

CODES GRANTEES ARE REQUESTING TO BE ADDED TO SDP

CDT CODE	CDT PROCEDURE DESCRIPTION	MAX ALLOWABLE	PROGRAM PAYMENT	MAX CLIENT CO-PAY	DENTAL PROCEDURE GUIDELINE CHANGES	*IS COVERED BY MEDICAID
RESTORATIVE						
D2140-D2394	All fillings	varies	varies	\$10.00	Change frequency from 36 months to 24 months	Is 36 Months
D2330	Resin-based composit - one surface, anterior	\$115.00	\$105.00	\$10.00	Adding the frequency of 36 months for the same restoration	Requested by Dept
D2740-D2794	All Crowns	\$780.00	\$730.00	\$50.00	Would like to have second molars covered	Children only
ENDODONTICS						
D3221	Pulpal debridement, primary and permanent teeth	*\$100.68	\$50.68	\$50.00	Teeth 1-32, A-T. One of (D3221) per 1 lifetime per patient per tooth. Permanent teeth only. Not to be used by the provider completing endodontic treatment unless emergency situation exists. Not reimbursable when root canal is completed on the same day by the same dentist or group.	Yes
D3346	Retreatment of previous root canal therapy-anterior	*\$356.00	\$306.00	\$50.00	Teeth 6-11, 22-27 One of (D3346) per 1 lifetime per patient per tooth. Pre- and Only reimbursable if original treatment not paid by the SDP	Yes
D3347	Retreatment of previous root canal therapy-bicuspid	*\$410.97	\$360.97	\$50.00	Teeth 4, 5, 12, 13, 20, 21, 28, 29 One of (D3347) per 1 lifetime per patient per tooth. Only reimbursable if original treatment not paid by the SDP	Yes
D3348	Retreatment of previous root canal therapy-molar	*\$486.23	\$436.23	\$50.00	Teeth 2, 3, 14, 15, 18, 19, 30, 31 One of (D3348) per 1 lifetime per patient per tooth. Only reimbursable if original treatment not paid by the SDP. Second molars are only covered if it meets criteria and is necessary to support a partial denture or to maintain eight posterior teeth in occlusion.	Yes
PERIODONTICS						
D4346	Scaling in presence of generalized or severe gingival inflammation-full mouth, after oral evaluation	*\$42.57	\$32.57	\$10.00	Two of (D1110, D4346, D4910) per 12 month(s) per patient. Not reimbursed when billed on the same date of service as (D1110, D4341, D4342, D4910). Patients at high risk for Caries or Periodontal disease, four of (D1110, D4910) per 12 months.	Yes

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D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	*\$80.06	\$70.06	\$10.00	One of (D4355) per 3 year(s) per patient. Prophylaxis (D1110) is not reimbursable when provided on the same day of service as (D4355). (D4355) is not reimbursable if patient record indicates (D1110, D4910) have been provided in the previous 12 month period. Other D4000 series codes are not reimbursable when provided on the same date of service as (D4355).	Yes
PROSTHODONTICS (REMOVABLE)						
D5621	Repair cast partial framework, mandibular	\$87.00	\$67.00	\$20.00	Department recommends to add since cast metal partials became a procedure the program covers	Yes
D5622	Repair cast partial framework, maxillary	\$87.00	\$67.00	\$20.00	Department recommends to add since cast metal partials became a procedure the program covers	Yes
IMPLANT SERVICES						
D6010- D6052	Implant Services				Tooth Implant(s), implant supported dentures and other implant services	No
D6055	Connecting bar - implant supported or abutment supported	*\$1199.30			Utilized to stabilize and anchor a prosthesis. One of D6055 per 84 month(s) per patient.	Children only
D6056	Prefabricated abutment - includes modification and placement	*\$320.24			Modification of a prefabricated abutment may be necessary. One of D6056 per 84 months per patient.	Children only
D6057	Custom fabricated abutment - includes placement	*\$412.05			Created by a laboratory process, specific for an individual application. One of D6057 per 84 months per patient.	Children only
D6058- D6059	Abutments					No
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	*\$546.54			A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant. One of D6060 per 84 month(s) per patient.	Children only
D6061- D6062	Abutments					No
D6063	Abutment supported cast metal crown (predominantly base metal)	*\$533.73			A single cast metal crown restoration that is retained, supported and stabilized by an abutment on an implant. One of D6063 per 84 months per patient.	Children only

