

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
DIAGNOSTIC					
Periodic oral evaluation - established patient	D0120	\$46.00	\$46.00	\$0.00	Eval on patient of record to determine changes in medical or dental status since last evaluation. Includes oral cancer evaluation, periodontal evaluation, diagnosis, treatment planning. Frequency: One 1 time per 6 month period per patient; 2 week window accepted.
Limited Oral Evaluation - problem Focused	D0140	\$62.00	\$52.00	\$10.00	Eval limited to a specific oral health problem or complaint. This code must be used in association w/a specific oral health problem or complaint and is not to be used to address situations that arise during multi-visit treatments covered by a single fee, such as, endodontic or post operative visits related to treatments including prosthesis. Specific problems may include dental emergencies, trauma, acute infections, etc. Should not be used for adjustments made to prosthesis provided w/in previous 12 months. Should not be used as an encounter fee.
Comprehensive Oral Evaluation - new or established patient	D0150	\$81.00	\$81.00	\$0.00	Eval used by general dentist or specialist. Applicable to new patients or established patients w/significant health changes, or absence from active treatment for more than 5 years. This includes a thorough eval and recording of the extraoral and intraoral hard and soft tissues, and an eval and recording of the patient's dental and medical history and general health assessment. A periodontal eval, oral cancer eval, diagnosis and treatment planning should be included. Frequency: 1 per 5 years per patient. Should not be charged on the same date as D0180.
Comprehensive Periodontal Evaluation - new or established patient	D0180	\$88.00	\$88.00	\$0.00	Eval for patients presenting signs & symptoms of periodontal disease & patients w/risk factors such as smoking or diabetes. This eval encompasses a comprehensive oral exam, and full, complete & detailed periodontal charting. Frequency: 1 per 3 yrs per patient. Should not be charged on the same date as D0150.
Intraoral - complete series of radiographic images	D0210	\$125.00	\$125.00	\$0.00	Radiographic survey of whole mouth, 6-22 periapical & posterior bitewing images displaying the crowns & roots of all teeth, periapical areas of alveolar bone. Panoramic radiographic image & bitewing radiographic images taken on the same date of service shall not be billed as a D0210. Payment for add'l periapical radiographs w/in 60 days of a full month series or a panoramic film is not covered unless there is evidence of trauma. Frequency: 1 per 5 yrs per patient. Any combination of x-rays taken on the same date of service that equals or exceeds the max allowable fee for D0210 should be billed and reimbursed as D0210. Should not be charged in addition to panoramic film D0330. Either D0330 or D0210 per 5 year period.
Intraoral - periapical first radiographic image	D0220	\$25.00	\$25.00	\$0.00	D0220 one (1) per day per patient. Report add'l radiographs as D0230. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210. D0210 will only be reimbursed every 5 years.
Intraoral - periapical each additional radiographic image	D0230	\$23.00	\$23.00	\$0.00	D0230 should be utilized for add'l films taken beyond D0220. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Bitewing - single radiographic image	D0270	\$26.00	\$26.00	\$0.00	Frequency: 1 in a 12 month period. Report more than 1 radiographic image as: D0272 two (2); D0273 three (3); D0274 four (4). Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewings - two radiographic images	D0272	\$42.00	\$42.00	\$0.00	Frequency: 1 time in a 12 month period. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewings - three radiographic images	D0273	\$52.00	\$52.00	\$0.00	Frequency: 1 time in a 12 month period. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Bitewings - four radiographic images	D0274	\$60.00	\$60.00	\$0.00	Frequency: 1 time in a 12 month period. Any combination of D0220, D0230, D0270, D0272, D0273, or D0274 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Panoramic radiographic image	D0330	\$63.00	\$63.00	\$0.00	Frequency: 1 per 5 yrs per patient. Should not be charged in addition to full mouth series D0210. Either D0330 or D0210 per 5 yrs.
