

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

CDT CODE	PROCEDURES	Begin date	End date	Max Pay Amt
D0120	Periodic Oral Exam	4/1/2024	3/31/2025	\$44.00
D0140	Emergency/Limited Oral Exam	4/1/2024	3/31/2025	\$32.00
D0150	Comprehensive Oral Exam	4/1/2024	3/31/2025	\$63.00
D0160	Detailed and extensive oral evaluation- Problem focused, by report	4/1/2024	3/31/2025	\$150.00
D0170	Re-Evaluation - Limited, problem focused, established patient, not post-operative	4/1/2024	3/31/2025	\$50.00
D0180	Comprehensive periodontal evaluation	4/1/2024	3/31/2025	\$63.00
D0190	Screening of a patient	4/1/2024	3/31/2025	\$18.00
D0191	Assessment of a patient	4/1/2024	3/31/2025	\$18.00
D0210	Full mouth series - once per year	4/1/2024	3/31/2025	\$105.00
D0220	Periapical, single film	4/1/2024	3/31/2025	\$24.00
D0230	Periapical, each additional film	4/1/2024	3/31/2025	\$15.00
D0240	Occlusal film	4/1/2024	3/31/2025	\$66.00
D0270	Bitewing, single film	4/1/2024	3/31/2025	\$13.00
D0272	Bitewing, 2 films	4/1/2024	3/31/2025	\$17.00
D0273	Bitewing, 3 films	4/1/2024	3/31/2025	\$20.00
D0274	Bitewing, 4 films	4/1/2024	3/31/2025	\$25.00
D0330	Panoramic radiographic image	4/1/2024	3/31/2025	\$68.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	4/1/2024	3/31/2025	\$70.00
D0364	Cone beam CT Capture and Interpretation with limited field of view, less than one whole jaw	4/1/2024	3/31/2025	\$280.00
D0365	Cone beam CT Capture and Interpretation with limited field of view, one full dental arch- mandible	4/1/2024	3/31/2025	\$300.00
D0366	Cone beam CT Capture and Interpretation with limited field of view, one full dental arch- maxilla	4/1/2024	3/31/2025	\$300.00
D0367	Cone beam CT Capture and Interpretation with field of view of both jaws, with or without cranium	4/1/2024	3/31/2025	\$300.00
D0386	Cone beam CT Capture and Interpretation for TMJ series including two or more exposures	4/1/2024	3/31/2025	\$300.00
D0460	Pulp vitality test	4/1/2024	3/31/2025	\$30.00
D0470	Diagnostic casts	4/1/2024	3/31/2025	\$96.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	4/1/2024	3/31/2025	\$140.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease	4/1/2024	3/31/2025	\$200.00
D0475	Decalcification procedure	4/1/2024	3/31/2025	\$230.00
D0476	Special stains, for microorganisms	4/1/2024	3/31/2025	\$220.00
D0477	Special stains, not for microorganisms	4/1/2024	3/31/2025	\$220.00
D0478	Immunohistochemical stains	4/1/2024	3/31/2025	\$140.00

