



**Additional Services Requested by Grantees**

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Client Co-pay	Dental Procedure Guidelines
Vertical bitewings - seven to eight radiographic images	D0277		Health First pays 42.11; other bitewings are 48% more than this amount. Would be 68.32	\$0.00	This does not constitute a full mouth intraoral radiographic series. Frequency: 1 time in a 12-month period. Any combination of D0220, D0230, D0270, D0272, D0274, or D0277 taken on the same date of service that exceeds the max allowed fee for D0210 is reimbursed at the same fee as D0210.
Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	D4346		Health First pays 43.60; other scalings are 66% more than this amount. Would be \$72.38.	\$10.00	<p>The removal of plaque calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.</p> <ul style="list-style-type: none"> <li>• 1 time per 36 months per patient</li> <li>• Any follow-up and re-evaluation are included in the initial reimbursement.</li> </ul>
Maxillary partial denture – flexible base (including any clasps, rests, and teeth)	D5225		Health First pays \$672.71	\$60.00	<p>Reimbursement made upon delivery of a complete partial maxillary denture to the client. D5225 and D5226 are considered definitive treatments. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial flexible base denture can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial flexible base denture can also 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” appointments may be necessary and are included in the cost. Frequency: Program will only pay for one flexible maxillary per every 3 years – documentation that existing prosthesis cannot be made serviceable must be maintained.</p>



CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Client Co-pay	Dental Procedure Guidelines
Mandibular partial denture – flexible base (including any clasps, rests, and teeth)	D5226		Health First pays \$672.71	\$60.00	Reimbursement made upon delivery of a complete partial mandibular denture to the client. D5225 and D5226 are considered definitive treatments. Routine follow-up adjustments or relines within 6 months are to be anticipated and are included in the initial reimbursement. A partial flexible base denture can be made right after having teeth extracted (healing from only a few teeth is not as extensive as healing from multiple). A partial flexible base denture can also 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” appointments may be necessary and are included in the cost. Frequency: Program will only pay for one flexible maxillary per every 3 years – documentation that existing prosthesis cannot be made serviceable must be maintained.
Removal of lateral exostosis (maxilla or mandible)	D7471		Health First pays \$273.31	\$10.00	To remove a benign bony outgrowth (bone spur) for proper prosthesis fabrication.