

AMENDMENT NO. 1 TO THE AGREEMENT WITH
COMMUNITY DENTAL CARE INC., A CALIFORNIA NONPROFIT CORPORATION

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and COMMUNITY DENTAL CARE INC., A CALIFORNIA NONPROFIT CORPORATION (hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on May 7, 2002 the parties hereto entered into Agreement 65233 (hereinafter referred to as the "Original Agreement") for the furnishing of certain services by Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original Agreement is amended as follows:

1. Section 2, Payments, Paragraph A, Maximum Amount, of the Original Agreement is hereby amended to read as follows:

"2. Payments

A. "The maximum amount of the contract for the furnishing of the services described in Schedule A and additions to Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement for the period of March 1, 2002 through February 28, 2003 shall not exceed ONE HUNDRED NINETY-FIVE THOUSAND THREE HUNDRED SIXTY DOLLARS (\$195,360), and for the period of March 1, 2003 through February 29, 2004 shall not exceed ONE HUNDRED NINETY-FIVE THOUSAND THREE HUNDRED SIXTY DOLLARS (\$195,360). The total amount of the contract shall not exceed THREE HUNDRED NINETY THOUSAND SEVEN HUNDRED TWENTY DOLLARS (\$390,720)."

2. Section 4, Hold Harmless of the Original Agreement is hereby amended to read as follows:

"4. Hold Harmless

Contractor shall indemnify and save harmless County, its officers, agents, name, kind and description, brought for, or on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and

to whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under this Agreement, or (D) any sanctions, penalties or claims of damages resulting from Contractor's failure to comply with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, or (E) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County, its officers, agents, employees, or servants, resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

3. Section 10, Compliance with Applicable Laws of the Original Agreement is hereby amended to read as follows:

"10 Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable federal, state, county, and municipal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, and the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations."

4. Section 12, Term of the Agreement is hereby amended to read as follows:

"12. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from March 1, 2002 through February 29, 2004. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon sixty (60) days' written notice to the other party."

5. Schedule A, Services of the Original Agreement is hereby amended to add the following services:

ADDITIONS TO SCHEDULE A
FOR THE PERIOD OF MARCH 1, 2003 TO FEBRUARY 29, 2004

I. SERVICES

Contractor shall perform the following:

- A. Contractor shall provide the dental services listed in Attachment II to approximately one hundred (100) unduplicated clients with written verification of a diagnosis of HIV/AIDS. A Unit of Service (UOS) shall be defined as ONE HUNDRED TEN DOLLARS (\$110) worth of dental services. This Agreement will provide for approximately one thousand seven hundred seventy-six (1,776) UOS. Not more than nine percent (9%) of the value of each UOS shall be used for indirect costs for this project. These services will be provided to residents of San Mateo County who have provided written verification of a diagnosis of HIV/AIDS. Decisions of care will be made by the attending Contractor dentist on a case-by-case basis and will be based on documented need.

The types of services considered allowable under this Agreement are emergency, diagnostic; preventative; basic restorative; endodontics; tooth extraction - uncomplicated, simple; periodontal; and removable prosthetics. A complete list of covered procedures is listed on Attachment II.

The types of services not allowable under this Agreement are cosmetic dentistry; orthodontics; implants; and surgery requiring IV sedation, hospital services, or complex procedures.

- B. Contractor shall maximize third party payment (e.g. Medi-Cal, private insurance, etc.) before utilizing funding from this Agreement.
- C. Contractor shall provide dental services two (2) days per week. At least one (1) of these days shall be at the Willow Clinic in Menlo Park. The second (2nd) day can be at the Willow Clinic, but Contractor shall make every effort to establish a one (1) day clinic in the northern part of the county.

Contractor shall be responsible for ensuring adequate staff, dental instruments, and supplies are available for the provision of services at all service sites.

