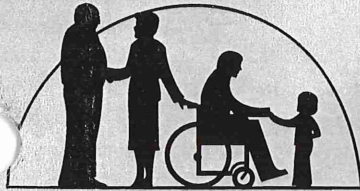


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## Minnesota Department of Human Services **Health Care**

### *Mission Statement*

*The Department of Human Services, in partnership with the federal government, county and other public, private, and community agencies throughout Minnesota, is a state agency directed by law to assist those citizens whose personal or family resources are not adequate to meet their basic human needs. It is committed to helping them attain the maximum degree of self-sufficiency consistent with their individual capabilities. To these ends, the Department will promote the dignity, safety, and rights of the individual, and will assure public accountability and trust through responsible use of available resources.*

**A Report to the 1999 Minnesota Legislature as required by  
Laws of Minnesota 1998, Chapter 407, article 4, section 67(a)**

## **Dental Services Reimbursement Study**

**The Costs of Providing and Payments for  
Dental Care Services to Recipients of the Medical  
Assistance, General Assistance Medical Care  
and MinnesotaCare Programs**

January 1999

# Dental Services Reimbursement Study

## The Costs of Providing and Payments for Dental Care Services to Recipients of the Medical Assistance, General Assistance Medical Care and MinnesotaCare Programs

January 1999

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### Executive Summary

#### Study: The Costs of Providing and Payments for Dental Care Services to Recipients of the Medical Assistance, General Assistance Medical Care and MinnesotaCare Programs

The 1998 Legislature mandated two reports to be completed regarding dental services to Medical Assistance(MA), General Assistance Medical Care (GAMC) and MinnesotaCare recipients. This report deals with the costs of providing dental care services to recipients of those programs, and with the payments made to providers of dental services in both the fee-for-service and managed care models. The second report deals with access to dental care services and is in a separate report from the Department of Human Services. The legislation states:

Laws of Minnesota, 1998, Chapter 407, Article 4, Section 67(a)

The commissioner of human services, in consultation with the commissioner of health, shall report to the legislature by December 15, 1998, on the costs of providing dental care services to recipients of the medical assistance, general assistance medical care and MinnesotaCare programs and the reimbursement level of those programs under fee-for-service and under managed care plans. Costs shall include both base level and incremental costs of providing services to public programs recipients. In completing the study, the commissioner shall review existing dental practice literature on dental practice expenses, and conduct a random survey of dental practices in the state to establish usual and customary fees for a subset of common dental procedures. The commissioner shall compare private insurance reimbursement for a subset of common dental procedures with reimbursement levels for public programs. In determining private insurance reimbursement, the commissioner may obtain reimbursement data from health plans insuring or providing dental care services. Data obtained by the commissioner shall be nonpublic and subject to Minnesota Statutes, section 62J.321. The commissioner may include in the report related information on the costs of other health care professionals and reimbursement levels by public and private payers.

## **The Problem**

There is a problem with access to dental care for public program recipients in Minnesota. A separate report will analyze the access problem more specifically. The sufficiency of payments to providers of dental services may be one piece of the solution of how to increase access to dental services for recipients of Minnesota Health Care Programs.

## **Report Findings**

- **Payment rates for MA dental services were increased 7.5% for diagnostic and routine dental services and 5% for all other dental services in 1992. They were increased in 1989 to the 59th percentile of 1989 less 8.4%, which amounted to a 25% increase over the 1992 rates. They were increased 5% for MA and 15% for MinnesotaCare on July 1, 1997. They were increased an additional 3% on July 1, 1998.**
- **The current MA dental payment rates equate to approximately 57% of usual and customary charges for MA and 56% of usual and customary charges for GAMC. These are among the highest cost to charge ratios paid to any providers in the Minnesota Health Care Programs Fee-For-Service Program. Increases to dental payment rates are one of the potential solutions discussed in the second dental report on access.**
- Most measures of dental services utilization indicate that managed care is providing these services at levels exceeding Fee-For-Service levels, and it is true that health plans pay higher rates to dental providers than does Fee-For-Service. However, there are many ways in which health plans deliver dental services differently than the Fee-For-Service program. For example, they are able to use incentives to change provider behavior, and they have their own authorization and utilization systems. It is impossible to isolate the payment of higher rates as the only factor contributing to that increase.
- Utilization in the Fee-For-Service program, adjusted for diminishing eligibility, is decreasing. While it's true that dental payment rates in Fee-For-Service have increased in 1997 and 1998, those changes are too recent to affect the utilization figures being reviewed.
- Decreasing utilization in the Fee-For-Service program may be attributable at least in part to the fact that the population that is served by the Fee-For-Service program is increasingly becoming a population of persons with a disability, as more and more counties move their non-disabled clients into managed care. It is likely that the population that will remain in Fee-For-Service will have: more difficult dental problems, a more difficult time communicating their dental concerns, more problems complying with dental care recommendations, and more challenging transportation issues.

- The group in Fee-For-Service where dental utilization is most constant, according to the measure of utilization employed in this report, is for those age 65 and over, a significant portion of whom live in institutional housing. Federal regulations<sup>1</sup> require long term care facilities to assist residents in obtaining routine and emergency dental care. This requirement has helped to incent the formation of dental service providers which serve patients in nursing homes by use of a mobile dental office. This factor helps to explain why utilization in that age group is not decreasing.

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<sup>1</sup> 42 C.F.R. 483.55

## Table of Contents

|  |    |
|--|----|
| Executive Summary .....  | 3  |
| Table of Contents .....  | 16 |
| Introduction .....   | 16 |
| Costs of Providing Dental Care Services to Recipients of Minnesota Health Care Programs ..     | 16 |
| Payments .....   | 8  |
| Administrative Costs .....   | 10 |
| Authorizations Prior to Payment: Fee-For-Service .....   | 10 |
| Claims Processing .....  | 10 |
| Additional Payments for Neglected or Difficult Mouths .....                                    | 11 |
| The Payment Rates for Minnesota Health Care Programs Under Fee-For-Service and Under           |    |
| Managed Care Plans .....   | 16 |
| Fee-For-Service .....  | 13 |
| Managed Care .....   | 13 |
| Review of Existing Dental Practice Literature on Dental Practice Expenses .....                | 16 |
| Random Survey of Dental Practices in the State to Establish Usual and Customary Fees for a     |    |
| Subset of Common Dental Procedures. ....   | 16 |
| Comparison of Private Insurance Payments for a Subset of Common Dental Procedures with         |    |
| Payments for Public Programs .....   | 16 |
| Related Information on the Costs of Other Health Care Professionals and Payments by Public and |    |
| Private Payers .....   | 16 |
| Conclusion .....   | 16 |
| Appendix A: Minnesota Health Care Programs Fee Schedule .....                                  | 16 |
| Appendix B: Charge to Payment Ratios--Minnesota Health Care Programs .....                     | 16 |

## Introduction

The 1998 Legislature, in Laws of Minnesota 1998, Chapter 407, Article 4, §67(a), directed the commissioners of health and human services to:

report to the legislature by December 15, 1998, on the costs of providing dental care services to recipients of the medical assistance, general assistance medical care and MinnesotaCare programs and the reimbursement level of those programs under fee-for-service and under managed care plans. Costs shall include both base level and incremental costs of providing services to public programs recipients. In completing the study, the commissioner shall review existing dental practice literature on dental practice expenses, and conduct a random survey of dental practices in the state to establish usual and customary fees for a subset of common dental procedures. The commissioner shall compare private insurance reimbursement for a subset of common dental procedures with reimbursement levels for public programs. In determining private insurance reimbursement, the commissioner may obtain reimbursement data from health plans insuring or providing dental care services. Data obtained by the commissioner shall be nonpublic and subject to Minnesota Statutes, section 62J.321. The commissioner may include in the report related information on the costs of other health care professionals and reimbursement levels by public and private payers.

This report was initially proposed by the Minnesota Dental Association (MDA). The MDA believes that one of the factors affecting access to dentists by recipients of public programs is that the payments to providers for dental services is too low, and therefore dentists will not agree to participate.

This belief is supported by a recent survey and report on Medicaid managed dental care done by the National Academy for State Health Policy (NASHP)<sup>2</sup>. The findings in that report indicated that the lack of utilization among Medicaid beneficiaries is due to two major factors. The first is the same cited above: a lack of dentists willing to serve Medicaid because the payment rates are low and the administrative burdens for providers are perceived as high. The second factor is the low priority some Medicaid families may place on their own oral health. Because of competing needs among low-income families, unawareness of the importance of dental care, and transportation issues, many Medicaid families fail to seek dental care, or fail to actually receive dental care.<sup>3</sup> On a national level, only 17% of the total Medicaid population in 1996 received dental services.<sup>4</sup>

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<sup>2</sup> Kaye, Neva and Pernice, Cynthia. *Dental Care in Medicaid Managed Care: Report from a 19 State Survey*, November 1998, published by National Academy for State Health Policy.

<sup>3</sup> *Id.*, page 1.

<sup>4</sup> *Id.*, page 3.

