Dental Fee Schedule Analysis

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Facktor

PREPARED FOR

County of Monterey Health Department – Clinic Services Bureau

Dental Fee Schedule Analysis

Purpose

Per HRSA requirements, Monterey County Health Department is responsible for maintaining a fee schedule that reflects locally prevailing rates and supports the cost of services.

The fee schedule is a list of standard charges by Current Dental Terminology (CDT) code. These standard charges represent the full fees to which applicable sliding fee discounts may be applied.

This analysis supports the proposed standard dental fee schedule for the initial dental program services using a dental fee survey. This methodology replaces the initial RVU-based dental fee methodology developed in 2024. Upon review, the dental fees produced through the 2024 methodology were outside the range of local prevailing dental fees and materially higher than standard dental charges in the area. The 2024 analysis used an RVU-based approach that incorporated cost-based and local prevailing rate calculations.

While RVU-based cost analysis can be useful for broader health center fee schedule review, it does not always produce precise or market-aligned results for dental services. Dental fees are typically established and reviewed by CDT code using dental-specific prevailing fee data.

Methodology

Local Prevailing Dental Rates

To determine local prevailing dental rates, we used the 2026 National Dental Advisory Service survey.

The National Dental Advisory Service is a widely used dental fee reference source for establishing and reviewing dental fee schedules. It provides dental-specific fee data by CDT code and geographic area and is commonly used by dental practices, consultants, health center programs across the country, and other organizations to set, update, and benchmark fees against prevailing market rates.

For this fee schedule, the 939-zip code area was used as the local geographic benchmark.

Standard dental fees were set at the 70th percentile of the National Dental Advisory Service (NDAS) survey for each applicable CDT code.

The 70th percentile was selected because it provides a reasonable market-based fee that is above the median but remains within the range of prevailing dental fees for the local area.

Scope of Initial Dental Fees

The initial standard dental fee schedule includes only the preventive and basic dental services expected to be provided during the first phase of the dental program.

No lab-related fees are included at this time because the program will not initially provide services requiring lab fees.

All CDT codes included in the initial preventive and basic services fee schedule had available NDAS fee data. No proxy codes, crosswalks, or judgment-based substitutions were needed.

Fees for additional dental services will be developed and presented for approval when those services are ready for implementation.

Payer Impact

At this time, Medi-Cal is the only third-party payer being engaged for dental services.

Dental services billed to Medi-Cal will be reimbursed according to the applicable FQHC Prospective Payment System rate. The standard dental fee schedule does not determine Medi-Cal reimbursement.

The proposed standard dental fee schedule applies to:

- Self-pay patients.
- Internal charge posting and fee schedule administration.
- Establishment of the full fees to which applicable sliding fee discounts may be applied.