- D. All dentists and other staff, licensed or unlicensed, who may work on this project are subject to AIDS Program approval. Appropriate insurance and licensing information shall be provided for every dentist and other licensed staff who may work on this project before such staff may perform any functions for the project.
- E. Provide evidence of Denti-Cal billing to show compliance with Schedule A, Section I, Services, paragraph B. This evidence shall be submitted to County on a monthly basis.

- F. Provide consistent and reliable service throughout the term of this Agreement. If Contractor misses more than two (2) clinics, County reserves the option to terminate its contract with Contractor within twenty-four (24) hours of notice.

II. OUTCOME OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

- A. Ninety-five percent (95%) of Contractor's clients shall show an improvement in oral health. Improvement of oral health shall be measured by the number of clients who receive diagnosis and subsequent treatment in ratio to the number of clients who receive diagnosis and do not receive subsequent treatment. Contractor shall tabulate this objective during the third (3rd) quarter of the contract year and include the result in Contractor's third (3rd) Quarter Report.
- B. Ninety-five percent (95%) of Contractor's clients shall report, via a project specific client satisfaction survey conducted by Contractor, satisfaction with dental services received from Contractor. This survey shall be conducted during the third (3rd) quarter of the contract year. The results of this survey shall be tabulated by Contractor and included in Contractor's third (3rd) Quarter Report.

III. GENERAL

- A. Regular staff participation is required at monthly AIDS Program Partnership Agency Round Table" meetings and other meetings as needed or appropriate.
- B. Participation in the San Mateo County AIDS Program Universal Client Needs and Satisfaction Survey" is required.
- C. Any public information (e.g. brochures, flyers, etc.) about projects funded by the AIDS Program must state somewhere on the item "This project is funded by the San Mateo County AIDS Program.
- D. By signing the contract, Contractor certifies to the best of his or her knowledge and belief that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. If Contractor is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this agreement. (Required by NNA 1, Exhibit B, Paragraph 1.).
- E. Compliance AIDS Program site visit is required.
- F. Contractor understands that funding for this program after February 28, 2004, is dependent on adequate appropriation of Ryan Resources Emergency (CARE) Act, Title I funding for the AIDS Program.

IV. REPORTING

- A. Quarterly Program Report forms are due by the fifteenth (15th) day of the month following each quarter. For this reporting, a UOS shall be ONE HUNDRED TEN DOLLARS (\$110). The AIDS Program will provide a Master Copy of the report form.
- B. Monthly Financial Reports and invoices specifying cost(s) per unit(s) of service(s) due the fifteenth (15th) day following the end of the month. Included with the Monthly Financial Report, Contractor shall submit a report on the number of patients seen and the number of clients whose services have been billed to Medi-Cal.
- C. Annual Standard AIDS Administrative Report" shall be due on January 15, 2004.
- D. Final Narrative Report due by April 1, 2004. This report shall specify the utilization of services by type and volume; identify unmet needs and service gaps; and provide a project self-evaluation.
- E. Year-End Financial Report due by March 15, 2004.
- F. CPA Audit due one hundred eighty (180) days after the end of Contractor's fiscal year.

6. Schedule B, Payments of the Original Agreement is hereby amended to read as follows:

"PAYMENTS

County shall compensate Contractor for the services stated in Schedule A and Additions to Schedule A in payments for UOS provided, beginning March 1, 2002 and ending February 29, 2004. Each UOS will be paid at ONE HUNDRED TEN DOLLARS (\$110). Payments shall be paid upon receipt of invoice, and satisfactory project and fiscal reporting as determined by the AIDS Program Director or his designee. The last payment shall be withheld until all UOS are accounted for. County shall have the right to withhold payment if County that the quality or quantity of work performed is unacceptable.