PREVENTATIVE					
Prophylaxis - Adult	D1110	\$88.00	\$88.00	\$0.00	Removal of plaque, calculus and stains from the tooth structures w/intent to control local irritational factors. Prophylaxis is not a benefit when billed on the same date of service as any periodontal procedure code. Frequency: 1 time per 6 calendar months; 2 week window accepted. May be billed for routine prophylaxis for areas of mouth not periodontally involved. Should not be billed in addition to code D4910 for periodontal maintenance. D1110 may be billed w/ D4341 and D4342 one time during initial periodontal therapy for prophylaxis of areas of the mouth not receiving nonsurgical periodontal therapy. When this option is used, individual should still be placed on D4910 for maintenance of periodontal disease. D1110 should only be charged once, not per quadrant, and represents areas of the mouth not included in the D4341 or D4342 being reimbursed. Should not be alternated w/D4910 for maintenance of periodontally-involved individuals. Should not be used as 1 month re-evaluation following nonsurgical periodontal therapy.
Topical application of fluoride varnish	D1206	\$52.00	\$52.00	\$0.00	Topical fluoride application is to be used in conjunction w/prophylaxis or preventive appointment. Should be applied to whole mouth. Frequency: up to four (4) times per 12 calendar months. Should not be used w/D1208.
Topical application of fluoride - excluding varnish	D1208	\$52.00	\$52.00	\$0.00	Any fluoride application, including swishing, trays or paint on variety, to be used in conjunction w/prophylaxis or preventive appointment. Frequency: one (1) time per 12 calendar months. Should not be used w/D1206. D1206 varnish should be utilized in lieu of D1208 whenever possible.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
RESTORATIVE					
Amalgam - one surface, primary or permanent	D2140	\$107.00	\$97.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
Amalgam - two surfaces, primary or permanent	D2150	\$138.00	\$128.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Amalgam - three surfaces, primary or permanent	D2160	\$167.00	\$157.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Amalgam - four or more surfaces, primary or permanent	D2161	\$203.00	\$193.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Resin-based composite - one surface, anterior	D2330	\$115.00	\$105.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included.
Resin-based composite - two surfaces, anterior	D2331	\$146.00	\$136.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Resin-based composite - three surfaces, anterior	D2332	\$179.00	\$169.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Resin-based composite - four or more surfaces or involving incisal angle (anterior)	D2335	\$212.00	\$202.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Resin-based composite - one surface, anterior	D2391	\$134.00	\$124.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Resin-based composite -two surfaces, posterior	D2392	\$176.00	\$166.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Resin-based composite - three surfaces, posterior	D2393	\$218.00	\$208.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Resin-based composite - four or more surfaces, posterior	D2394	\$268.00	\$258.00	\$10.00	Includes tooth preparation, all adhesives, liners, etching, polishing, and bases. Adjustments are included. Frequency: 36 months for the same restoration.
Crown - porcelain/ceramic substrate	D2740	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - porcelain fused to high noble metal	D2750	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - porcelain fused to predominantly base metal	D2751	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - porcelain fused to noble metal	D2752	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - 3/4 cast predominantly base metal	D2781	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - 3/4 cast noble metal	D2782	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - 3/4 porcelain/ceramic	D2783	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - full cast high noble metal	D2790	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - full cast predominantly base metal	D2791	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Crown - full cast noble metal	D2792	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Crown - titanium	D2794	\$780.00	\$730.00	\$50.00	One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 month(s) per patient per tooth. 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.
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	D2910	\$87.00	\$77.00	\$10.00	Not allowed within 6 months of placement.
Re-cement or re-bond crown	D2920	\$89.00	\$79.00	\$10.00	
Core buildup, including any pins when required	D2950	\$225.00	\$200.00	\$25.00	One of (D2950, D2952, D2954) per 84 month(s) per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
Pin Retention per tooth	D2951	\$50.00	\$40.00	\$10.00	Pins placed to aid in retention of restoration. Should only be used in combination with a multi-surface amalgam.
