



HIV Early Intervention Program

Schedule of Dental Coverage and Maximum Allowances

For dates of service on or after 1/1/2009

There is a \$2500 maximum allowance per person.

NOTE: Providers must have a contract with Department of Health prior to services.

Clients must be approved for Early Intervention Program by Department of Health prior to services.

Fees updated every January and July

Code	Description	Max. Reimbursement
Diagnostic Services		
D0120	Periodic oral exam	\$30.00
D0140	Emergency/limited oral exam	\$27.00
D0150	Comprehensive oral exam	\$46.00
D0210	Full mouth series - once per year	\$61.00
D0220	Periapical, single film	\$20.00
D0230	Periapical, each additional film	\$5.00
D0240	Occlusal film	\$18.00
D0270	Bitewing, single film	\$17.00
D0272	Bitewings, 2 films	\$14.00
D0274	Bitewing, 4 films	\$21.00
D0330	Panoramic (may only be billed in conjunction with oral surgery procedures)	\$58.00
Preventive Services		
D1110	Adult prophylaxis, up to two a year, including oral hygiene instruction	\$84.00
D1204	Topical fluoride	\$18.00
D2140	Amalgam - 1 surface	\$69.00
D2150	Amalgam - 2 surfaces	\$96.00
D2160	Amalgam - 3 surfaces	\$108.00
D2161	Amalgam - 4 or more surfaces	\$108.00
D2330	Resin - 1 surface - anterior	\$81.00
D2331	Resin - 2 surfaces - anterior	\$100.00
D2332	Resin - 3 surfaces - anterior	\$108.00
D2335	Resin - 4+ surfaces or involving incisal angle	\$226.00
D2391	Resin - 1 surface - posterior	\$77.00
D2392	Resin - 2 surfaces - posterior	\$96.00
D2393	Resin - 3 or more surfaces - posterior	\$108.00
D2394	Resin - 4 surfaces - posterior	\$96.00
Crowns		
D2390	Resin based compsite restoration crown, anterior	\$129.00
D2710	Crown resin (indirect)	\$281.00



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Code	Description	Max. Reimbursement
D2740	Crown porcelain/ceramic substrate	\$878.00
D2750	Crown porcelain fused to high noble metal	\$878.00
D2751	Crown porcelain fused to predominantly base metal	\$878.00
D2752	Crown porcelain fused to noble metal	\$878.00
D2790	Crown full cast high noble metal	\$659.00
D2792	Crown full cast noble metal	\$659.00
D2910	Recement inlays	\$23.00
D2920	Recement crown	\$27.00
D2931	Prefab stainless crown	\$122.00
D2950	Core buildup, including any pins	\$93.00
Endodontic Services		
D3310	Root canal therapy - anterior	\$554.00
D3320	Root canal therapy - bicuspid	\$625.00
D3330	Root canal therapy - molar	\$760.00
Note: apexification/recalcification procedures are not covered		
Periodontic Services		
D4341	Periodontal scaling & root planning per quad 4 or more teeth	\$39.00
D4342	Periodontal scaling & root planning per quad 1-3 teeth	\$20.00
D4910	Periodontal maintenance	\$68.00
Removable Prosthodontics		
D5110	Complete upper denture	\$540.00
D5120	Complete lower denture	\$540.00
D5130	Immediate denture - maxillary	\$540.00
D5140	Immediate denture - mandibular	\$540.00
D5211	Upper partial denture (resin base or all acrylic)	\$326.00
D5212	Lower partial denture (resin base or all acrylic)	\$326.00
D5213	Upper partial denture (cast metal framework with resin denture bases)	\$608.00



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Code	Description	Max. Reimbursement
D5214	Lower partial denture (cast metal framework with resin denture bases)	\$608.00
D5410	Denture adjustments - complete upper	\$22.00
D5411	Denture adjustments - complete lower	\$22.00
D5421	Denture adjustments - partial upper	\$22.00
D5422	Denture adjustments - partial lower	\$22.00
D5510	Repair broken complete denture base	\$50.00
D5520	Replace missing or broken tooth	\$45.00
D5610	Repair acrylic saddle or base, partial denture	\$51.00
D5630	Repair/replace broken clasp	\$74.00
D5640	Replace broken tooth	\$48.00
D5650	Add tooth to partial	\$53.00
D5660	Add clasp to partial	\$128.00
D5710, D5711	Rebase complete denture (upper or lower)	\$259.00
D5720, D5721	Rebase partial denture (upper or lower)	\$168.00
D5740, D5741	Partial upper or lower, reline	\$111.00
D5750, D5751	Complete upper or lower, lab	\$151.00
D5760, D5761	Partial upper or lower, lab	\$138.00
D5850, D5851	Tissue conditioning-reline (upper or lower)	\$27.00
D6930	Recement bridge	\$46.00
D7880	Occlusal orthotic appliance (night guard) – one allowed in a two-year period	\$150.00
D9940	Occlusal orthotic appliance (night guard) – one allowed in a two-year period	\$150.00
Oral Surgery		
D7111	Extraction, coronal remnants - deciduous tooth	\$35.00
D7140	Single tooth extraction	\$111.00
D7120	Each additional extraction (same day)	\$72.00
D7130	Root removal, exposed roots	\$86.00
D7210	Surgical extraction	\$122.00
D7220	Removal of impacted tooth, soft tissue	\$139.00



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Code	Description	Max. Reimbursement
D7230	Removal of impacted tooth, partially bony	\$199.00
D7240	Removal of impacted tooth, completely bony	\$230.00
D7241	Removal of impacted tooth, bony with unusual surgical complications	\$306.00
D7250	Surgical removal of residual tooth roots	\$122.00
D7270	Tooth reimplantation and/or stabilization	\$199.00
D7510	Incision & drainage of intraoral abscess	\$68.00
D9230	Nitrous oxide	\$9.00
D9220	General Anesthesia - first 30 minutes	\$366.00
D9221	General Anesthesia - additional 15 minutes	\$100.00
Adjunct Services		
D9110	Palliative treatment (e.g. open and drain abscess)	\$61.00

Prior authorization is not required however we recommend you call to determine maximum allowance before scheduling appointments. Some exceptions will be granted for necessary services please call prior to services if it is not listed here.

Blue indicates updated services or reimbursement amount.