The maximum amount of payments for the period of March 1, 2002 to February 28, 2003 shall not exceed ONE HUNDRED NINETY-FIVE THOUSAND THREE HUNDRED SIXTY DOLLARS (\$195,360). The maximum amount of payments for the period of March 1, 2003 to February 29, 2004 shall not exceed ONE HUNDRED NINETY-FIVE THOUSAND THREE HUNDRED SIXTY DOLLARS (\$195,360).

The total amount of payments for the term of this Agreement shall not exceed THREE HUNDRED NINETY THOUSAND SEVEN HUNDRED TWENTY DOLLARS (\$390,720)."

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. [Faint text] incorporated and made a part of the Original Agreement and subject to all provisions therein.

2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.

3. All provisions of the Original Agreement, including all monitoring and evaluation requirements shall be applicable to all amendments herein.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

COMMUNITY DENTAL CARE INC., A CALIFORNIA NONPROFIT CORPORATION

By: _____
Rose Jacobs Gibson, President
Board of Supervisors

By: Gene Gowdy, DDS, MA

Date: _____

Date: 5/2/03

ATTEST:

By: _____
Clerk of Said Board

Date: _____

Attachment II

Community Dental Care / San Mateo			Units of Service (UOS) Schedule
Location	ADA	UOS	Description
SM	120	0.5	Periodic oral examination
SM	140	0.75	Limited oral evaluation - problem focused
SM	150	1	Comprehensive oral evaluation
SM	160	2.5	Detailed and extensive oral evaluation - problem-focused, by report
SM	210	1	Intraoral-complete series (including bitewings)
SM	220	0.25	Intraoral-periapical-first film
SM	230	0.25	Intraoral-periapical-each additional film
SM	240	0.5	Intraoral-occlusal film
SM	250	0.75	Extraoral-first film
SM	260	0.75	Extraoral-each additional film
SM	270	0.25	Bitewing-single film
SM	272	0.5	Bitewings-two films
SM	274	0.5	Bitewings-four films
SM	290	1	Posterior-anterior or lateral skull and facial bone survey film
SM	330	1	Panoramic film
SM	340	1.25	Cephalometric film
SM	415	1.75	Bacteriologic studies for determination of pathologic agents
SM	425	1.25	Caries susceptibility tests
SM	460	0.5	Pulp vitality tests
SM	470	1	Diagnostic casts
SM	471	0.75	Diagnostic photographs
SM	501	1.75	Histopathologic examinations
SM	502	1.75	Other oral pathology procedures, by report
SM	1110	0.75	Prophylaxis-adult
SM	1120	0.75	Prophylaxis-child
SM	1201	0.75	Topical application of fluoride (including prophylaxis)-child
SM	1203	0.5	Topical application of fluoride (prophylaxis not included)-child
SM	1204	0.5	Topical application of fluoride (prophylaxis not included)-adult
SM	1205	1	Topical application of fluoride (including prophylaxis)-adult
SM	1310	1	Nutritional counseling for the control of dental disease
SM	1320	1	Tobacco counseling for the control and prevention of oral disease
SM	1330	0.75	Oral hygiene instructions
SM	1351	0.5	Sealant-per tooth
SM	1510	2.75	Space maintainer-fixed-unilateral
SM	1515	4.25	Space maintainer-fixed-bilateral
SM	1520	3.5	Space maintainer-removable-unilateral
SM	1525	4.75	Space maintainer-removable-bilateral
SM	1550	0.75	Recementation of space maintainer
SM	2110	0.75	Amalgam-one surface, primary
SM	2120	1	Amalgam-two surfaces, primary
SM	2130	1.25	Amalgam-three surfaces, primary
SM	2131	1.5	Amalgam-four or more surfaces, primary
SM	2140	1	Amalgam-one surface, permanent
SM	2150	1.25	Amalgam-two surfaces, permanent
SM	2160	1.5	Amalgam-three surfaces, permanent
SM	2161	1.75	Amalgam-four or more surfaces, permanent
SM	2330	1.25	Resin-one surface, anterior
SM	2331	1.5	Resin-two surfaces, anterior
SM	2332	2	Resin-three surfaces, anterior
SM	2335	2.25	Resin-four or more surfaces or involving incisal angle (anterior)
SM	2336	2.75	Composite resin crown-anterior-primary
SM	2380	1	Resin-one surface, posterior-primary
SM	2381	1.5	Resin-two surfaces, posterior-primary
SM	2382	2	Resin-three or more surfaces, posterior-primary
SM	2385	1.25	Resin-one surface, posterior-permanent
SM	2366	1.75	Resin-two surfaces, posterior-permanent
SM	2387	2.25	Resin-three or more surfaces, posterior-permanent
SM	2510	6	Inlay-metallic-one surface
SM	2520	6.5	Inlay-metallic-two surfaces
SM	2530	6.75	Inlay-metallic-three or more surfaces
SM	2543	8.75	Onlay-metallic-three surfaces
SM	2544	9.25	Onlay-metallic-four or more surfaces
SM	2610	6.5	Inlay-porcelain/ceramic-one surface
SM	2620	6.75	Inlay-porcelain/ceramic-two surfaces