Cast post and core in addition to crown	D2952	\$332.00	\$307.00	\$25.00	One of (D2950, D2952, D2954) per 84 month(s) per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
Prefabricated post and core in addition to crown	D2954	\$269.00	\$244.00	\$25.00	One of (D2950, D2952, D2954) per 84 month(s) per patient per tooth. Refers to building up of anatomical crown when restorative crown will be placed. Not payable on the same tooth and same day as D2951.
ENDODONTICS					
Endodontic therapy, anterior tooth (excluding final restoration)	D3310	\$566.40	\$516.40	\$50.00	Teeth covered - 6-11, 22-27.
Endodontic therapy, bicuspid tooth (excluding final restoration)	D3320	\$661.65	\$611.65	\$50.00	Teeth covered - 4,5,12,13,20,21,28, and 29.
Endodontic therapy, molar (excluding final restoration)	D3330	\$786.31	\$736.31	\$50.00	Teeth covered - 2,3,14,15,18,19,30, and 31.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES	Handout 4
PERIODONTICS						
Periodontal scaling & root planing - four or more teeth per quadrant	D4341	\$177.00	\$167.00	\$10.00	Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For patients w/periodontal disease and is therapeutic, not prophylactic. D4341 and D1110 can be reported on same service date when D1110 is utilized for areas of the mouth that are not affected by periodontal disease. D1110 may only be charged once, not per quadrant. A diagnosis of periodontitis w/clinical attachment loss (CAL) included. Diagnosis and classification of the periodontology case type must be in accordance w/documentation as currently established by the American Academy of Periodontology. Current periodontal charting must be present in patient chart documenting active periodontal disease. Frequency: 1 time per quadrant per 36 month interval. When 4 quadrants are completed in a single visit, consideration should be taken for individual's ability to withstand extended treatment time. Documentation of other treatment provided at same time will be requested. Should include any follow-up and re-evaluation.	
Periodontal scaling & root planing - one to three teeth per quadrant	D4342	\$128.00	\$128.00	\$0.00	Involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. For patients w/periodontal disease and is therapeutic, not prophylactic. D4341 and D1110 can be reported on same service date when date when D1110 is utilized for areas of the mouth that are not affected by periodontal disease. D1110 may only be charged once, not per quadrant. A diagnosis of periodontitis w/clinical attachment loss (CAL) included. Current periodontal charting must be present in patient chart documenting active periodontal disease. Frequency: 1 time per quadrant per 36 month interval. When 4 quadrants are completed in a single visit, consideration should be taken for individual's ability to withstand extended treatment time. Documentation of other treatment provided at same time will be requested. Should include any follow-up and re-evaluation	
Periodontal maintenance procedures	D4910	\$136.00	\$136.00	\$0.00	Procedure following periodontal therapy (D4341,D4342). This procedure includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated and polishing the teeth. If D1110 is once again reported then scaling and root planing will be required to use D4910. Frequency: up to four (4) times per fiscal year per patient. Should not be charged alternating with D1110. Cannot be charged w/in the first three months following active periodontal treatment.	
PROSTHODONTICS, REMOVABLE						
Complete denture - maxillary	D5110	\$793.00	\$713.00	\$80.00	Reimbursement made upon DELIVERY (completed) maxillary denture. D5110 or D5120 should not be used to report an immediate denture. Immediate denture (D5130, D5140) OR interim complete denture (D5810, D5811) is inserted immediately after extraction of teeth and is not currently covered on the OAP Dental Program Provider Reimbursement Schedule. Routine follow-up adjustments/relines w/in 12 months should be anticipated and are included in the initial reimbursement. A complete denture is made after teeth have been removed and the gum and bone tissues have healed - or to replace an existing denture. Complete dentures are provided once adequate healing has taken place following extractions. This can vary greatly depending upon patient, oral health, overall health, and other confounding factors. Frequency: There should be an expected life span of 5-10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.	

