

CODES THAT GRANTEES ARE REQUESTING TO ADD

PERIODONTICS

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Client Co-Pay	Dental Procedure Guidelines
Scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation	D4346	43.60-current Medicaid rate	33.60	10.00	Need guidelines if approved

PROSTHODONTICS, REMOVABLE

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Client Co-Pay	Dental Procedure Guidelines
Maxillary Partial Denture Flexible Base	D5225	672.71-current Medicaid rate	612.71	60.00	Need guidelines if approved
Mandibular Partial Denture Flexible Base	D5226	672.71-current Medicaid rate	612.71	60.00	Need guidelines if approved

PROSTHODONTICS, FIXED (Bridges)

Have no information for fixed bridges as Medicaid only covers children age 20 and under. If DAC would like to move forward with these than the Department will do research on the specific codes.

ORAL AND MAXILLOFACIAL SURGERY

CDT Procedure Description	CDT Code	Max Allowable Fee	Program Payment	Max Client Co-Pay	Dental Procedure Guidelines
Removal lateral exostosis	D7471	273.31-current Medicaid rate	263.31	10.00	Need guidelines if approved