SM	2630	7.25	Inlay-porcelain/ceramic-three or more surfaces
SM	2642	7.75	Onlay-porcelain/ceramic-two surfaces
SM	2643	7.25	Onlay-porcelain/ceramic-three surfaces
SM	2644	7.75	Onlay-porcelain/ceramic-four or more surfaces
SM	2650	6	Inlay-composite/resin-one surface (laboratory processed)
SM	2651	6.75	Inlay-composite/resin-two surfaces (laboratory processed)
SM	2652	7	Inlay-composite/resin-three or more surfaces (laboratory processed)
SM	2662	7	Onlay-composite/resin-two surfaces (laboratory processed)
SM	2663	7	Onlay-composite/resin-three surfaces (laboratory processed)
SM	2664	9.5	Onlay-composite/resin-four or more surfaces (laboratory processed)
SM	2710	6.25	Crown-resin (laboratory)
SM	2720	8.75	Crown-resin with high noble metal
SM	2721	7.25	Crown-resin with predominantly base metal
SM	2722	7.75	Crown-resin with noble metal
SM	2740	7.75	Crown-porcelain/ceramic substrate
SM	2750	8	Crown-porcelain fused to high noble metal
SM	2751	7.25	Crown-porcelain fused to predominantly base metal
SM	2752	7.75	Crown-porcelain fused to noble metal
SM	2790	7.75	Crown-full cast high noble metal
SM	2791	6.75	Crown-full cast predominantly base metal
SM	2792	7.75	Crown-full cast noble metal
SM	2810	7.75	Crown-3/4 cast metallic
SM	2910	1	Recement inlay
SM	2920	1	Recement crown
SM	2930	2.25	Prefabricated stainless steel crown- primary tooth
SM	2931	2.75	Prefabricated stainless steel crown-permanent tooth
SM	2932	2.75	Prefabricated resin crown
SM	2933	2.75	Prefabricated stainless steel crown with resin window
SM	2940	1	Sedative filling
SM	2950	2.25	Core buildup, including any pins
SM	2951	0.75	Pin retention-per tooth, in addition to restoration
SM	2952	3.75	Cast post and core in addition to crown
SM	2954	2.5	Prefabricated post and core in addition to crown
SM	2955	2.25	Post removal (not in conjunction with endodontic therapy)
SM	2960	4.75	Labial veneer (laminare)-chairside
SM	2961	5.5	Labial veneer (resin laminate)-laboratory
SM	2962	6.75	Labial veneer (porcelain)-laboratory
SM	2970	2.75	Temporary crown (fractured tooth)
SM	2980	2.75	Crown repair, by report
SM	3110	0.75	Pulp cap-direct (excluding final restoration)
SM	3120	1	Pulp cap-indirect (excluding final restoration)
SM	3220	1.5	Therapeutic pulpotomy (excluding final restoration)
SM	3230	3.75	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
SM	3240	4	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
SM	3310	4.5	Anterior Root Canal (excluding final restoration)
SM	3320	5.25	Bicuspid Root Canal (excluding final restoration)
SM	3330	6.75	Molar Root Canal (excluding final restoration)
SM	3346	5.25	Retreatment of previous root canal therapy - anterior
SM	3347	5.75	Retreatment of previous root canal therapy - bicuspid
SM	3348	7.25	Retreatment of previous root canal therapy - molar
SM	3351	2.75	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
SM	3352	2.25	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
SM	3353	3.75	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)
SM	3410	4.25	Apicoectomy/Periradicular surgery- anterior
SM	3421	5.25	Apicoectomy/Periradicular surgery- bicuspid (first root)
SM	3425	6	Apicoectomy/Periradicular surgery- molar (first root)
SM	3426	3.5	Apicoectomy/Periradicular surgery (each additional root)
SM	3430	3.25	Retrograde filling- per root
SM	3450	3.75	Root amputation- per root
SM	3460	11.5	Endodontic endosseous implant
SM	3470	7.75	Intentional reimplantation (including necessary splinting)
SM	3910	1.75	Surgical procedure for isolation of tooth with rubber dam
SM	3920	4	Hemisection (including any root removal), not including root canal therapy
SM	3950	2.25	Canal preparation and fitting of preformed dowel or post
SM	4210	5.75	Gingivectomy or gingivoplasty-per quadrant
SM	4211	2.75	Gingivectomy or gingivoplasty-per tooth

