization. This project is expected to be completed by January 2017.

The dental advisory workgroup also recommended a "gold card" prior authorization program for dental providers. Essentially, the program would reward providers who follow the medical necessity requirements and have a low denial rate for prior authorization requests. Once a provider has been identified as a gold card member, he or she would no longer go through medical necessity review. A gold card provider will receive automatic or expedited approval on their prior authorization requests. A random chart audit would be in place to ensure gold card providers are adhering to the criteria for medical necessity. Feasibility of this recommendation is currently being explored and a decision is expected in 2017.

Adjusting payments for services subject to prior authorization

Many stakeholders recommended increasing Medicaid dental rates. Allowing for reimbursement rate increases, along with reducing provider administrative burden, are important in improving access to dental care (Borchgrevink, et al, 2008). Appendix C details the rate adjustment implications of an increased reimbursement for dental procedures. An increase in reimbursement would likely require an agency decision package funding request and legislative action. According to WDSF, Washington's adult Medicaid reimbursement rates for dentists are among the lowest in the country; just four states have lower Medicaid reimbursement rates.

Chart 2: Adult Medicaid Fee-for-Service Reimbursement



*These states enroll the majority of their adult Medicaid beneficiaries in managed care programs for dental services, so the data in this figure may not be representative of typical Medicaid reimbursement for dentists.
Source: Nasseh K, Vujicic M, Yarbrough C. A ten-year, state-by-state, analysis of Medicaid fee-for-service reimbursement rates for dental care services. Health Policy Institute Research Brief. American Dental Association. October 2014. Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3.ashx.

Stakeholders also identified shifting away from a fee-for-service dental model as a way of addressing costs and access concerns. In a separate report, HCA has developed a legislatively

required implementation plan summary and cost estimate addressing the expansion of the Medicaid dental network through contracting out the administration of the Medicaid dental program.

Conclusion

This report identified the current state of Medicaid prior authorization and the recommendations from the dental workgroup and other relevant stakeholders to improve the administration of prior authorization of Medicaid dental services. Current process improvement activities are underway to improve the responsiveness of prior authorization and reduce the administrative burden experienced by providers, while maintaining patient safety and quality of care. Fifteen dental services have been identified by the dental advisory workgroup as potentially appropriate for removal from the Medicaid prior authorization requirements. Additional steps must be taken before changes are approved and finalized, such as changes to the Washington Administrative Code (WAC).

References

Borchgrevink, A., Snyder, A., and Gehshan, S. National Academy for State Health Policy. 2008. The Effect of Medicaid Reimbursement Rates on Access to Dental Care. Retrieved on 9/26/16 from http://www.nashp.org/sites/default/files/CHCF_dental_rates.pdf

National Academy for State Health Policy. 2016. Managed Care for Medicaid Dental Services: Insights from Kentucky. Retrieved on 8/24/16 from http://www.nashp.org/wp-content/uploads/2016/04/Managed-Care-Brief.pdf

Washington Dental Service Foundation. Washington State Apple Health Dental Program Facts and Figures FY 2008 –FY 2014. Retrieved on 8/24/16 from http://www.oralhealthwatch.org/wp-content/uploads/FY2014-Medicaid-Facts-and-Figures-Final_updated.pdf

Appendix A

Code	PROCEDURE DESCRIPTION	Consider removal?
D1510	Space maintainer fxd unilat	YES
D7250	Tooth root removal	YES
D7260	Oral antral fistula closure	YES
D3120	Pulp cap indirect	YES
D3351	Apexification/recalc initial	YES
D6930	Recement/bond part denture	YES
D7140	Extraction erupted tooth/exr	YES
D7210	Rem imp tooth w mucoper flp	YES
D7230	Impact tooth remov part bony	YES
D7241	Impact tooth rem bony w/comp	YES
D7280	Exposure impact tooth orthod	YES
D7285	Biopsy of oral tissue hard	YES
D7410	Rad exc lesion up to 1.25 cm	YES
D7472	Removal of torus palatinus	YES
D7473	Remove torus mandibularis	YES
D5110	Dentures complete maxillary	Simplify process
D5120	Dentures complete mandibular	Simplify process

