

CODES GRANTEES ARE REQUESTING TO BE ADDED TO SDP

CDT CODE	CDT PROCEDURE DESCRIPTION	MAX ALLOWABLE	PROGR AM PAYMENT	MAX CLIENT CO-PAY	DENTAL PROCEDURE GUIDELINE CHANGES	IS COVERED BY MEDICAID	DAC REQUEST
ENDODONTICS							
D3221	Pulpal debridement, primary and permanent teeth	\$100.68	\$50.68	\$50.00	Teeth 1-32, A-T. One D3221 per 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 grantee.	Yes	Need more info from grantees
D3346	Retreatment of previous root canal therapy-anterior	\$356.00	\$306.00	\$50.00	Teeth 6-11, 22-27. One D3346 per lifetime per pt per tooth. Only reimbursable if original treatment not paid by the SDP	Yes	Need more info from grantees
D3347	Retreatment of previous root canal therapy-bicuspid	\$410.97	\$360.97	\$50.00	Teeth 4, 5, 12, 13, 20, 21, 28, 29. One per lifetime per pt per tooth. Only reimbursable if original treatment not paid by the SDP.	Yes	Need more info from grantees
D3348	Retreatment of previous root canal therapy-molar	\$486.23	\$436.23	\$50.00	Teeth 2, 3, 14, 15, 18, 19, 30, 31. One per lifetime per pt 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	Need more info from grantees
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 months per pt. Not reimbursed when billed on the same date of service as (D1110, D4341, D4342, D4910). Pts at high risk for Caries or Periodontal disease, four of (D1110, D4910) per 12 months. (See attached guide to reporting D4346)	Yes	Need more info from grantees

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ADJUNCTIVE GENERAL SERVICES							
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	How often done and approved?
D9410	House Call	\$93.40	\$73.40	\$20.00	One of D9410 per 1 day per pt	Yes	Need more info from Medicaid