SM	4220	4	Gingival curettage, surgical, per quadrant, by report
SM	4240	6.5	Gingival flap procedure, including root planing-per quadrant
SM	4249	5.75	Clinical crown lengthening - hard tissue
SM	4250	9.25	Mucogingival surgery-per quadrant
SM	4260	9.25	Osseous surgery (including flap entry and closure)-per quadrant
SM	4270	8	Pedicle soft tissue graft procedure
SM	4271	7.75	Free soft tissue graft procedure (including donor site surgery)
SM	4273	9.75	Subepithelial connective tissue graft procedure (including donor site surgery)
SM	4274	8	Distal or proximal wedge procedure
SM	4320	6	Provisional splinting-intracoronal
SM	4321	5.25	Provisional splinting-extracoronal
SM	4341	2.25	Periodontal scaling and root planing-per quadrant
SM	4355	3.25	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis
SM	4381	2.5	Localized delivery of chemotherapeutic agents via a controlled release vehicle, by report
SM	4910	1.25	Periodontal maintenance procedures (following active therapy)
SM	4920	1	Unscheduled dressing change (by someone other than treating dentist)
SM	5110	12.25	Complete denture - maxillary
SM	5120	12.25	Complete denture - mandibular
SM	5130	12.25	Complete denture - maxillary
SM	5140	12.25	Complete denture - mandibular
SM	5211	10.25	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
SM	5212	10.25	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
SM	5213	12.75	Maxillary partial denture - cast metal framework with resin denture bases
SM	5214	12.75	Mandibular partial denture - cast metal framework with resin denture bases
SM	5281	9	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
SM	5410	0.75	Adjust complete denture - maxillary
SM	5411	0.75	Adjust complete denture - mandibular
SM	5421	0.75	Adjust partial denture - maxillary
SM	5422	1	Adjust partial denture - mandibular
SM	5510	1.75	Repair broken complete denture base
SM	5520	1.5	Replace missing or broken teeth-complete denture (each tooth)
SM	5610	1.75	Repair resin denture base
SM	5620	2.25	Repair cast framework
SM	5630	2	Repair or replace broken clasp
SM	5640	1.5	Replace broken teeth-per tooth
SM	5650	1.75	Add tooth to existing partial denture
SM	5660	2.25	Add clasp to existing partial denture
SM	5710	4.5	Rebase complete maxillary denture
SM	5711	4.5	Rebase complete mandibular denture
SM	5720	4.25	Rebase maxillary partial denture
SM	5721	4.25	Rebase mandibular partial denture
SM	5730	2.75	Reline complete maxillary denture (chairside)
SM	5731	2.75	Reline complete mandibular denture (chairside)
SM	5740	2.75	Reline maxillary partial denture (chairside)
SM	5741	2.75	Reline mandibular partial denture (chairside)
SM	5750	3.75	Reline complete maxillary denture (laboratory)
SM	5751	3.75	Reline complete mandibular denture (laboratory)
SM	5760	3.75	Reline maxillary partial denture (laboratory)
SM	5761	3.75	Reline mandibular partial denture (laboratory)
SM	5810	9.25	Interim complete denture (maxillary)
SM	5811	9.25	Interim complete denture (mandibular)
SM	5820	7.25	Interim partial denture (maxillary)
SM	5821	7.25	Interim partial denture (mandibular)
SM	5850	2	Tissue conditioning, maxillary
SM	5851	2	Tissue conditioning, mandibular
SM	5860	17.25	Overdenture-complete, by report
SM	5861	14.75	Overdenture-partial, by report
SM	5862	9	Precision attachment, by report
SM	5982	4.25	Surgical stent
SM	5986	1.75	Fluoride gel carrier
SM	5988	6.5	Surgical splint
SM	6210	7.75	Pontic-cast high noble metal
SM	6211	7	Pontic-cast predominantly base metal
SM	6212	7.25	Pontic-cast noble metal
SM	6240	8.25	Pontic-cast porcelain fused to high noble metal
SM	6241	7.25	Pontic-porcelain fused to predominantly base metal