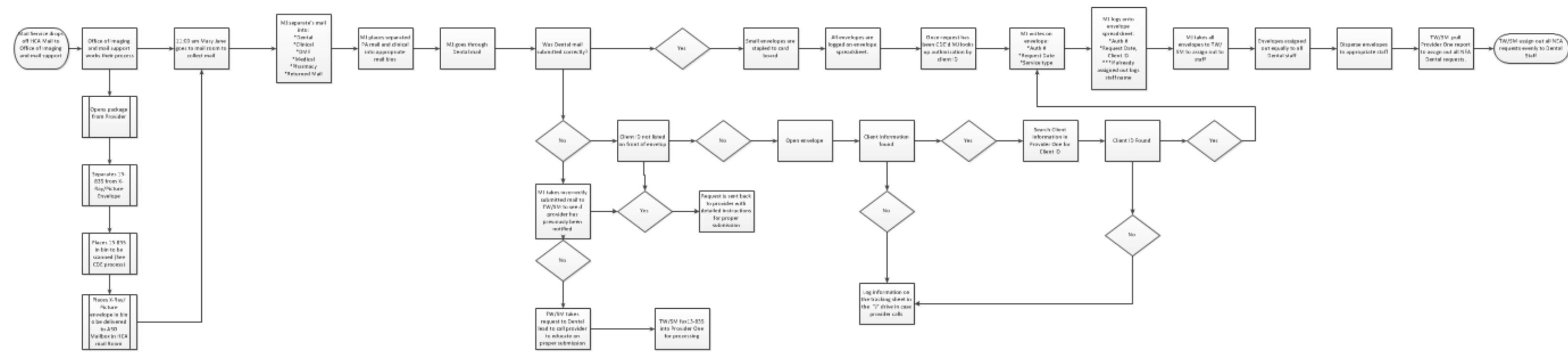
Table title: **Dental Services Identified for Possible Removal of Prior Authorization Requirements**

Appendix B

DENTAL ENVELOPE PROCESS

	Envelopes	NEA	Grand Total
Nov.	1772	3541	5313
Dec.	1563	3698	5261
Jan.	1564	3290	4854

	Envelopes	NEA	Grand Total
Feb.	1933	3680	5613
March.	1682	4512	6194
April.	1745	3835	5580



DENTAL – STUDY MODEL PROCESS

Note: Medicaid dental prior authorization business work flow processes documented during process improvement activities