# Costs of Providing Dental Care Services to Recipients of Minnesota Health Care Programs

## Payments

The estimated adjusted total payments for Calendar Years 1995, 1996 and 1997 for Fee-for-Service and Managed Care dental services are shown below. The figures include MA, GAMC, and MinnesotaCare. The managed care figures are estimated because health plans are paid on a capitated basis and their encounter claims do not themselves contain cost data at this time. The managed care figures are based on estimation procedures that assign dollar values to encounter claims. Dental encounter claims that fail state edits are not included in these figures.

|  | 1995         | 1996         | 1997         |
|--|--------------|--------------|--------------|
| <b>Fee-for-Service</b>                     | \$31,783,983 | \$26,752,527 | \$19,768,245 |
| <b>Managed Care<sup>5</sup></b>            | \$11,492,000 | \$15,164,000 | \$17,965,000 |
| <b>Total Estimated Dental Expenditures</b> | \$43,275,983 | \$41,916,527 | \$37,733,245 |

It is not advisable to compare the Fee-for-Service expenditures directly with the managed care estimated expenditures because of the different ways that these two types of claims are processed and priced in the DHS system.

Sometimes service utilization information, other than costs, can be used to compare managed care activity to Fee-for-Service activity. DHS employs several measures of service utilization, which, taken together, comprise a reasonably rounded picture.

A DHS report to be published in February 1999, and titled *Dental Service Provision in Public Health Care Programs 1994-1997: Comparison of Managed Care Service Provision Rates to Fee-For-Service Provision Rates*, concludes that the rate of dental service provision in Fee-for-Service was relatively flat during those years, while the managed care rate increased. By 1997, the managed care rate was higher than the Fee-for-Service rate. These conclusions held for most age groups and most types of dental services.

The measure used in this report shows a somewhat different pattern than the rates just described. Figure 1 and Figure 2 compare managed care and Fee-for-Service dental utilization on the basis of the percentage of persons eligible for service who actually received dental service. The trends are somewhat different from the rate comparisons: downward rather than flat for Fee-for-Service,

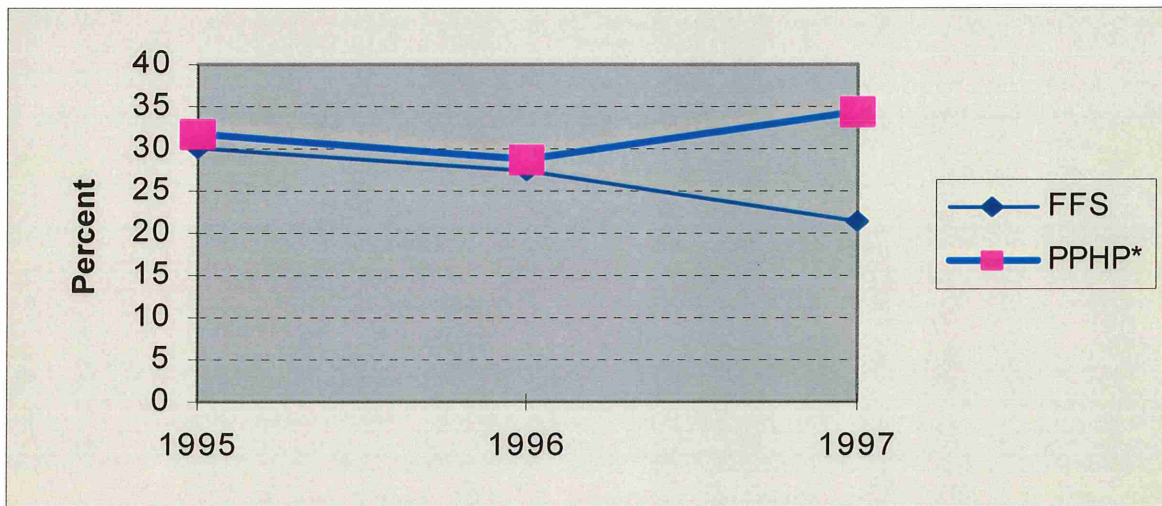
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<sup>5</sup> An estimation was also made for missing managed care data based on prior years' submissions by that plan.



and up and down for managed care, depending upon the age group analyzed. By 1997, however, the results look similar to the previous report, with managed care serving more of its enrolled population than is Fee-for-Service.

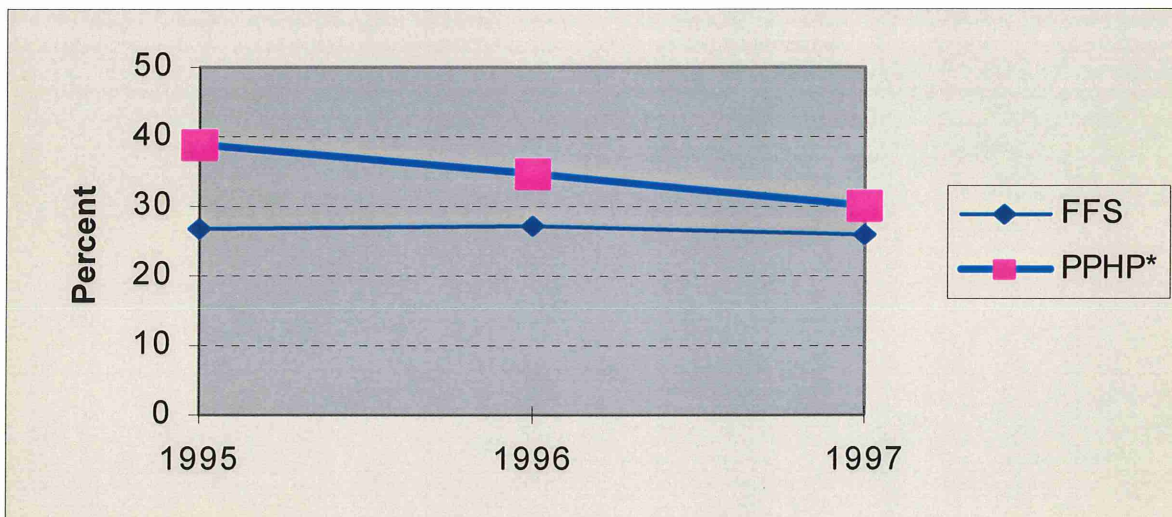
**Figure 1 - Minnesota Health Care Programs  
Percent of Eligibles Who Received Dental Services  
Age Group: All Ages**



\* Based on plans that reported service data to DHS. All plans except Health Partners reported.

When dental services are broken out by age group (<21, 21-64, and 65+), the trend lines for utilization are similar to the chart above, with the exception of the 65+ age group. For this population, managed care started out with significantly higher utilization which has dropped, but Fee-for-Service utilization has remained steady.

**Figure 2 - Minnesota Health Care Programs  
Percent of Eligibles Who Received dental Services  
Age Group: 65+**



\* Based on plans that reported service data to DHS. All plans except Health Partners reported.



## **Administrative Costs**

As was pointed out in the 1992 Report on dental services by the MDA and DHS<sup>6</sup>, part of the access problem for dental care is the reluctance of providers to participate due to low payment rates, cumbersome paperwork, and complex regulations. The DHS has made significant improvements in its payment systems to reduce administrative burdens for all providers.

### ***Authorizations Prior to Payment: Fee-For-Service***

Administrative requirements in the Fee-For-Service dental claim area have greatly improved since its new payment system, or Medicaid Management Information System (MMIS II), brought in a new subsystem in 1994 which authorizes payments in an expedited manner. In addition, the contracting out of the prior authorization process to an independent medical review agent has speeded up the authorization process. The current average turnaround time for an authorization is 6 days, although 30 days is permitted by rule<sup>7</sup>.

In 1995 the Fee-for-service dental program was revised to reflect community standards of practice for all procedures on the authorization list. Many services which had previously required authorization prior to payment, such as surgical dental extractions, were removed from the authorization list at that time. Currently approximately 140 dental codes require authorizations, with some like radiographs, prophylaxis and dentures requiring authorization only after a basic benefit limit has been reached. Orthodontic treatment is still a procedure which receives an inordinately high number of requests for authorization, and it is rarely approved because of the limited circumstances under which orthodontic treatment is covered in Minnesota Health Care Programs.

### ***Claims Processing***

One concern of all providers is the turnaround time for payment of claims, which affects dental office cash flow. In Fee-For-Service, for Calendar Year 1997, the average dental claim was adjudicated in 10.36 days and 98.47% of all dental claims were adjudicated within 30 days. In Fiscal Year 1998 that time has dropped to 9.6 days for adjudication of the average dental claim. By comparison, for all medical claims (HCFA 1500), approximately 90% of which are submitted electronically, the adjudication time is 4 days, with 98% adjudicated in 30 days or less. The increase in processing time for dental claims is accounted for by the fact that a majority of dental claims are submitted on paper rather than electronically. The DHS is required by law to use the

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<sup>6</sup> *Report of the Minnesota Medicaid Dental Advisory Task Force: Findings and Recommendations for Change in the Minnesota Medical Assistance Dental Program* by the Minnesota Dental Association and the Department of Human Services, August 1992.

<sup>7</sup> Minnesota Rules, Section 9505.5029, Subpart 1.

ADA form<sup>8</sup>, which cannot be scanned, but must be processed through data entry individually, adding significantly to the processing time. The average time from the date of service to the date of adjudication is 46.8 days, meaning that dental claims are in the dental office or in transit for 35-36 days before receipt at DHS.

In managed care, we do not have data on the time span of adjudication of claims, however health plans are held to a federal and state standard of paying all clean claims within thirty days.<sup>9</sup>

### ***Additional Payments for Neglected or Difficult Mouths***

One of the changes reported in the August 1992 Report of the Minnesota Medicaid Dental Advisory Task Force<sup>10</sup>, was the recognition that additional payment was required for cleaning the neglected or difficult mouth. For Calendar Years 1995, 1996, and 1997, an average of approximately 4% of all cleanings and payments for cleanings were for the "gross oral cleaning" dental codes: in CY 1995 it was 3%, in CY 1996 it was 3.8%, and in 1997 it was 6%. However, the number of total oral cleanings performed over those three years declined by about 50%, while the number of "gross oral cleanings" remained almost constant. This reflects that the people whose mouths are neglected and require extra attention are often those people who have a disability and who remain on Fee-For-Service, while those who do not use such services are increasingly moved into managed care by DHS.

