

CDT PROCEDURE DESCRIPTION	CDT CODE	MAX ALLOWABLE FEE	PROGRAM PAYMENT	MAX CLIENT CO-PAY	Teeth/Quadrants	DENTAL PROCEDURE GUIDELINES - FROM CDT CODE BOOK	DENTAL PROCEDURE GUIDELINES FROM MEDICAID	
Protective Restoration	D2940	\$55.21	\$45.21	\$10.00	Teeth 1 - 32	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.	One of (D2940, D2941) per 1 Lifetime Per patient per tooth. RDH's will receive reimbursement when used for telehealth dentistry in partnership with treating dentist.	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration. One of D2940 per 1 Lifetime Per patient per tooth.
Application of Hydroxyapatite Regeneration Medicament-per tooth	D2991	\$56.30	\$46.30	\$10.00	Teeth 1 - 32	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration	One of (D2991) per 1 Lifetime Per patient per tooth. Cannot be billed on the same day/same tooth as any other D2000's codes or D1351, D1352, D1353, D1354.	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration. One of D2991 per 1 Lifetime Per patient per tooth. Cannot be billed on the same day/same tooth as any other D2000's codes or D1351, D1352, D1353, D1354.
Retreatment of Previous Root Canal Therapy-Anterior	D3346	\$911.61	\$861.61	\$50.00	Teeth 6 - 11, 22 - 27	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.	One of (D3346) per 1 Lifetime Per patient per tooth. Only reimbursable if original treatment not paid by CO Medicaid.	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. One of D3346 per 1 Lifetime Per patient per tooth. Only reimbursable if original treatment not paid by Senior Dental Program.
Retreatment of Previous Root Canal Therapy-Premolar	D3347	\$1,044.12	\$994.12	\$50.00	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.	One of (D3347) per 1 Lifetime Per patient per tooth. Only reimbursable if original treatment not paid by CO Medicaid.	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. One of D3347 per 1 Lifetime Per patient per tooth. Only reimbursable if original treatment not paid by Senior Dental Program.
Retreatment of Previous Root Canal Therapy-Molar	D3348	\$1,246.06	\$1,196.06	\$50.00	Teeth 2, 3, 14, 15, 18, 19, 30, 31	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images.	One of (D3348) per 1 Lifetime Per patient per tooth. Only reimbursable if original treatment not paid by CO Medicaid. 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.	Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. One of D3348 per 1 Lifetime Per patient per tooth. Only reimbursable if original treatment not paid by Senior Dental Program. 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.
House/Extended Care Facility Call	D9410	\$105.05	\$80.05	\$25.00		Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed.	One of (D9410) per 1 Day(s) Per patient.	patients from nursing homes, LTC, hospice would qualify under Medicaid - those patients don't qualify for the SDP