Ortho / Dental Clinical Process

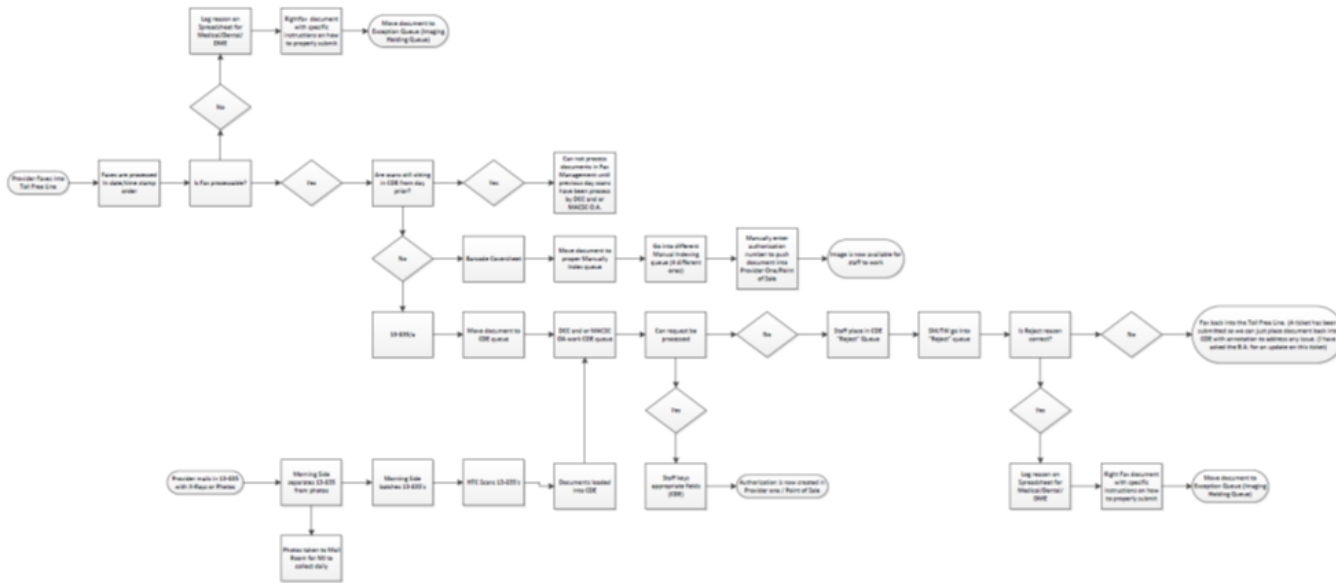
3-10-16

Consultant Queue in Provider One
Program Manager (PM) creates spreadsheet in Provider One
Review Different Service Types
Ortho
Is any out of date order (oldest)
Yes
Email Ortho Consultant
Do they have envelope
No
Verify if NEA
No
Email Supervisor/ Lead for missing envelope
They research – Desk/E-Log
Was envelope found?
No
Request from Provider for new Pictures
Dental
No
Ortho Reviews Request
Follow Decision Process
Yes
Email Ortho Consultant to work that specific request
Yes
PM corrects note in Provider regarding NEA.
Email Supervisor/ Lead/Operations Manager regarding error
Yes
Envelope taken up to PM
Process Request
Mary Jane takes the envelopes (organized in date/auth order) daily at 4:00
Highlight spreadsheet identifying Envelope (Assume the remainder is NEA)
Create new tab for each received date
Look up NEA numbers in P1 and add to spreadsheet
Check for description regarding envelopes
Envelope available
Yes
Put in order oldest first (by received dates)
NEA's end up with stragglers – Old dates sent to DC to review ASAP
Review clinical documents/x-rays
Is a peer to peer phone call needed
No
Decision is made
Enter decision in Provider One
Place request into "In Review" Status
Back to MAS staff (please see PA Work Flow chart)
No
Does envelope arrive later that afternoon?
Yes
No
Email Sup/Lead
If there is still no envelope by Friday afternoon, refers back to MAS Staff with auth comment "No Envelope"
Yes
Call Dentist and talk about specific request

PRIOR AUTHORIZATION INITIAL SUBMISSION

(Includes Fax Management – Provider Returns – CDE process – And Creating the Authorization in P-One and Point of Sale)

<u>REASONS RETURNED AT IMAGING</u>
*No Client ID
*No Client Name
*No ORG
*Incorrect ORG
*13-835/a not 1st page
*13-835/a handwritten
*13-835/a illegible
*No 13-835/a
*Required Fields left blank
*Multiple Clients
*Using Incorrect Barcode Coversheet
*Barcode Coversheet not 1st page
*Barcode Coversheet handwritten
*No Barcode Coversheet
*Invalid Reference # listed on Barcode Coversheet
*ADA Dental form submitted rather than 13/835
*Incomplete Fax
*13/835a – Provider submitting and missing information return that it is Pharmacy Responsibility to submit



Appendix C

Children
Ortho
ABCDental

* Percentage increase is based off Adult rates where available, otherwise based off of children (yellow), Ortho (green), or ABCDental (purple)