## **The Payment Rates for Minnesota Health Care Programs Under Fee-For-Service and Under Managed Care Plans**

### **Fee-For-Service**

In 1992 payment rates for MA dental services were set at the 50th percentile of 1982 usual and customary charges, with a 7.5% increase for diagnostic and routine dental services and a 5% increase for all other dental services.<sup>11</sup> Rates beginning 10/1/92 were rebased to the year 1989 and were paid at the 59th percentile of 1989 less 8.4% (this included the 7.5% increase). On July 1, 1997 dental fees were increased to the 50th percentile of 1989 less 8.4% plus 5% for MA and

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<sup>8</sup> Minnesota Statutes, Section 62J.52, Section 3, Subd. 3.

<sup>9</sup> 1999 Model MA/GAMC/MinnesotaCare Health Plan Contract, Section 4.2.3; Minnesota Statutes Section 16A.124; Sections 1816(c)(2) (42 U.S.C. 1395(h)(c)(2)) and 1842(c)(2) (42 U.S.C. 1395u(c)(2)) of the Social Security Act.

<sup>10</sup> *Report of the Minnesota Medicaid Dental Advisory Task Force: Findings and Recommendations for Change in the Minnesota Medical Assistance Dental Program* by the Minnesota Dental Association and the Department of Human Services, August 1992

<sup>11</sup> *Id.*, Page 3.

GAMC and plus 15% for MinnesotaCare. On July 1, 1998 an additional 3% was added to the payment rates. The following chart illustrates the increases from the 1982 rates.

| Year | Increases added to 1982 Rates             |
|------|---|
| 1982 | 7.5% for diagnostic and routine; 5% other |
| 1992 | 25%                                       |
| 1997 | 5% MA and GAMC; 15% MinnesotaCare         |
| 1998 | 3%  |

The amounts listed in the previous paragraph are maximum fees for dental services. Minnesota Health Care Programs pay the lower of the provider's submitted charge or the base year legislated mandate above. Attached as Appendix A is a complete list of the dental payment rates for Fiscal Year 1999 for dental services.

The dental rates equate to approximately 57% of usual and customary charges for MA and 56% of usual and customary charges for GAMC. MinnesotaCare is entirely in managed care and data received from health plans do not include the usual and customary charges, so we have no information for MinnesotaCare. Typically, dental services pay at a higher rate than most other professional service providers. See the attached Appendix B for the charge to payment ratios by category of service.

### **Managed Care**

There is no separate allocation for dental care in the capitated rates paid to health plans. Dental care is not carved out, but is bundled into all other health care services. Many health plans subcontract all of their dental services to dental managed care organizations; others have dentists on staff and/or contract directly with dentists integrated into their health care network. The DHS does not interfere into payment arrangements that health plans make with their providers, and health plans set the amounts they pay to dental providers out of the total capitation dollars paid to the health plan.

When the managed care capitation payments were developed, approximately 8-10% of the services which were capitated were dental services. That translates currently into approximately \$15.00 to \$19.00 per member per month. That figure includes a dental "access adjustment" that was added to the rates beginning with the 1996 rates, which was \$2.95 per member per month, in 1993 dollars (prior to inflation increases). Most managed care plans have to offer more than the fee-for-service payment rates in order to attract enough dentists into their networks, particularly in non-metro areas. The access adjustment was meant to help to pay for the additional costs needed to pay for the needed access.

If a health plan is paying for a dental service to a provider with whom they have no contractual or employment relationship, for out-of-area emergency care, for example, state law requires the health plan to pay no less than the Minnesota Health Care Program's fee-for-service rate.<sup>12</sup>

## **Review of Existing Dental Practice Literature on Dental Practice Expenses**

The July 1998 issue of the Journal of the American Dental Association (JADA) published an article entitled "Net Income, Gross Billings and Practice Expenses of Independent Dentists."<sup>13</sup> This article examines the annual surveys done by the American Dental Association (ADA) for the period from 1986 through 1995 for independent dentists, i.e., those who own or share ownership of a dental practice. During that 10 year period, the average real net income for all independent dentists, adjusted for inflation using 1995 dollars, increased 30.7 percent.<sup>14</sup> This is in opposition to Practice expenses for the period from 1989 through 1995, where the average real expenses, adjusted for inflation using 1995 dollars, increased only 15.4 percent.<sup>15</sup> As a comparison, the article points out that the national real per capita personal income, adjusted for inflation using 1995 dollars, for the ten year period from 1986 through 1995 increased only 10.1 percent, a 20.6 percent difference for independent dentists from the average person.<sup>16</sup> Their increase was 9.3 percent higher than the increase in all physicians' real median income.<sup>17</sup>

The September 1998 issue of JADA published an article entitled "Dental Procedure Fees 1975 Through 1995: How Much Have They Changed?"<sup>18</sup> That article points out that dental practice is shifting from restorative toward diagnostic and preventive dental care, based on the number of procedures performed and the percentage of time spent performing different procedures.<sup>19</sup> The article examined 14 procedures using an amount adjusted for inflation based on 1995 dollars. It found that 4 of those procedures increased by more than 50 percent: One-surface anterior resin restoration (66.5%), permanent one-surface amalgam restoration (72.2%), single-tooth extraction

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<sup>12</sup> See M.S. Section 256B.69, Subd. 19.

<sup>13</sup> Brown, L.Jackson; Lazar,Vickie. *Net Income, Gross Billings and Practice Expenses of Independent Dentists*. JADA July 1998; 129: 1031-1035.

<sup>14</sup> *Id.*, page 1031.

<sup>15</sup> *Id.*, page 1034.

<sup>16</sup> *Id.*, page 1034.

<sup>17</sup> *Id.*, page 1035.

<sup>18</sup> Brown, L. Jackson; Lazar, Vickie. *Dental Procedure Fees 1975 Through 1995: How Much Have They Changed*. JADA September 1998; 129: 1291-1295.

<sup>19</sup> *Id.*, page 1291.

(73.9%) and surgical gingival curettage (107.5%) in the 21 year period. The other ten procedures increased an average real amount of less than 31 percent.<sup>20</sup> In comparison, the Consumer Price Index (CPI) for dental services increased 6.8 percent annually versus 7.6 percent for all medical care and 5.1 percent for all goods and services.

The April 1998 issue of JADA published an article entitled "Access to Dental Care in the United States"<sup>21</sup> That article analyzed data from a 1994 National Access to Care Survey which estimated the dental care wants in the U.S., and within subgroups of the population. The study found that 8.5% of the population wanted, but did not get, dental care in 1994. The percentage varied by demographic, socioeconomic, income, and health insurance status. The study found that dental care is highly correlated with income. People with limited funds appear to find dental care less important than more urgent medical needs: only 47% of near-poor and 41% of poor adults had a dental exam in 1989, compared to 71% of nonpoor adults ages 18 to 64. There is a similar gap for children. People in the highest income brackets were twice as likely to see a dentist as people in the lowest income brackets.<sup>22</sup> The study found that adult women, blacks, people in fair or poor health and people from relatively low-income families are the most likely to experience unmet dental care wants.<sup>23</sup>

The February 1998 issue of JADA had an article entitled "Demographic and Socioeconomic Predictors of Dental Care Utilization".<sup>24</sup> This study reviewed data from a 1989 National Health Interview Survey to determine what factors are related to underutilization of dental care. The study found large differences in dental utilization between, blacks, Hispanics and whites, even when controlling for other variables, such as education, income or age. Hispanics and blacks are much less likely to visit a dentist than are whites, at all ages, incomes and education levels. The authors stated that additional studies are needed to determine what factors contribute to this, but hypothesize they include differences in attitudes toward dental care, differences in dental health status, presence of barriers to care, including cultural or language barriers, and discrimination.<sup>25</sup>

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<sup>20</sup> *Id.*, page 1293.

<sup>21</sup> Mueller, Curt; Schur, Claudia; Paramore, L.C. *Access to Dental Care in the United States*. JADA April 1998; 129: 429-437.

<sup>22</sup> *Id.*, page 430.

<sup>23</sup> *Id.*, page 437.

<sup>24</sup> Manski, Richard; Magder, Laurence. *Demographic and Socioeconomic Predictors of Dental Care Utilization*. JADA February 1998; 129: 195-200.

<sup>25</sup> *Id.*, page 200.

