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HPSM Dental Benefits Update

Dear providers,

Here is a list of changes to HPSM Dental benefits. These changes are effective July 1, 2025. Additionally, we've added updates and tips for billing at the end of this notification. You can see our full list of HPSM Dental benefit updates here: https://www.hpsm.org/docs/default-source/provider-services/dental/hpsm-dental-benefit-updates.pdf

New benefit effective 7/1/2025

| Code | Description | Rate |
|-------|---------------------------------------------------------------------------|---------|
| D2991 | Hydroxyapatite regeneration – one application per tooth / every 12 months | \$85.00 |

Increase in reimbursement effective 7/1/2025

| Code | Description | New Rate | Prop 56 | Total |
|-------|---------------------------------------------------|----------|---------|----------|
| D2391 | Resin-based composite – one surface, posterior | \$72.00 | \$15.60 | \$87.60 |
| D2392 | Resin-based composite – two surfaces, posterior | \$100.00 | \$19.20 | \$119.20 |
| D2393 | Resin-based composite – three surfaces, posterior | \$120.00 | \$22.80 | \$142.80 |
| D2394 | Resin-based composite – four or | \$135.00 | \$24.00 | \$159.00 |



| | more surfaces, posterior | | | |
|-------|------------------------------------------------------------------------------|----------|----------|----------|
| D2740 | Crown – porcelain/ceramic | \$600.00 | \$136.00 | \$736.00 |
| D2751 | Crown – porcelain fused to predominantly base metal | \$600.00 | \$136.00 | \$736.00 |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | \$99.00 | \$20.00 | \$119.00 |
| D4342 | Periodontal scaling and root planing – one to three teeth, per quadrant | \$65.00 | \$12.00 | \$77.00 |
| D4910 | Periodontal maintenance | \$88.00 | \$22.00 | \$110.00 |

Update to frequency requirements effective 7/1/2025

| Code | Description | Update |
|-------|------------------------------------------------|------------------------------------------------------------|
| D0120 | Periodic oral evaluation – established patient | For adults 21+ allowed 2x per calendar year / per provider |
| D0140 | Limited oral evaluation – problem focused | Allowed 2x per calendar year / per provider |

Update to age limit requirements effective 7/1/2025

| Code | Description |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D0601-D0603 + D1310 + D0120 + D1120 + D1206 or D1208 | Caries Risk Assessment (CRA) Bundle – effective 5/1/2023, the age limit for CRA Bundle will increase to age 20 (1 day less than 21) for HPSM Dental only. Members categorized as high risk can be seen up to 4x per year. https://www.dhcs.ca.gov/services/Pages/caries-risk-assessment.aspx |

Updates/tips when billing for exams

The codes listed below are PER PROVIDER:

- D0150: bill this for new patients also allowed every 24 months.
- D0120: bill this for periodic exams for preventative and diagnostic visits.
 - o Age 0-20 with Caries Risk Assessment
 - D0601: every 6 months
 - D0602: every 4 months
 - D0603: every 3 months
 - o Age 21+ allowed 2x per calendar year
- D0140: this should be billed when a member has a limited oral evaluation problem focused
- D9110: palliative treatment of dental pain
- D9430: this code should be billed for an observation visit with no other services / no x-rays.

Please direct questions to HPSM Provider Services at **PSInquiries@hpsm.org**.

Thank you,

The Health Plan of San Mateo