	Current rates as of 7/2016				Projected Rates		
Code	ABCD Ages 5 & Younger	Ortho 20 & Younger	Dental 20 & Younger	Dental 21 & Older	5% increase	10% increase	NDAS Rates
D0120	$29.46		$21.73	$20.24	$21.25	$22.26	$31.00
D0140			$19.79	$18.40	$19.32	$20.24	$45.60
D0150	$40.38		$33.64	$24.84	$26.08	$27.32	$53.80
D0160		$43.18			$45.34	$47.50	$92.80
D0170		$40.30			$42.32	$44.33	$42.00
D0190			$10.20	$10.00	$10.50	$11.00	$34.60
D0191			$10.20	$10.00	$10.50	$11.00	$32.80
D0210			$44.53	$32.20	$33.81	$35.42	$82.00
D0220			$7.92	$6.44	$6.76	$7.08	$18.00
D0230			$2.37	$1.38	$1.45	$1.52	$15.60
D0240			$8.91		$9.36	$9.80	$23.80
D0270			$7.92	$5.52	$5.80	$6.07	$18.00
D0272			$10.29	$6.44	$6.76	$7.08	$27.60
D0273			$12.66	$7.36	$7.73	$8.10	$33.40
D0274			$15.03	$8.28	$8.69	$9.11	$40.00
D0330		$42.55	$42.55	$24.84	$26.08	$27.32	$68.60
D0340		$41.26			$43.32	$45.39	$73.40
D0350			$45.00		$47.25	$49.50	$43.20
D0460			$4.85		$5.09	$5.34	$34.60
D0470			$25.00	$25.00	$26.25	$27.50	$66.80
D1110			$36.25	$34.38	$36.10	$37.82	$55.60
D1120			$22.98		$24.13	$25.28	$42.00
D1206	$23.41		$13.25	$12.32	$12.94	$13.55	$23.80
D1208	$23.41		$13.25	$12.32	$12.94	$13.55	$22.60
D1330			$12.97		$13.62	$14.27	$32.80
D1351			$21.98	$21.98	$23.08	$24.18	$33.40
D1510			$79.95		$83.95	$87.95	$191.40
D1515			$119.93		$125.93	$131.92	$257.60
D1550			$27.98		$29.38	$30.78	$50.80
D1555			$25.71	$25.71	$27.00	$28.28	$49.00
D2140	$63.61		$49.97	$33.16	$34.81	$36.47	$87.20
D2150	$69.97		$61.97	$44.51	$46.74	$48.96	$107.60
D2160	$85.87		$69.96	$54.90	$57.64	$60.39	$132.00
D2161			$69.96	$64.77	$68.01	$71.24	$156.00
D2330	$63.61		$59.37	$31.91	$33.50	$35.10	$82.60
D2331	$95.41		$64.96	$48.34	$50.75	$53.17	$124.40
D2332	$111.31		$69.96	$61.87	$64.96	$68.06	$152.40

Proc Code	ABCD Ages 5 & Younger	Ortho 20 & Younger	Dental 20 & Younger	Dental 21 & Older	5% increase	10% increase	NDAS Rates
D2335			$69.96	$73.48	$77.15	$80.83	$188.80
D2390	$216.26		$94.00		$98.70	$103.40	$267.80
D2391	$63.61		$49.97	$33.16	$34.81	$36.47	$112.40
D2392	$75.00		$61.97	$44.51	$46.74	$48.96	$141.00
D2393	$80.00		$69.96	$64.24	$67.46	$70.67	$175.20
D2394			$69.96	$64.40	$67.62	$70.84	$209.20
D2710			$179.51		$188.49	$197.46	$547.20
D2720			$280.48		$294.50	$308.53	$645.40
D2721			$280.48		$294.50	$308.53	$595.20
D2722			$280.48		$294.50	$308.53	$621.40
D2740			$560.97		$589.02	$617.07	$697.80
D2750			$560.97		$589.02	$617.07	$699.00
D2751			$560.97		$589.02	$617.07	$646.60
D2752			$560.97		$589.02	$617.07	$662.00
D2910			$16.98		$17.83	$18.68	$69.20
D2915			$79.54		$83.52	$87.49	$68.60
D2920			$19.99	$19.99	$20.99	$21.99	$68.00
D2929	$216.26		$94.00		$98.70	$103.40	$209.20
D2930	$155.00		$89.05		$93.50	$97.96	$163.80
D2931			$89.05	$84.47	$88.69	$92.92	$193.80
D2932			$97.00		$101.85	$106.70	$212.60
D2933	$155.00		$103.90		$109.10	$114.29	$218.60
D2934			$103.90		$109.10	$114.29	$222.20
D2941	$63.61				$66.79	$69.97	$89.60
D2950			$67.90		$71.30	$74.69	$164.40
D2952			$243.47		$255.64	$267.82	$253.20
D2954			$161.04		$169.09	$177.14	$209.20
D3120			$43.80		$45.99	$48.18	$50.80
D3220	$95.41		$43.97		$46.17	$48.37	$120.60
D3221			$44.53	$41.40	$43.47	$45.54	$137.40
D3230			$69.30		$72.77	$76.23	$163.80
D3240			$69.30		$72.77	$76.23	$182.80
D3310			$395.69	$234.63	$246.36	$258.09	$462.60
D3320			$446.12		$468.43	$490.73	$521.20
D3330			$543.11		$570.27	$597.42	$627.40
D3346			$426.73	$269.00	$282.45	$295.90	$527.00