The October 1998 issue of JADA had an article entitled "Dental Expenditures by Selected Dentist and Practice Characteristics."<sup>26</sup> This article compared total dental expenditures reported by the Bureau of Economic Analysis for 1995 of \$47.6 billion, and those reported by the Health Care Financing Administration (HCFA) for 1995 of \$44.7 billion to the reported gross billings in the annual ADA Survey of Dental Practice in 1995 of \$44.5 billion, to show that the survey data was reliable. It also broke down the total expenditures by region, sex, office time, number of dentists in the practice. One finding was that 76% of the expenditures were generated by general practitioners, as opposed to 24% generated by specialists, which correlates to the ratio of general practitioners to specialists of 4.6:1.<sup>27</sup>

The June 1998 JADA had an article entitled "Survey of Medicaid Child Dental Services in Washington State: Preparation for a Marketing Program."<sup>28</sup> This article looked at participation of dentists in Washington State's Medicaid dental program, including their willingness to learn more about the program and the importance attached to preventive care for preschool children. The dentists surveyed had more concerns about fees and administrative aspects of the program, and fewer about client behaviors.<sup>29</sup> While two-thirds of Washington's active dentists serve Medicaid recipients, 25% of the dentists serve 89% of the children who are seen. This was a key finding in the limited access to dental services for low income families. Additionally, there are only 0-4 dentists in some rural counties, creating extraordinary access problems for children.<sup>30</sup> The reasons given by dentists for not seeing Medicaid clients include: low reimbursement levels, payment not timely, bureaucratic system, population difficult to work with (high no-shows and cancels, and non-compliance).<sup>31</sup> The authors found that simply raising reimbursement fees, while necessary, would not be adequate to end access problems. The other barriers, including stereotypes held of Medicaid recipients by dentists, and education of the recipients of the need for preventive dental care, needed to be addressed.

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<sup>26</sup> Brown, L.J.; Lazar, Vickie. *Dental Expenditures by Selected Dentist and Practice Characteristics*. JADA October 1998; 129: 1471-1479.

<sup>27</sup> *Id.*, page 1479.

<sup>28</sup> Milgrom, Peter; Riedy, Christine. *Survey of Medicaid Child Dental Services in Washington State: Preparation for a Marketing Program*. JADA June 1998; 129: 753-763.

<sup>29</sup> *Id.*, page 753.

<sup>30</sup> *Id.*, page 753.

<sup>31</sup> *Id.*, page 753.



## Random Survey of Dental Practices in the State to Establish Usual and Customary Fees for a Subset of Common Dental Procedures.

The DHS is working with the Minnesota Dental Association to survey dentists in the state to establish usual and customary fees. The results of that survey are not available for this report.

## Comparison of Private Insurance Payments for a Subset of Common Dental Procedures with Payments for Public Programs

Information was not available regarding private insurance reimbursement, however there is information from a national survey<sup>32</sup> which can be compared to payments for services in Minnesota Health Care Programs (MHCP)<sup>33</sup>:

| Type of Procedure                      | National Average<br>Nominal Fees in<br>1995 Dollars<br>(Adjusted for Inflation) | Average<br>Submitted<br>Charge for<br>MHCP in 1995 |
|--|---|--|
| <b>Diagnostic</b>                      |   |  |
| Periodic Oral Evaluation               | 20.82   | 17.89  |
| Intraoral radiographs-complete series  | 62.25   | 54.34  |
| Bitewings--two films                   | 13.95   | 16.57  |
| <b>Preventive</b>                      |   |  |
| Prophylaxis--adult                     | 44.55   | 37.67  |
| Topical application of fluoride--adult | 19.79   | 13.88  |
| <b>Restorative</b>                     |   |  |
| Amalgam--one surface, permanent        | 53.60   | 42.61  |
| Amalgam--three surfaces, permanent     | 83.27   | 70.73  |
| Resin--one surface, anterior           | 65.38   | 55.14  |
| Crown, porcelain or ceramic substrate  | 550.64  | 425.00   |

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<sup>32</sup> *Dental Procedure Fees 1975 Through 1995, Supra*, at Page 1294

<sup>33</sup> Some dentists adjust their billings to the maximum allowable.

| <b>Type of Procedure</b>   | <b>National Average<br/>Nominal Fees in<br/>1995 Dollars<br/>(Adjusted for Inflation)</b> | <b>Average<br/>Submitted<br/>Charge for<br/>MHCP in 1995</b> |
|--|---|--|
| <b>Endodontic</b><br>Root canal, molar (excluding final restoration) | 462.42  | 389.61   |
| <b>Periodontal</b><br>Complete maxillary and mandibular dentures     | 704.61  | (Upper)<br>646.63  |
| Maxillary partial denture  | 776.51  | (Lower)<br>644.08  |
| <b>Oral and Maxillofacial Surgery</b><br>Single-tooth extraction     | 64.79   | 52.40  |

## **Related Information on the Costs of Other Health Care Professionals and Payments by Public and Private Payers**

Information is not available on private payers nor are there cost reports from other public payers available for comparison. However, attached as Appendix B is a copy of a DHS report showing charge to payment ratios for other professional services in Minnesota Health Care Programs.

## **Conclusion**

The problem of sufficient access to dental care for Minnesota Health Care Program recipients is complex. Clearly, other states feel that payment rates are one of the factors in attracting providers to serve the dental needs of patients in public programs<sup>34</sup>. While payment rates for dental services in Minnesota are below the national average fees, they clearly are a higher percentage of charges than the DHS pays to other provider types. While increases in payment rates could potentially attract more dentists and thereby increase access, it is too soon to know whether the increases in the last two years have done so. However in most age groups in Managed Care, where the health plans pay higher dental rates than the Fee-For-Service programs, utilization is increasing. It is not possible to isolate the effect of fee increases on utilization. There are other factors at work. For example, the patients who remain on the Fee-For-Service program are increasingly a population consisting of persons with a disability, for whom dental work may be harder to obtain, and who may be less likely to cooperate. There is an exception in the elderly Fee-For-Service program, where there exists a network of providers who specifically serve patients in nursing homes using a mobile dentistry practice.

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<sup>34</sup> *Dental Care in Medicaid Managed Care, Supra.*

## **Appendix A: Minnesota Health Care Programs Fee Schedule**

Dental Services - For dental services provided on or after 07/01/97, an additional 9.52% must be added to the fee schedule amount to determine the MinnesotaCare dental reimbursement amount.

Public health and community health clinics receive a 20% add-on.

Listed below is an explanation of the data elements that appear on the current fee schedule/dental procedure rates beginning on page 19:

PROC CODE: HCPCS level II and level III procedure codes

FACTOR CODE: indicates the current coverage/price factor for the procedure:

1 general fee schedule

3 general price by report

# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                         |
|-----------|-------------|--------|-----------------|---------------|---------------------------------------|
| 0120      | 1           | 11.87  | 07/01/1998      | 12/31/3001    | PERIODIC ORAL EVALUATION              |
| 0140      | 1           | 15.47  | 07/01/1998      | 12/31/3001    | LIMITED ORAL EVAL - PROBLEM FOCUSED   |
| D0150     | 1           | 15.47  | 07/01/1998      | 12/31/3001    | COMPREHENSIVE ORAL EVALUATION         |
| D0160     | 1           | 18.57  | 07/01/1998      | 12/31/3001    | DETAILED AND EXTENSIVE ORAL EVALUATI  |
| D0210     | 1           | 37.63  | 07/01/1998      | 12/31/3001    | INTRAORAL-COMPLETE SERIES INC.BITEWI  |
| D0220     | 1           | 5.93   | 07/01/1998      | 12/31/3001    | INTRAORAL-PERIAPICAL,FIRST FILM       |
| D0230     | 1           | 3.95   | 07/01/1998      | 12/31/3001    | INTRAORAL-PERIAPICAL,EACH ADDITIONAL  |
| D0240     | 1           | 11.87  | 07/01/1998      | 12/31/3001    | INTRAORAL OCCLUSAL FILM               |
| D0250     | 1           | 6.93   | 07/01/1998      | 12/31/3001    | EXTRAORAL-FIRST FILM                  |
| D0260     | 1           | 4.94   | 07/01/1998      | 12/31/3001    | EXTRAORAL,EACH ADDITION FILM          |
| D0270     | 1           | 5.93   | 07/01/1998      | 12/31/3001    | BITEWING-SINGLE FILM                  |
| D0272     | 1           | 10.88  | 07/01/1998      | 12/31/3001    | BITEWINGS-TWO FILMS                   |
| D0274     | 1           | 15.84  | 07/01/1998      | 12/31/3001    | BITEWINGS FOUR FILMS                  |
| D0290     | 1           | 39.62  | 07/01/1998      | 12/31/3001    | PA AND LAT SKULL/FACIAL BONE SURV     |
| D0310     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | SIALOGRAPHY                           |
| D0320     | 1           | 29.71  | 07/01/1998      | 12/31/3001    | TMJ ARTHROGRAM,INCLUDING INJECTION    |
| D0321     | 1           | 69.33  | 07/01/1998      | 12/31/3001    | OTHER TMJ FILMS, BY REPORT            |
| D0322     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | TOMOGRAPHIC SURVEY                    |
| D0330     | 1           | 34.66  | 07/01/1998      | 12/31/3001    | PANORAMIC FILM                        |
| D0340     | 1           | 43.38  | 07/01/1998      | 12/31/3001    | CEPHALOMETRIC FILM                    |
| D0415     | 1           | 6.19   | 07/01/1998      | 12/31/3001    | BACTERIO STUDY DETER PATH AGENTS      |
| D0425     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | CARIES SUSCEPTIBILITY TESTS           |
| 0460      | 1           | 9.89   | 07/01/1998      | 12/31/3001    | PULP VITALITY TESTS                   |
| D0470     | 1           | 29.71  | 07/01/1998      | 12/31/3001    | DIAGNOSTIC CASTS                      |
| D0471     | 1           | 15.84  | 07/01/1998      | 12/31/3001    | DIAGNOSTIC PHOTOGRAPHS                |
| D0501     | 1           | 39.62  | 07/01/1998      | 12/31/3001    | HISTOPATHOLOGIC EXAMINATIONS          |
| D0502     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | OTHER ORAL PATHOLOGY PROCEDURES,B     |
| D0999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPECIFIED DIAGNOSTIC PROCEDURE      |
| D1110     | 1           | 25.75  | 07/01/1998      | 12/31/3001    | ADULT PROPHYLAXIS                     |
| D1120     | 1           | 17.81  | 07/01/1998      | 12/31/3001    | CHILDREN PROPHYLAXIS                  |
| D1201     | 1           | 23.76  | 07/01/1998      | 12/31/3001    | TOPICAL APPL. FLUORIDE(INC.PROPH)CHIL |
| D1203     | 1           | 11.87  | 07/01/1998      | 12/31/3001    | TOPICAL APPLIC FLUORIDE(EXC PROPH) CH |
| D1204     | 1           | 9.89   | 07/01/1998      | 12/31/3001    | TOPICAL APPLIC FLUORIDE(EXC PROPH) AD |
| D1205     | 1           | 28.11  | 07/01/1998      | 12/31/3001    | TOPICAL APPL FLUOR INCL PROPHY-ADULT  |
| D1330     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | ORAL HYGIENE INSTRUCTION              |
| D1351     | 1           | 13.86  | 07/01/1998      | 12/31/3001    | SEALANT, PER TOOTH                    |
| D1510     | 1           | 83.20  | 07/01/1998      | 12/31/3001    | SPACE MAINTAIN FIXED UNILATERAL TYPE  |
| D1515     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | SPACE MAINTAIN FIXED BILATERAL TYPE   |
| D1520     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | SPACE MANITAIN REMOVABLE UNILAT       |
| D1525     | 1           | 104.00 | 07/01/1998      | 12/31/3001    | SPACE MAINTAINERS REMOVABLE BILATER   |
| D1550     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | RECEMENT SPACE MAINTAINER             |
| D2110     | 1           | 25.75  | 07/01/1998      | 12/31/3001    | AMALGAM-ONE SURFACE,PRIMARY           |
| D2120     | 1           | 35.64  | 07/01/1998      | 12/31/3001    | AMALGAM-TWO SURFACES,PRIMARY          |
| D2130     | 1           | 45.55  | 07/01/1998      | 12/31/3001    | AMALGAM-THREE SURFACES,PRIMARY        |
| D2131     | 1           | 54.47  | 07/01/1998      | 12/31/3001    | AMALGAM-FOUR OR MORE SURF,PRIMARY(    |
| D2140     | 1           | 27.72  | 07/01/1998      | 12/31/3001    | AMALGAM-ONE SURFACE,PERMANENT         |
| D2150     | 1           | 38.62  | 07/01/1998      | 12/31/3001    | AMALGAM-TWO SURFACES,PERMANENT        |

# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                           |
|-----------|-------------|--------|-----------------|---------------|---|
| D2160     | 1           | 48.53  | 07/01/1998      | 12/31/3001    | AMALGAM-THREE SURFACES,PERMANENT        |
| D2161     | 1           | 59.43  | 07/01/1998      | 12/31/3001    | AMALGAM-FOUR OR MORE SURFACES,PER       |
| D2210     | 1           | 25.75  | 07/01/1998      | 12/31/3001    | SILICATE CEMENT-PER RESTORATION         |
| D2330     | 1           | 35.64  | 07/01/1998      | 12/31/3001    | RESIN-ONE SURFACE ANTERIOR (010192)     |
| D2331     | 1           | 47.53  | 07/01/1998      | 12/31/3001    | RESIN-TWO SURFACES, ANTERIOR (010192)   |
| D2332     | 1           | 58.44  | 07/01/1998      | 12/31/3001    | RESIN-THREE SURFACES, ANTERIOR (010192) |
| D2335     | 1           | 59.43  | 07/01/1998      | 12/31/3001    | RESIN-4+ SURF INCISAL ANGLE (010192)    |
| D2336     | 1           | 68.13  | 07/01/1998      | 12/31/3001    | COMPOSITE RESIN CROWN-ANTERIOR-PRI      |
| D2380     | 1           | 28.24  | 07/01/1998      | 12/31/3001    | RESIN-1 SURFACE,POSTERIOR-PRIMARY       |
| D2381     | 1           | 41.69  | 07/01/1998      | 12/31/3001    | RESIN-2 SURFACE, POSTERIOR-PRIMARY      |
| D2382     | 1           | 49.10  | 07/01/1998      | 12/31/3001    | RESIN-3 OR MORE SURF, POSTERIOR-PRIM    |
| D2385     | 1           | 32.28  | 07/01/1998      | 12/31/3001    | RESIN-1 SURFACE, POSTERIOR-PERMANEN     |
| D2386     | 1           | 45.06  | 07/01/1998      | 12/31/3001    | RESIN-2 SURFACE, POSTERIOR-PERMANEN     |
| D2387     | 1           | 57.17  | 07/01/1998      | 12/31/3001    | RESIN-3 OR MORE SURF, POSTERIOR-PERM    |
| D2543     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-METALLIC-THREE SURFACES           |
| D2544     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-METALLIC-FOUR OR MORE SURFACE     |
| D2642     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-PROCELAIN/CERAMIC-TWO SURFAC      |
| D2643     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-PROCELAIN/CERAMIC-THREE SURFA     |
| D2644     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-PORCELAIN/CERAMIC-FOUR OR MO      |
| D2650     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | INLAY-COMPOSITE/RESIN-1 SURF(LAB PROC   |
| D2651     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | INLAY-COMPOSITE/RESIN-2 SURF(LAB PROC   |
| D2652     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | INLAY-COMP/RESIN-3 OR MORE SURF(LAB)    |
| D2662     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-COMP/RESIN-TWO SURF (LAB PROC     |
| D2663     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-COMP/RESIN-THREE SURF(LAB PRO     |
| D2664     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY-COMP/RESIN-FOUR OR MORE SURF(     |
| D2710     | 1           | 145.35 | 07/01/1998      | 12/31/3001    | CROWN-RESIN(LABORATORY)                 |
| D2720     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-RESIN WITH HIGH NOBLE METAL       |
| D2721     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-RESIN W PREDOMINANTLY BASE M      |
| D2722     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-RESIN WITH NOBLE METAL            |
| D2740     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN/CERAMIC SUBSTRATE       |
| D2750     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN FUSED TO HIGH NOBL      |
| D2751     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN FUSED PREDOM BASE       |
| D2752     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN FUSED TO NOBLE MET      |
| D2790     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-FULL CAST HIGH NOBLE METAL        |
| D2791     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-FULL CAST PREDOMIN BASE METAL     |
| D2792     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-FULL CAST NOBLE METAL             |
| D2810     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-3/4 CAST METALLIC                 |
| D2910     | 1           | 23.76  | 07/01/1998      | 12/31/3001    | RECEMENT INLAYS                         |
| D2920     | 1           | 23.76  | 07/01/1998      | 12/31/3001    | RECEMENT CROWNS                         |
| D2930     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | PREFAB STAINLESS STEEL CROWN-PRIMAR     |
| D2931     | 1           | 79.24  | 07/01/1998      | 12/31/3001    | PREFAB STAINLESS STEEL CROWN-PERMA      |
| D2932     | 1           | 84.20  | 07/01/1998      | 12/31/3001    | PREFABRICATED RESIN CROWN               |
| D2933     | 1           | 109.95 | 07/01/1998      | 12/31/3001    | PREFAB S/STEEL CRWN W/RESIN WINDOW      |
| D2940     | 1           | 22.77  | 07/01/1998      | 12/31/3001    | FILLINGS(SEDATIVE)                      |
| D2950     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | CORE BUILD-UP, INCL PINS (010192)       |
| D2951     | 1           | 9.89   | 07/01/1998      | 12/31/3001    | PIN RETENTION-PER TOOTH IN ADD TO RES   |
| D2952     | 1           | 120.08 | 07/01/1998      | 12/31/3001    | CAST POST AND CORE IN ADDITION TO CR    |

# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                          |
|-----------|-------------|--------|-----------------|---------------|--|
| 954       | 1           | 79.24  | 07/01/1998      | 12/31/3001    | PREFAB POST/CORE IN ADDITION TO CRO    |
| 955       | 3           | 0.00   | 01/01/1995      | 12/31/3001    | POST REMOVAL(NOT IN CONJ W/ENDO THE    |
| D2960     | 3           | 0.00   | 07/08/1994      | 12/31/3001    | LABIAL VENEER(LAMINATE)-CHAIRSIDE(0101 |
| D2961     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | LABIAL VENEER(RESIN LAMINATE)-LAB      |
| D2962     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | LABIAL VENEER(PORCELAIN LAMINATE) -LAB |
| D2970     | 1           | 31.69  | 07/01/1998      | 12/31/3001    | TEMPORARY (FRACTURED TOOTH)            |
| D2980     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | CROWN REPAIR,BY REPORT                 |
| D2999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPECIFIED RESTORATIVE PROCEDURE,B    |
| D3220     | 1           | 39.62  | 07/01/1998      | 12/31/3001    | THERAPEUTIC PULPOTOMY EXC FINAL RES    |
| D3230     | 1           | 63.04  | 07/01/1998      | 12/31/3001    | PULPAL THERAPY (RESORBABLE FILLING)    |
| D3240     | 1           | 41.46  | 07/01/1998      | 12/31/3001    | PULPAL THERAPY (RESORBABLE FILLING)    |
| D3310     | 1           | 173.35 | 07/01/1998      | 12/31/3001    | ANTERIOR (EXCL FINAL RESTOR) (010192)  |
| D3320     | 1           | 208.02 | 07/01/1998      | 12/31/3001    | BICUSPID (EXCL FINAL RESTOR) (010192)  |
| D3330     | 1           | 263.50 | 07/01/1998      | 12/31/3001    | MOLAR (EXCL FINAL RESTOR) (010192)     |
| D3346     | 1           | 129.78 | 07/01/1998      | 12/31/3001    | RETREATMENT PREV ROOT CANAL-ANTERI     |
| D3347     | 1           | 156.81 | 07/01/1998      | 12/31/3001    | RETREATMENT OF PREV ROOT CANAL-BICU    |
| D3348     | 1           | 205.48 | 07/01/1998      | 12/31/3001    | RETREATMENT OF PREV ROOT CANAL - MO    |
| D3351     | 1           | 127.80 | 07/01/1998      | 12/31/3001    | APEXIFICATION/RECALCIF-INITIAL VISIT   |
| D3352     | 1           | 53.01  | 07/01/1998      | 12/31/3001    | APEXIFICATION/RECALCIF INTERIM MED,RE  |
| D3353     | 1           | 138.90 | 07/01/1998      | 12/31/3001    | APEXIFICATION RECALC<FINAL VISIT       |
| D3410     | 1           | 118.87 | 07/01/1998      | 12/31/3001    | APICOECTOMY/PERIRAD SURG-ANTER (0101   |
| D3421     | 1           | 75.70  | 07/01/1998      | 12/31/3001    | APICOECTOMY/PERIRAD SURG BICUS(1ST R   |
| 425       | 1           | 75.70  | 07/01/1998      | 12/31/3001    | APICOECTOMY/PERIRAD SURG MOLAR(1ST     |
| D3426     | 1           | 32.44  | 07/01/1998      | 12/31/3001    | APICOECTOMY/PERIRAD SURG (EA ADDL R    |
| D3430     | 1           | 57.44  | 07/01/1998      | 12/31/3001    | RETROGRADE FILLING-PER ROOT            |
| D3450     | 1           | 54.47  | 07/01/1998      | 12/31/3001    | ROOT AMPUTATION-PER ROOT               |
| D3460     | 3           | 0.00   | 12/01/1974      | 12/31/3001    | ENDODONTIC ENDOSSEOUS IMPLANT          |
| D3470     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | INTENTIONAL REPLANT(INCL NEC SPLINT)   |
| D3910     | 3           | 0.00   | 12/01/1974      | 12/31/3001    | SURGICAL PROC ISOLATION TOOTH W RUB    |
| D3920     | 3           | 0.00   | 01/01/1991      | 12/31/3001    | HEMISECTION NOT INCLUDING RCT          |
| D3950     | 1           | 59.43  | 07/01/1998      | 12/31/3001    | CANAL PREP-FITTING OF DOWEL            |
| D3960     | 1           | 47.17  | 07/01/1998      | 12/31/3001    | BLEACHING OF DISCOLORED TOOTH          |
| D3999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPECIFIED ENDODONTIC PROC            |
| D4210     | 1           | 138.68 | 07/01/1998      | 12/31/3001    | GINGIVECTOMY OR GINGIVOPLASTY/QUAD     |
| D4211     | 1           | 39.62  | 07/01/1998      | 12/31/3001    | GINGIVECTOMY/GINGIVOPLASTY PER TOOT    |
| D4220     | 1           | 26.73  | 07/01/1998      | 12/31/3001    | GING CURET,SURG,PER QUAD,BY-RPT(0101   |
| D4240     | 1           | 99.06  | 07/01/1998      | 12/31/3001    | GINGIVAL FLAP PROC INC RT QUAD-PER QU  |
| D4249     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | CLINICAL CROWN LENGTHENING-HARD TIS    |
| D4250     | 1           | 68.13  | 07/01/1998      | 12/31/3001    | MUCOGINGIVAL SURGERY, PER QUADRANT     |
| D4260     | 1           | 128.78 | 07/01/1998      | 12/31/3001    | OSSEOUS SURG.INCL.FLAP ENT.CL.PER QU   |
| D4263     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | BONE REPLACEMENT GRAFT-FIRST SITE QU   |
| D4264     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | BONE REPLACE GRAFT-EACH ADDL SITE QU   |
| D4266     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | GUIDED TISSUE REGEN-RESORB BARRIER/    |
| 4267      | 3           | 0.00   | 01/01/1995      | 12/31/3001    | GUIDED TISSYE REGEN-NONRESORB BARR     |
| D4270     | 1           | 99.06  | 07/01/1998      | 12/31/3001    | PEDICLE SOFT TISSUE GRAFTS             |
| D4271     | 1           | 122.48 | 07/01/1998      | 12/31/3001    | FREE SOFT TISSUE GRAFT PROC(DONOR SI   |
| D4273     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | SUBEPITHELIAL CONN TISSUE GRAFT PROC   |



# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                          |
|-----------|-------------|--------|-----------------|---------------|--|
| D4274     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | DISTAL OR PROXIMAL WEDGE PROC(NO SU    |
| D4320     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | PROVISIONAL SPLINTING-INTRACORONAL     |
| D4321     | 1           | 123.82 | 07/01/1998      | 12/31/3001    | PROVISIONAL SPLINTING-EXTRACORONAL     |
| D4341     | 1           | 42.58  | 07/01/1998      | 12/31/3001    | PERIDONT SCALING/ROOT PLANNING PER     |
| D4355     | 1           | 25.75  | 07/01/1998      | 12/31/3001    | Full mouth debridement                 |
| D4381     | 3           | 0.00   | 01/01/1996      | 12/31/3001    | Localized chemo delivery               |
| D4910     | 1           | 34.66  | 07/01/1998      | 12/31/3001    | PERIODONT MAINT PROC FOLLOW ACTIV T    |
| D4920     | 1           | 9.89   | 07/01/1998      | 12/31/3001    | UNSCHED DRESS CHG OTHER THAN TR DE     |
| D4999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPECIFIED PERIODONTAL SVC            |
| D5110     | 1           | 460.64 | 07/01/1998      | 12/31/3001    | COMPLETE UPPER                         |
| D5120     | 1           | 465.60 | 07/01/1998      | 12/31/3001    | COMPLETE LOWER                         |
| D5130     | 1           | 465.60 | 07/01/1998      | 12/31/3001    | IMMEDIATE UPPER                        |
| D5140     | 1           | 460.64 | 07/01/1998      | 12/31/3001    | IMMEDIATE LOWER                        |
| D5211     | 1           | 318.49 | 07/01/1998      | 12/31/3001    | UPPER PARTIAL-RESIN BASE,CLASP (010192 |
| D5212     | 1           | 369.87 | 07/01/1998      | 12/31/3001    | LOWER PARTIAL-RESIN BASE,CLASP + (0101 |
| D5213     | 1           | 534.95 | 07/01/1998      | 12/31/3001    | MAXILLARY PARTIAL DENTURE              |
| D5214     | 1           | 539.90 | 07/01/1998      | 12/31/3001    | MANDIBULAR PARTIAL DENTURE             |
| D5410     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | ADJUST COMPLETE DENTURE-UPPER          |
| D5411     | 1           | 15.84  | 07/01/1998      | 12/31/3001    | ADJUST COMPLETE DENTURE-LOWER          |
| D5421     | 1           | 16.83  | 07/01/1998      | 12/31/3001    | ADJUST PARTIAL DENTURE-UPPER           |
| D5422     | 1           | 17.81  | 07/01/1998      | 12/31/3001    | ADJUST PARTIAL DENTURE-LOWER           |
| D5510     | 1           | 77.79  | 07/01/1998      | 12/31/3001    | REPAIR BROKEN COMPLETE DENTURE BAS     |
| D5520     | 1           | 76.31  | 07/01/1998      | 12/31/3001    | REPLACE MISS/BROKEN TEETH-COMP DENT    |
| D5610     | 1           | 77.79  | 07/01/1998      | 12/31/3001    | REPAIR RESIN DENTURE BASE              |
| D5620     | 1           | 113.94 | 07/01/1998      | 12/31/3001    | REPAIR CAST FRAMEWORK,PARTIAL DENTU    |
| D5630     | 1           | 91.39  | 07/01/1998      | 12/31/3001    | REPAIR/REPLACE BROKEN CLASP-PARTIAL    |
| D5640     | 1           | 76.31  | 07/01/1998      | 12/31/3001    | REPLACE BROKEN TEETH-PER TOOTH PART    |
| D5650     | 1           | 119.19 | 07/01/1998      | 12/31/3001    | ADD TOOTH TO EXISTING PARTIAL DENTUR   |
| D5660     | 1           | 91.39  | 07/01/1998      | 12/31/3001    | ADD CLASP TO EXIST PART DENT (010192)  |
| D5710     | 1           | 198.13 | 07/01/1998      | 12/31/3001    | REBASE COMPLETE UPPER DENTURE          |
| D5711     | 1           | 193.17 | 07/01/1998      | 12/31/3001    | REBASE COMPLETE LOWER DENTURE          |
| D5720     | 1           | 193.17 | 07/01/1998      | 12/31/3001    | REBASE UPPER PARTIAL DENTURE           |
| D5721     | 1           | 198.13 | 07/01/1998      | 12/31/3001    | REBASE LOWER PARTIAL DENTURE           |
| D5730     | 1           | 89.15  | 07/01/1998      | 12/31/3001    | RELINE UPPER COMPLETE DENTURE(CHAIR    |
| D5731     | 1           | 87.16  | 07/01/1998      | 12/31/3001    | RELINE LOWER COMPLETE DENTURE (CHAI    |
| D5740     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | RELINE UPPER PARTIAL DENTURE(CHAIRSI   |
| D5741     | 1           | 79.24  | 07/01/1998      | 12/31/3001    | RELINE LOWER PARTIAL DENTURE(CHAIRSI   |
| D5750     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | RELINE UPPER COMPLETE DENTURE(LABO     |
| D5751     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | RELINE LOWER COMPLETE DENTURE (LABO    |
| D5760     | 1           | 143.64 | 07/01/1998      | 12/31/3001    | RELINE UPPER DENTURE PARTIAL(LABORAT   |
| D5761     | 1           | 143.64 | 07/01/1998      | 12/31/3001    | RELINE LOWER PARTIAL DENTURE(LABORA    |
| D5810     | 1           | 185.70 | 07/01/1998      | 12/31/3001    | INTERIM COMPLETE DENTURE (UPPER)0101   |
| D5811     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | INTERIM COMPL DENTURE (LOWER) 010192   |
| D5820     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | INTERIM PART DENTURE-UPPER (010192)    |
| D5821     | 1           | 158.49 | 07/01/1998      | 12/31/3001    | INTERIM PARTIAL DENTURE-LOWER (010192) |
| D5850     | 1           | 31.69  | 07/01/1998      | 12/31/3001    | TISSUE CONDITIONING, MAXILLARY         |
| D5851     | 1           | 21.63  | 07/01/1998      | 12/31/3001    | TISSUE CONDITIONING, MANDIBULAR        |

# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                         |
|-----------|-------------|--------|-----------------|---------------|---------------------------------------|
| D5860     | 3           | 0.00   | 07/01/1997      | 12/31/3001    | OVER DENTURE - COMPLETE               |
| D5861     | 3           | 0.00   | 07/01/1997      | 12/31/3001    | OVERDENTURE PARTIAL (BY-REPORT)       |
| D5862     | 3           | 0.00   | 04/01/1986      | 12/31/3001    | PRECISION ATTACHMENT,BY REPORT        |
| D5899     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPEC REMOVABLE PROSTHODONTIC PR     |
| D5911     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | FACIAL MOULAGE (SECTIONAL)            |
| D5912     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | FACIAL MOULAGE (COMPLETE)             |
| D5937     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | TRISMUS APPLIANCE(NOT FOR TM TRT)     |
| D5951     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | FEEDING AID                           |
| D5952     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | PEDIATRIC SPEECH AID                  |
| D5953     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | ADULT SPEECH AID                      |
| D5954     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | SUPERIMPOSED PROSTHESIS               |
| D5955     | 3           | 0.00   | 02/24/1993      | 12/31/3001    | PALATAL LIFT PROSTHESIS               |
| D5958     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | PALATAL LIFT PROSTHESIS,INTERIM       |
| D5959     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | PALATAL LIFT PROSTHESIS, MODIFICATION |
| D5960     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | SPEECH AID PROSTHESIS, MODIFICATION   |
| D5982     | 1           | 29.71  | 07/01/1998      | 12/31/3001    | SURGICAL STENT                        |
| D5983     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | RADIATION CARRIER                     |
| D5984     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | RADIATION SHIELD                      |
| D5985     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | RADIATION CONE LOCATOR (010192)       |
| D5986     | 3           | 0.00   | 01/02/1985      | 12/31/3001    | FLUORIDE GEL CARRIER (010192)         |
| D5987     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | COMMISURE SPLINT                      |
| D6055     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | DENTAL IMPLANT SUPPORTED CONNECTIN    |
| D6080     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | IMPLANT MAINT PROC,INCL REMOV PROST   |
| D6210     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-CAST HIGH NOBLE METAL          |
| D6211     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-CAST PREDOMINANTLY BASE META   |
| D6212     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-CAST NOBLE METAL               |
| D6240     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-PORCELAIN FUSED TO HIGH NOBLE  |
| D6241     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-PORCELAIN FUSED TO PREDOM BA   |
| D6242     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-PORCELAIN FUSED TO NOBLE MET   |
| D6250     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-RESIN WITH HIGH NOBLE METAL    |
| D6251     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-RESIN WITH PREDOMIN BASE META  |
| D6252     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | PONTIC-RESIN WITH NOBLE METAL         |
| D6543     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY - METALLIC - THREE SURFACES     |
| D6544     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | ONLAY - METALLIC - FOUR OR MORE SURFA |
| D6545     | 3           | 0.00   | 11/01/1984      | 12/31/3001    | RETNR-CAST METL RESIN BOND FIX PROST  |
| D6720     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-RESIN WITH HIGH NOBLE METAL     |
| D6721     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-RESIN WITH PREDOMIN BASE MET    |
| D6722     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-RESIN WITH NOBLE METAL          |
| D6750     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN FUSED TO HIGH NOBL    |
| D6751     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN FUSED TO PREDOM BA    |
| D6752     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-PORCELAIN FUSED TO NOBLE MET    |
| D6780     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-3/4 CAST HIGH NOBLE METAL       |
| D6790     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-FULL CAST HIGH NOBLE METAL      |
| D6791     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-FULL CAST PREDOMIN BASE METAL   |
| D6792     | 1           | 397.44 | 07/01/1998      | 12/31/3001    | CROWN-FULL CAST NOBLE METAL           |
| D6920     | 3           | 0.00   | 01/01/1995      | 12/31/3001    | CONNECTOR BAR                         |
| D6930     | 1           | 31.69  | 07/01/1998      | 12/31/3001    | RECEMENT BRIDGE                       |

# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                         |
|-----------|-------------|--------|-----------------|---------------|---------------------------------------|
| D6940     | 3           | 0.00   | 12/01/1974      | 12/31/3001    | STRESS BREAKER                        |
| D6950     | 3           | 0.00   | 12/01/1974      | 12/31/3001    | PRECISION ATTACHMENT                  |
| D6972     | 1           | 54.04  | 07/01/1998      | 12/31/3001    | PREFAB POST/CORE IN ADD TO BRIDGE RE  |
| D6973     | 1           | 51.09  | 07/01/1998      | 12/31/3001    | CORE BUILDUP FOR RETAINER, INCL PINS  |
| D6975     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | COPING METAL                          |
| D6980     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | BRIDGE REPAIR,BY REPORT               |
| D6999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPEC FIXED PROSTHOD PROC,BY REPO    |
| D7110     | 1           | 32.68  | 07/01/1998      | 12/31/3001    | EXTRACTION,SINGLE TOOTH               |
| D7120     | 1           | 29.71  | 07/01/1998      | 12/31/3001    | EXTRACTION,EACH ADDITIONAL TOOTH      |
| D7130     | 1           | 39.62  | 07/01/1998      | 12/31/3001    | ROOT REMOVAL-EXPOSED ROOT             |
| D7210     | 1           | 59.43  | 07/01/1998      | 12/31/3001    | EXTRACTION OF TOOTH,ERUPTED           |
| D7220     | 1           | 84.20  | 07/01/1998      | 12/31/3001    | REMOVAL IMPACTED TOOTH-SOFT TISSUE    |
| D7230     | 1           | 108.96 | 07/01/1998      | 12/31/3001    | REMOVAL IMPACTED TOOTH-PARTIALLY BO   |
| D7240     | 1           | 128.78 | 07/01/1998      | 12/31/3001    | REMOVAL IMPACTED TOOTH-COMpletely     |
| D7241     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | REMOVE IMPACT TOOTH-COMP BONE W CO    |
| D7250     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | SURG REMOVAL RESIDUAL TOOTH ROOTS     |
| D7260     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | ORAL ANTRAL FISTULA CLOSURE (010192)  |
| D7270     | 1           | 139.66 | 07/01/1998      | 12/31/3001    | TOOTH REIMPLANT/STAB ACCIDENT EVULS   |
| D7272     | 3           | 0.00   | 12/01/1974      | 12/31/3001    | TOOTH TRANSPLANT(ONE SITE TO ANOTHE   |
| D7280     | 1           | 133.73 | 07/01/1998      | 12/31/3001    | SURG EXPOSE IMPACT/UNERUPT TOOTH O    |
| D7281     | 1           | 99.06  | 07/01/1998      | 12/31/3001    | SURG EXPOS-IMP-AID ERUPT              |
| D7285     | 1           | 99.06  | 07/01/1998      | 12/31/3001    | BIOPSY OF ORAL TISSUE HARB            |
| D7286     | 1           | 84.20  | 07/01/1998      | 12/31/3001    | BIOPSY OF ORAL TISSUE SOFT            |
| D7290     | 3           | 0.00   | 07/20/1981      | 12/31/3001    | SURGICAL REPOSITIONING OF TOOTH       |
| D7291     | 1           | 79.24  | 07/01/1998      | 12/31/3001    | TRANSSEPTAL FIBEROTOMY, BY REPORT     |
| D7510     | 1           | 39.62  | 07/01/1998      | 12/31/3001    | INCISION/DRAIN ABSCESS-INTRAORAL SOF  |
| D7520     | 1           | 49.53  | 07/01/1998      | 12/31/3001    | INC/DRAIN ABSCESS EXTRAORAL SOFT TIS  |
| D7880     | 1           | 324.45 | 07/01/1998      | 12/31/3001    | OCCUSAL ORTHOTIC DEVICE, BY REPORT    |
| D7899     | 3           | 0.00   | 01/01/1992      | 12/31/3001    | UNSPECIFIED TMD THERAPY, BY REPORT    |
| D8010     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | LTD ORTHO TREATMENT, PRIMARY DENTITI  |
| D8020     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | LTD ORTHO TREATMENT, TRANSITIONAL DE  |
| D8030     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | LIMITED ORTHO TRTMNT ADOL DENTITION   |
| D8040     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | LIMITED ORTHO TRTMNT ADULT DENTITION  |
| D8050     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | INTRCPTV ORTHO TRTMNT PRIMARY DENTI   |
| D8060     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | INTRCPTV ORTHO TRTMNT TRANS DENTITI   |
| D8070     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | COMP ORTHO TRTMNT TRANS DENTITION     |
| D8080     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | COMP ORTHO TRTMNT ADOL DENTITION      |
| D8090     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | COMP ORTHO TRTMNT ADULT DENTITION     |
| D8210     | 1           | 143.64 | 07/01/1998      | 12/31/3001    | REMOVABLE APPLIANCE THERAPY           |
| D8220     | 1           | 148.59 | 07/01/1998      | 12/31/3001    | FIXED APPLIANCE THERAPY               |
| D8660     | 1           | 15.47  | 07/01/1998      | 12/31/3001    | PRE-ORTHODONTIC TREATMENT VISIT       |
| D8670     | 1           | 80.47  | 07/01/1998      | 12/31/3001    | PERIO ORTHO TRTMNT VISIT(PART CONTRA  |
| D8680     | 1           | 112.04 | 07/01/1998      | 12/31/3001    | ORTHO RETNTN(REMVL APPL,CONSTR,PLC    |
| D8690     | 1           | 70.97  | 07/01/1998      | 12/31/3001    | ORTHO TRTMNT(ALT BILLING TO CONTR FE  |
| D8999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPECIFIED ORTHODONTIC TREATMENT     |
| D9110     | 1           | 19.80  | 07/01/1998      | 12/31/3001    | PALLIATIVE(EMERG)TRTMT DENT PAIN-MINO |
| D9220     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | GENERAL ANESTHESIA - FIRST 30 MINUTES |