SM	6242	7.75	Pontic-porcelain fused to noble metal
SM	6250	8.25	Pontic-resin with high noble metal
SM	6251	7.5	Pontic-resin with predominantly base metal
SM	6252	8	Pontic-resin with noble metal
SM	6520	6.25	Inlay-metallic-two surfaces
SM	6530	7	Inlay-metallic-three or more surfaces
SM	6543	8.25	Onlay-metallic-three surfaces
SM	6544	8.75	Onlay-metallic-four or more surfaces
SM	6545	6.5	Retainer-cast metal for resin bonded fixed prosthesis
SM	6720	8.5	Crown-resin with high noble metal
SM	6721	7.75	Crown-resin with predominantly base metal
SM	6722	8	Crown-resin with noble metal
SM	6750	8.25	Crown-porcelain fused to high noble metal
SM	6751	7.5	Crown-porcelain fused to predominantly base metal
SM	6752	7.5	Crown-porcelain fused to noble metal
SM	6780	7.5	Crown-3/4 cast high noble metal
SM	6790	7.5	Crown-full cast high noble metal
SM	6791	7.5	Crown-full cast predominantly base metal
SM	6792	7.5	Crown-full cast noble metal
SM	6920	2.5	Removable partial denture connector bar
SM	6930	2.5	Removable partial denture segment fixed partial denture
SM	6940	2.5	Removable partial denture stress breaker
SM	6950	2.5	Removable partial denture precision attachment
SM	6970	2.5	Removable partial denture cast post and core in addition to fixed partial denture retainer
SM	6971	2.5	Removable partial denture cast post as part of fixed partial denture retainer
SM	6972	2.5	Removable partial denture prefabricated post and core in addition to fixed partial denture retainer
SM	6973	2.5	Removable partial denture core build up for retainer, including any pins
SM	6975	2.5	Removable partial denture coping-metal
SM	6980	2.5	Removable partial denture fixed partial denture repair, by report
SM	7110	1	Single tooth extraction
SM	7120	1	Each additional tooth extraction
SM	7130	1	Root removal-exposed roots D295
SM	7210	2.75	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone
SM	7220	2.75	Removal of impacted tooth-soft tissue
SM	7230	2.75	Removal of impacted tooth-partially bony
SM	7240	2.75	Removal of impacted tooth-completely bony
SM	7241	4.75	Removal of impacted tooth-completely bony, with unusual surgical complications
SM	7250	2.75	Surgical removal of residual tooth roots
SM	7260	1.4	Alveolar bone graft
SM	7270	2.75	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
SM	7272	1.75	Tooth transplantation (includes reimplantation from one site to another site)
SM	7285	2.25	Biopsy of oral tissue-hard
SM	7286	2.25	Biopsy of oral tissue-soft
SM	7310	2.25	Alveoloplasty in conjunction with extractions-per quadrant
SM	7320	4	Alveoloplasty not in conjunction with extractions-per quadrant
SM	7340	17	Vestibuloplasty-ridge extension (secondary epithelialization)
SM	7350	29.5	Vestibuloplasty-ridge extension (including soft tissue grafts)
SM	7430	4.25	Excision of benign tumor-lesion diameter up to 1.25 cm
SM	7431	7.25	Excision of benign tumor-lesion diameter greater than 1.25 cm
SM	7440	12	Excision of malignant tumor-lesion diameter up to 1.25 cm
SM	7441	20.25	Excision of malignant tumor-lesion diameter greater than 1.25 cm
SM	7450	4	Removal of odontogenic cyst or tumor-lesion diameter up to 1.25 cm
SM	7451	8.75	Removal of odontogenic cyst or tumor-lesion diameter greater than 1.25 cm
SM	7460	6.25	Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm
SM	7461	10	Removal of nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm
SM	7465	6.75	Destruction of lesion(s) by physical or chemical methods, by report
SM	7470	6.5	Removal of exostosis-maxilla or mandible
SM	7510	2	Incision and drainage of abscess-intraoral soft tissue
SM	7520	4.25	Incision and drainage of abscess-extraoral soft tissue
SM	7530	3.25	Removal of foreign body, skin, or subcutaneous areolar tissue
SM	7540	7	Removal of reaction-producing foreign bodies-musculoskeletal system
SM	7550	11.25	Sequestrectomy for osteomyelitis
SM	7560	17.25	Maxillary sinusotomy for removal of tooth fragment or foreign body
SM	7910	3.25	Suture of recent small wounds up to 5 cm
SM	7911	6.75	Complicated suture-up to 5 cm
SM	7912	14.5	Complicated suture-greater than 5 cm