Proc Code	ABCD Ages 5 & Younger	Ortho 20 & Younger	Dental 20 & Younger	Dental 21 & Older	5% increase	10% increase	NDAS Rates
D3347			$519.83		$545.82	$571.81	$591.60
D3348			$640.09		$672.09	$704.10	$705.20
D3351			$69.96		$73.46	$76.96	$221.60
D3352			$34.98		$36.73	$38.48	$156.00
D3410			$353.02		$370.67	$388.32	$430.20
D3430			$116.38		$122.20	$128.02	$167.20
D4210			$99.94	$94.79	$99.53	$104.27	$380.00
D4211			$72.75	$69.00	$72.45	$75.90	$183.40
D4341			$25.49	$24.18	$25.39	$26.60	$157.20
D4342			$13.25	$12.57	$13.20	$13.82	$114.20
D4355			$70.00	$70.00	$73.50	$77.00	$111.20
D4910			$49.47	$46.00	$48.30	$50.60	$83.60
D5110			$393.82	$390.23	$409.74	$429.25	$1,045.60
D5120			$393.82	$390.23	$409.74	$429.25	$1,045.60
D5211			$237.48	$265.35	$278.62	$291.89	$836.60
D5212			$237.48	$276.28	$290.09	$303.90	$824.60
D5410			$16.81	$16.81	$17.65	$18.49	$54.40
D5411			$16.81	$16.81	$17.65	$18.49	$54.40
D5421			$16.30	$16.30	$17.12	$17.93	$54.40
D5422			$16.30	$16.30	$17.12	$17.93	$54.40
D5510			$36.70	$31.91	$33.51	$35.10	$130.20
D5520			$32.62	$26.43	$27.75	$29.07	$116.00
D5610			$36.70	$31.91	$33.51	$35.10	$125.60
D5620			$47.83	$47.83	$50.22	$52.61	$175.60
D5630			$47.83	$48.34	$50.76	$53.17	$163.20
D5640			$38.74	$36.78	$38.62	$40.46	$117.20
D5650			$38.74	$36.78	$38.62	$40.46	$137.40
D5660			$47.83	$48.34	$50.76	$53.17	$161.40
D5710			$188.60	$156.09	$163.90	$171.70	$358.60
D5711			$188.60	$156.09	$163.90	$171.70	$358.60
D5720			$122.33	$93.65	$98.34	$103.02	$349.60
D5721			$122.33	$93.65	$98.34	$103.02	$346.00
D5750			$110.09	$124.87	$131.12	$137.36	$284.40
D5751			$110.09	$124.87	$131.12	$137.36	$289.80
D5760			$100.92	$93.65	$98.34	$103.02	$286.60
D5761			$100.92	$93.65	$98.34	$103.02	$286.60