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D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	*\$533.73			A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutement on an implant. One of D6070 per 84 months per patient	Children only
D6071- D6072	Abutments					No
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	*\$533.73			A cast metal retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant. One of D6073 per 84 month(s) per patient.	Children only
D6074- D6077	Abutment and implant retainers					No
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments.	*\$120.09			This procedure includes active debriding of the implan(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses. One of D6080 per 84 months per patient.	Children only
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.	*\$81.04			Two of D4341, D4342, D6081 per 12 months per patient per tooth. Not reimbursed when billed on the same day as D1110 or D4910.	Children only
D6085	Provisional implant crown					No
D6090	Repair implant supported prosthesis, by report	*\$320.24			This procedure involves the repair or replacement of any part of the implant supported prosthesis. One of D6090 per 84 months per patient.	Children only

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D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment						No
D6092	Re-cement or re-bond implant/abutment supported crown	*\$69.38				One of D6092 per 6 months per patient	Children only
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	*\$75.79				One of D6093 per 6 months per patient	Children only
D6095	Repair implant abutment, by report	*\$318.62				This procedure involves the repair or replacement of any part of the implant abutment. One of D6095 per 84 months per patient	Children only
D6096-D6099							No
D6100	Implant removal, by report	*\$336.26				This procedure involves the surgical removal of an implant. One of D6100 per 84 months per patient	Children only
D6101-D6119	Implants						No
D6199	Unspecified implant procedure	Code is manually priced			Use for procedure that is not adequately described by a code.		Yes
D6999	Fixed prosthodontic procedure (Bridge)	*Code is manually priced				Used for procedure that is not adequately described by a code. Describe procedure	Yes
ORAL AND MAXILLOFACIAL SURGERY							
D7220	Removal of impacted tooth-soft tissue	*\$178.40	\$158.40	\$20.00	Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. Teeth 1 -32 One of (D7220) per 1 lifetime per patient per tooth.		Yes
D7230	Removal of impacted tooth-partially bony	*\$224.39	\$204.39	\$20.00	Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Teeth 1-32 One of (D7230) per 1 lifetime per patient per tooth.		Yes

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D7240	Removal of impacted tooth-completely bony	*\$263.31	\$243.31	\$20.00	Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal. Teeth 1-32 One of (D7240) per 1 lifetime per patient per tooth.	Yes
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	*\$351.75	\$331.75	\$20.00	Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position. Teeth 1-32 One of (D7241) per lifetime per patient per tooth.	Yes
ADJUNCTIVE GENERAL SERVICES						
D9210-D9215	Anesthesia					No
D9219	Evaluation for deep sedation or general anesthesia	*\$38.96	\$38.96	\$0.00	One of (D9219, D9310) per 12 month(s) per provider or location.	Yes
D9222	Deep sedation/general anesthesia - first 15 minutes					No
D9223	Deep sedation/general anesthesia - each 15 minute increment	*\$88.99	\$78.99	\$10.00	Ten of (D9223) per 1 day(s) per patient. Not allowed with D9243.	Yes
D9230-D9239	Sedation					No
D9243	Intravenous moderate (conscious) sedation/anesthesia - each 15 minute increment	*\$88.99	\$78.99	\$10.00	Fourteen of (D9243) per 1 day(s) per patient. Not allowed with D9223.	Yes
D9248	Non-intravenous conscious sedation					No
D9310	Consultation - Diagnostic service provided by dentist or physician other than requesting dentist or physician	*\$38.96	\$28.96	\$10.00	One of D9310 per 12 months per provider or location.	Yes
D9410	House Call	*\$93.40	\$73.40	\$20.00	One of D9410 per 1 day(s) per patient	Yes