SM	7960	4	Frenulectomy (frenectomy or frenotomy)-separate procedure
SM	7970	5.25	Excision of hyperplastic tissue-per arch
SM	7971	3.75	Excision of pericoronal gingiva
SM	9110	1	Palliative (emergency) treatment of dental pain-minor procedure
SM	9215	0.75	Local anesthesia
SM	9230	0.75	Analgesia
SM	9240	3.5	Intravenous sedation
SM	9310	1.25	Consultation (diagnostic service provided by dentist or physician other than practitioner)
SM	9410	1.75	House call
SM	9420	2.25	Hospital call
SM	9430	0.75	Office visit for observation (during regular scheduled hours)-no other services performed
SM	9440	1.25	Office visit-after regularly scheduled hours
SM	9610	1.25	Therapeutic drug injection, by report
SM	9630	1	Other drugs and/or medicaments, by report
SM	9910	0.75	Application of desensitizing medicament
SM	9920	1.75	Behavior management, by report
SM	9930	1.25	Treatment of complication (post-surgical)-unusual circumstances, by report
SM	9940	6	Occlusal guard, by report
SM	9950	3.5	Occlusion analysis-mounted case
SM	9951	2	Occlusal adjustment-limited
SM	9952	5.75	Occlusal adjustment-complete
SM	9970	2.25	Enamel microabrasion
SM	9999	0	Encounter