Proc Code	ABCD Ages 5 & Younger	Ortho 20 & Younger	Dental 20 & Younger	Dental 21 & Older	5% increase	10% increase	NDAS Rates
D5850			$19.37		$20.34	$21.31	$121.80
D5851			$19.37		$20.34	$21.31	$121.20
D5863			$393.82	$366.16	$384.47	$402.78	$1,281.80
D5865			$393.82	$366.16	$384.47	$402.78	$1,284.60
D5899			BR	BR	BR	BR	$389.60
D6930			$34.68	$34.68	$36.41	$38.15	$104.40
D7111			$28.70	$23.95	$25.15	$26.35	$82.60
D7140			$57.65	$30.49	$32.01	$33.54	$108.20
D7210			$89.05	$59.80	$62.79	$65.78	$170.20
D7220			$89.95	$70.57	$74.10	$77.63	$193.80
D7230			$128.63	$110.40	$115.92	$121.44	$242.00
D7240			$148.42	$128.80	$135.24	$141.68	$292.80
D7241			$197.90	$165.60	$173.88	$182.16	$336.40
D7250			$89.06	$59.80	$62.79	$65.78	$185.20
D7270			$144.94	$144.94	$152.19	$159.43	$336.40
D7280			$152.91		$160.56	$168.20	$293.40
D7283			$200.00		$210.00	$220.00	$292.20
D7285			$220.80	$220.80	$231.84	$242.88	$263.00
D7286			$73.68	$69.88	$73.38	$76.87	$202.00
D7288			$42.74	$42.74	$44.88	$47.01	$119.60
D7310			$181.00	$181.00	$190.05	$199.10	$181.00
D7311			$179.20	$179.20	$188.16	$197.12	$179.20
D7320			$100.65	$100.65	$105.68	$110.72	$265.40
D7321			$240.00	$240.00	$252.00	$264.00	$248.60
D7410			$92.10	$87.35	$91.72	$96.09	$247.40
D7471			$156.58	$156.58	$164.41	$172.24	$407.00
D7472			$128.94	$128.94	$135.39	$141.83	$509.00
D7473			$132.63	$132.63	$139.26	$145.89	$478.00
D7485			$145.52	$145.52	$152.80	$160.07	$441.60
D7510			$49.73	$47.17	$49.53	$51.89	$148.20
D7520			$110.52	$104.82	$110.07	$115.31	$268.20
D7530			$77.37	$77.37	$81.24	$85.11	$212.20
D7880			$97.00		$101.85	$106.70	$540.20
D7960			$97.00		$101.85	$106.70	$268.80
D7963			$97.00		$101.85	$106.70	$310.80
D7970			$277.80		$291.69	$305.58	$300.00

Proc Code	ABCD Ages 5 & Younger	Ortho 20 & Younger	Dental 20 & Younger	Dental 21 & Older	5% increase	10% increase	NDAS Rates
D7971			$136.20		$143.01	$149.82	$161.40
D7972			$202.51		$212.64	$222.76	$418.80
D8030		$975.91			$1,024.71	$1,073.50	$1,668.40
D8030		$305.88			$321.17	$336.47	$1,668.40
D8030		$611.76			$642.35	$672.94	$1,668.40
D8030		$262.18			$275.29	$288.40	$1,668.40
D8060		$757.43			$795.30	$833.17	$1,627.80
D8060		$480.68			$504.71	$528.75	$1,627.80
D8080		$1,836.18			$1,927.99	$2,019.80	$3,118.00
D8080		$308.46			$323.88	$339.31	$3,118.00
D8080		$1,432.22			$1,503.83	$1,575.44	$3,118.00
D8080		$240.60			$252.63	$264.66	$3,118.00
D8080		$308.46			$323.88	$339.31	$3,118.00
D8220		$200.00			$210.00	$220.00	$567.60
D8660		$333.87			$350.56	$367.26	$212.60
D8660		$319.30			$335.27	$351.23	$212.60
D8680		$102.01			$107.11	$112.21	$283.80
D9110			$44.53	$41.40	$43.47	$45.54	$77.80
D9223			$78.00	$78.00	$81.90	$85.80	BR
D9230			$20.00	$20.00	$21.00	$22.00	$47.20
D9243			$50.00	$50.00	$52.50	$55.00	BR
D9248			$50.00	$50.00	$52.50	$55.00	$178.00
D9410			$31.98	$29.01	$30.46	$31.91	$134.40
D9420			$31.98	$29.01	$30.46	$31.91	$178.60
D9440			$31.98	$29.01	$30.46	$31.91	$104.40
D9610			$36.84	$34.94	$36.69	$38.44	$61.60
D9612			$36.84	$34.94	$36.69	$38.44	$104.40
D9630			$45.00		$47.25	$49.50	$19.00
D9920	$28.10		$26.72	$24.84	$26.08	$27.32	$86.00
D9930			$51.41	$42.91	$45.05	$47.20	$79.60
D9940			$97.00		$101.85	$106.70	$355.60
D9999	$27.58				$28.96	$30.34	$53.80