# Dental Procedure Rates

11/25/98

| Proc Code | Factor Code | Factor | Price BeginDate | Price EndDate | ProcedureName                         |
|-----------|-------------|--------|-----------------|---------------|---------------------------------------|
| 9221      | 1           | 32.44  | 07/01/1998      | 12/31/3001    | GENERAL ANES, EACH ADDL 15 MINUTES    |
| 230       | 1           | 8.90   | 07/01/1998      | 12/31/3001    | ANALGESIA                             |
| D9240     | 1           | 74.29  | 07/01/1998      | 12/31/3001    | INTRAVENOUS SEDATION                  |
| D9310     | 1           | 23.76  | 07/01/1998      | 12/31/3001    | CONSULTATION                          |
| D9410     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | HOUSE CALLS                           |
| D9420     | 1           | 15.84  | 07/01/1998      | 12/31/3001    | HOSPITAL CALL                         |
| D9430     | 1           | 12.38  | 07/01/1998      | 12/31/3001    | OV FOR OBSERV DURING REG SCHED OFF    |
| D9440     | 1           | 24.76  | 07/01/1998      | 12/31/3001    | OV AFTER REGULARLY SCHEDULED OFFICE   |
| D9610     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | THERAPEUTIC DRUG-INJECTION            |
| D9630     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | OTHER DRUGS AND/OR MEDICAMENTS        |
| D9910     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | APPLICATION OF DESENSITIZING MEDICAM  |
| D9920     | 1           | 27.68  | 07/01/1998      | 12/31/3001    | BEHAVIOR MANAGEMENT,BY REPORT         |
| D9930     | 1           | 14.85  | 07/01/1998      | 12/31/3001    | TRTMT COMPLIC,POST SURG-UNUSUAL CIR   |
| D9940     | 1           | 79.24  | 07/01/1998      | 12/31/3001    | OCCLUSAL GUARDS, BY REPORT            |
| D9941     | 1           | 40.52  | 07/01/1998      | 12/31/3001    | FABRICATION OF ATHLETIC MOUTHGUARD    |
| D9951     | 1           | 15.84  | 07/01/1998      | 12/31/3001    | OCCLUSAL ADJUSTMENT,LIMITED           |
| D9952     | 1           | 59.43  | 07/01/1998      | 12/31/3001    | OCCLUSAL ADJUSTMENT,COMPLETE          |
| D9999     | 3           | 0.00   | 10/01/1992      | 12/31/3001    | UNSPECIFIED ADJUNCTIVE PROCEDURE,BR   |
| X0335     | 1           | 45.55  | 07/01/1998      | 12/31/3001    | PANOREX-INC BITEWING/ADD PERIPHER FIL |
| X0500     | 1           | 9.89   | 07/01/1998      | 12/31/3001    | IDENTIFICATION OF UPPER DENTURE       |
| X0510     | 1           | 9.89   | 07/01/1998      | 12/31/3001    | IDENTIFICATION OF LOWER DENTURE       |
| X0513     | 1           | 69.33  | 07/01/1998      | 12/31/3001    | PRE-FABRICATED POST                   |
| 515       | 1           | 102.02 | 07/01/1998      | 12/31/3001    | ORTHODONTIC FULL CASE STUDY           |
| 0550      | 1           | 11.87  | 07/01/1998      | 12/31/3001    | HOSPITAL CALL, MULTIPLE PATIENTS SEEN |
| X5687     | 1           | 709.59 | 07/01/1998      | 12/31/3001    | INITIAL PLACEMENT -ORTHODONTIC APPLIA |
| X7215     | 1           | 29.71  | 07/01/1998      | 12/31/3001    | REMOVAL/EXCISION SUPERNUM TOOTH,ER    |
| X7216     | 1           | 106.97 | 07/01/1998      | 12/31/3001    | REMOVAL/EXCISION SUPERNUM TOOTH IM    |

## **Appendix B: Charge to Payment Ratios--Minnesota Health Care Programs**

## 1998 Charge to Payment Ratios for Providers of Minnesota Health Care Programs

|   |                               | Medicaid<br>(Major Programs L, M, P, Q, S, U, W) |                      |              | General Assistance Medical Care<br>Major Programs A, C, D, E G, H, I, R, T, X, Y, Z) |                     |              |
|---|-------------------------------|--|----------------------|--------------|--|---------------------|--------------|
| COS   | CategoryOfServiceDesc         | Total Claim Charge                               | Payment Amount       | Ratio        | Total Claim Charge   | Payment Amount      | Ratio        |
| <b>A. Statutory Budget Page CPI Request</b> |                               |  |                      |              |  |                     |              |
| 001   | INPATIENT HOSPITAL GENERAL    | \$334,179,815                                    | \$225,687,655        | 67.5%        | \$88,593,493   | \$41,196,736        | 46.5%        |
| 006   | INPATIENT HOSP REHABILITATION | \$4,225,021                                      | \$3,932,797          | 93.1%        | \$1,561,891  | \$1,581,675         | 101.3%       |
| 015   | INPATIENT LONG TERM HOSPITAL  | \$12,870,248                                     | \$5,921,286          | 46.0%        | \$1,051,755  | \$574,854           | 54.7%        |
| 073   | INPATIENT HOSP NEO-NATAL ICU  | \$11,700,956                                     | \$7,120,752          | 60.9%        |  |                     |              |
|   | Subtotal                      | <u>\$362,976,040</u>                             | <u>\$242,662,490</u> | <u>66.9%</u> | <u>\$91,207,139</u>  | <u>\$43,353,265</u> | <u>47.5%</u> |
| <b>B. Statutory Budget Page CPI Request</b> |                               |  |                      |              |  |                     |              |
| 041   | ANESTHESIA                    | \$12,360,993                                     | \$4,339,456          | 35.1%        | \$3,966,236  | \$1,319,257         | 33.3%        |
| 043   | PHYSICIAN                     | \$142,371,861                                    | \$66,524,289         | 46.7%        | \$33,958,378   | \$14,722,992        | 43.4%        |
| 045   | DENTAL                        | \$28,932,839                                     | \$16,570,404         | 57.3%        | \$5,185,776  | \$2,881,487         | 55.6%        |
| 046   | MENTAL HEALTH                 | \$54,883,059                                     | \$31,450,588         | 57.3%        | \$5,502,913  | \$2,810,573         | 51.1%        |
| 051   | PHYSICAL THERAPY              | \$10,433,244                                     | \$5,538,954          | 53.1%        | \$1,285,383  | \$489,312           | 38.1%        |
| 053   | SPEECH THERAPY                | \$9,010,061                                      | \$4,000,987          | 44.4%        | \$168,013  | \$53,616            | 31.9%        |
| 054   | OCCUPATIONAL THERAPY          | \$12,327,356                                     | \$5,623,822          | 45.6%        | \$453,154  | \$202,081           | 44.6%        |
| 058   | AUDIOLOGY                     | \$867,309  | \$427,690            | 49.3%        | \$80,714   | \$35,896            | 44.5%        |
|   | Subtotal                      | <u>\$271,186,721</u>                             | <u>\$134,476,191</u> | <u>49.6%</u> | <u>\$50,600,566</u>  | <u>\$22,515,214</u> | <u>44.5%</u> |
|   | Total (A+B)                   | <u>\$634,162,762</u>                             | <u>\$377,138,681</u> | <u>59.5%</u> | <u>\$141,807,705</u>   | <u>\$65,868,479</u> | <u>46.4%</u> |