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Complete denture - mandibular	D5120	\$793.00	\$713.00	\$80.00	Reimbursement made upon DELIVERY (completed) mandibular denture. D5110 or D5120 should not be used to report an immediate denture. Immediate denture (D5130, D5140) OR interim complete denture (D5810, D5811) is inserted immediately after extraction of teeth and is not currently covered on the OAP Dental Program Provider Reimbursement Schedule. Routine follow-up adjustments/relines w/in 12 months should be anticipated and are included in the initial reimbursement. A complete denture is made after teeth have been removed and the gum and bone tissues have healed - or to replace an existing denture. Complete dentures are provided once adequate healing has taken place following extractions. This can vary greatly depending upon patient, oral health, overall health, and other confounding factors. Frequency: There should be an expected life span of 5-10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.
Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	D5211	\$700.00	\$640.00	\$60.00	Reimbursement made upon DELIVERY (completion) of partial maxillary denture. D5211 or D5212 should not be used to report an interim partial denture (D5820, D5821). D5211 and D5212 should be considered definitive treatment. Routine follow-up adjustments or relines within 12 months should be anticipated and are included in the initial reimbursement. A partial resin base denture can be made right <u>after</u> having teeth extracted (healing from only a few teeth is as extensive as healing from multiple). A partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and "try-in" appts may be necessary and are included in the cost. Frequency: There should be an expected life span of 5 - 10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.
Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	D5212	\$778.00	\$718.00	\$60.00	Reimbursement made upon DELIVERY (completion) of partial mandibular denture. D5211 or D5212 should not be used to report an interim partial denture (D5820, D5821). D5211 and D5212 should be considered definitive treatment. Routine follow-up adjustments/relines within 12 months should be anticipated and are included in the initial reimbursement. A partial resin base denture can be made right <u>after</u> having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial resin base denture can be made before having teeth extracted if the teeth being removed are in the front or necessary healing will be minimal. Several impressions and "try-in" appts may be necessary and are included in the cost. Frequency: There should be an expected life span of 5 - 10 years before replacement dentures should be considered - documentation that existing prosthesis cannot be made serviceable should be maintained.
Repair *Broken complete denture base	D5510	\$87.00	\$77.00	\$20.00	Repair *Broken complete denture base.
Replace missing or *Broken teeth - complete denture (each tooth)	D5520	\$73.00	\$63.00	\$10.00	Replacement/repair of missing or *Broken teeth.
Repair resin denture base	D5610	\$95.00	\$85.00	\$10.00	Repair of upper/lower partial denture base.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Repair or replace *Broken clasp	D5630	\$123.00	\$113.00	\$10.00	Repair of *Broken clasp on partial denture base.
Replace *Broken teeth-per tooth	D5640	\$80.00	\$70.00	\$10.00	Repair/replacement of missing tooth.
Add tooth to existing partial denture	D5650	\$109.00	\$99.00	\$10.00	Adding tooth to partial denture base. Documentation may be requested when charged on partial delivered in last 12 months.
Add clasp to existing partial denture	D5660	\$131.00	\$121.00	\$10.00	Adding clasp to partial denture base. Documentation may be requested when charged on aptrial delivered in last 12 months.
Rebase complete maxillary denture	D5710	\$322.00	\$297.00	\$25.00	Rebasing the denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.
Rebase complete mandibular denture	D5711	\$308.00	\$283.00	\$25.00	Rebasing the denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.
Rebase maxillary partial denture	D5720	\$304.00	\$279.00	\$25.00	Rebasing the partial denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.
Rebase mandibular partial denture	D5721	\$304.00	\$279.00	\$25.00	Rebasing the partial denture base material due to alveolar ridge resorption. Frequency: one (1) time per 12 months. Completed at laboratory. May not be charged on denture provided in the last 12 months. May not be charged in addition to a reline in a 12 month period.
Reline complete maxillary denture (chairside)	D5730	\$182.00	\$172.00	\$10.00	Chair side reline that resurfaces w/out processing denture base. Frequency: One (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
Reline complete mandibular denture (chairside)	D5731	\$182.00	\$172.00	\$10.00	Chair side reline that resurfaces w/out processing denture base. Frequency: One (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
Reline maxillary partial denture (chairside)	D5740	\$167.00	\$157.00	\$10.00	Chair side reline that resurfaces w/out processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (chairside)	D5741	\$167.00	\$157.00	\$10.00	Chair side reline that resurfaces w/out processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
Reline complete maxillary denture (laboratory)	D5750	\$243.00	\$218.00	\$25.00	Laboratory reline that resurfaces w/processing denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Reline complete mandibular denture (laboratory)	D5751	\$243.00	\$218.00	\$25.00	Laboratory reline that resurfaces w/processing denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
Reline maxillary partial denture (laboratory)	D5760	\$239.00	\$214.00	\$25.00	Laboratory reline that resurfaces w/processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
Reline mandibular partial denture (laboratory)	D5761	\$239.00	\$214.00	\$25.00	Laboratory reline that resurfaces w/processing partial denture base. Frequency: one (1) time per 12 months. May not be charged on denture provided in the last 12 months. May not be charged in addition to a rebase in a 12 month period.
ORAL AND MAXILLOFACIAL SURGERY					
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	\$82.00	\$72.00	\$10.00	Routine removal of tooth structure, including minor smoothing of socket bone, and closure as necessary. Treatment notes must include documentation that a surgical extraction was done per tooth.
Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210	\$135.00	\$125.00	\$10.00	Includes removal of bone, and/or sectioning of erupted tooth, smoothing of socket bone and closure as necessary. Treatment notes must include documentation that a surgical extraction was done per tooth.
Surgical removal of residual tooth roots (cutting procedure)	D7250	\$143.00	\$133.00	\$10.00	Includes removal of bone, and/or sectioning of residual tooth roots, smoothing of socket bone and closure as necessary. Treatment notes must include documentation that a surgical extraction was done per tooth. May only be charged once per tooth. May not be charged for removal of broken off roots for recently extracted tooth.
Incisional biopsy of oral tissue-soft	D7286	\$381.00	\$381.00	\$0.00	Removing tissue for histologic evaluation. Treatment notes must include documentation and proof that biopsy was sent for evaluation.
Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7310	\$150.00	\$140.00	\$10.00	Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone. Reported per quadrant.

Handout 4

*COVERED DENTAL CARE SERVICES FOR THE COLORADO DENTAL HEALTH CARE PROGRAM FOR LOW-INCOME SENIORS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Patient Co-Pay	DENTAL PROCEDURE GUIDELINES
Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7311	\$138.00	\$128.00	\$10.00	Substantially reshaping the bone after an extraction procedure, much more than minor smoothing of the bone. Reported per quadrant.
Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D7320	\$150.00	\$140.00	\$10.00	Substantially reshaping the bone after an extraction procedure, correcting anatomical irregularities. Reported per quadrant.
Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7321	\$138.00	\$128.00	\$10.00	Substantially reshaping the bone after an extraction procedure, correcting anatomical irregularities. Reported per quadrant.
Incision & drainage of abscess - intraoral soft tissue	D7510	\$193.00	\$183.00	\$10.00	Incision through mucosa, including periodontal origins.
ADJUNCTIVE GENERAL SERVICES					
Palliative (emergency) treatment of dental pain - minor procedure	D9110	\$61.00	\$36.00	\$25.00	Emergency treatment to alleviate pain/discomfort. This code should not be used for file claims for writing or calling in a prescription to the pharmacy or to address situations that arise during multi-visit treatments covered by a single fee such as surgical or endodontic treatment. Report per visit, no procedure. Frequency: Limit 1 time per fiscal yr. May not be charged as an encounter fee. maintain documentation that specifies problem and treatment.

Handout 4