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D0482	Direct immunofluorescence	4/1/2024	3/31/2025	\$180.00
D1110	Adult prophylaxis, up to four a year	4/1/2024	3/31/2025	\$98.00
D1206	Topical application of fluoride varnish	4/1/2024	3/31/2025	\$31.00
D1208	Topical application of fluoride, excluding varnish	4/1/2024	3/31/2025	\$37.00
D1351	Sealant - per tooth	4/1/2024	3/31/2025	\$30.00
D1354	Silver Diamine flouride treatment	4/1/2024	3/31/2025	\$30.00
D1999	Extra PPE due to COVID-19	4/1/2024	3/31/2025	\$15.00
D2140	Amalgam - 1 surface	4/1/2024	3/31/2025	\$85.00
D2150	Amalgam - 2 surfaces	4/1/2024	3/31/2025	\$113.00
D2160	Amalgam - 3 surfaces	4/1/2024	3/31/2025	\$163.00
D2161	Amalgam - 4 or more surfaces	4/1/2024	3/31/2025	\$163.00
D2330	Resin-based composite - 1 surace -anterior	4/1/2024	3/31/2025	\$125.00
D2331	Resin-based composite - 2 surfaces- anterior	4/1/2024	3/31/2025	\$140.00
D2332	Resin-based composite - 3 surfaces - anterior	4/1/2024	3/31/2025	\$170.00
D2335	Resin-based composite - 4 + surfaces or inolving incisal angle, anterior	4/1/2024	3/31/2025	\$212.00
D2390	Resin-based composite crown, anterior	4/1/2024	3/31/2025	\$151.00
D2391	Resin-based composite - 1 surface- posterior	4/1/2024	3/31/2025	\$125.00
D2392	Resin-based composite- 2 surfaces - posterior	4/1/2024	3/31/2025	\$160.00
D2393	Resin-based composite - 3 surfaces- posterior	4/1/2024	3/31/2025	\$192.00
D2394	Resin-based composite - 4 + surfaces - posterior	4/1/2024	3/31/2025	\$227.00
D2642	Onlay - porcelain/ceramic - 2 surfaces	4/1/2024	3/31/2025	\$690.00
D2643	Onlay - porcelain/ceramic - 3 surfaces	4/1/2024	3/31/2025	\$700.00
D2644	Onlay - porcelain/ceramic - 4 + surfaces	4/1/2024	3/31/2025	\$744.00
D2710	Crown - resin-based composite (indirect)	4/1/2024	3/31/2025	\$329.00
D2720	Crown - resin with high noble metal	4/1/2024	3/31/2025	\$468.00
D2721	Crown- resin with predominantly base metal	4/1/2024	3/31/2025	\$468.00
D2722	Crown - resin with noble metal	4/1/2024	3/31/2025	\$468.00
D2740	Crown - porcelain/ceramic substrate *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,028.00
D2750	Crown - procelain fused to high noble metal *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,028.00
D2751	Crown- porcelain fused to predominantly based metal *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,028.00
D2752	Crown - porcelain fused to noble metal *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,028.00
D2790	Crown full cast high noble metal *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,028.00
D2792	Crown full cast noble metal *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,028.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	4/1/2024	3/31/2025	\$27.00

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D2920	Re-cement or re-bond crown	4/1/2024	3/31/2025	\$32.00
D2931	Prefabricated stainless steel crown - permanent tooth	4/1/2024	3/31/2025	\$143.00
D2940	Sedative filling	4/1/2024	3/31/2025	\$75.00
D2941	Interim therapeutic restoration - primary detention	4/1/2024	3/31/2025	\$112.00
D2950	Core buildup, including any pins when required	4/1/2024	3/31/2025	\$200.00
D2954	Prefabricated post and core in addition to crown	4/1/2024	3/31/2025	\$259.00
D2980	Crown repair necessitated by restorative material failure	4/1/2024	3/31/2025	\$200.00
D2957	Each additional prefabricated post - same tooth	4/1/2024	3/31/2025	\$60.00
D3110	Pulp cap- direct (excluding final restoration)	4/1/2024	3/31/2025	\$130.00
D3120	Pulp cap- indirect (excluding final restoration)	4/1/2024	3/31/2025	\$152.00
D3220	Therapeutic pulpotomy (exluding final restoration)	4/1/2024	3/31/2025	\$153.00
D3221	Pulpal debridement, primary and permanent teeth	4/1/2024	3/31/2025	\$130.00
D3230	Pulpal therapy (restorable filling) anterior-primary tooth	4/1/2024	3/31/2025	\$112.00
D3240	Pulpal therapy (restorable filling) posterior-primary tooth	4/1/2024	3/31/2025	\$200.00
D3310	Endodontic therapy, anterior tooth	4/1/2024	3/31/2025	\$800.00
D3320	Endodontic therapy, bicuspid tooth	4/1/2024	3/31/2025	\$820.00
D3330	Endodontic therapy, molar	4/1/2024	3/31/2025	\$990.00
D3331	Treatment of root canal obstruction, non-surgical access	4/1/2024	3/31/2025	\$454.00
D3332	Incomplete endodontics therapy; inoperable, unrestorable or fractured tooth	4/1/2024	3/31/2025	\$421.00
D3346	Retreatment of previous root canal therapy - anterior	4/1/2024	3/31/2025	\$800.00
D3347	Retreatment of previous rooth canal therapy- bicuspid *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,000.00
D3348	Retreatment of previous root canal therapy- molar *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$1,100.00
D3410	Apicoectomy/periadicular surgery - anterior	4/1/2024	3/31/2025	\$800.00
D3421	Apicoectomy/periadicular surgery - bicuspid - 1st root	4/1/2024	3/31/2025	\$900.00
D3425	Apicoectomy/periadicular surgery - molar - 1st root	4/1/2024	3/31/2025	\$1,000.00
D3426	Apicoectomy/periadicular surgery - each additional root	4/1/2024	3/31/2025	\$324.00
D3430	Retrograde filling - per root	4/1/2024	3/31/2025	\$379.00
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth	4/1/2024	3/31/2025	\$340.00
D4211	Gingivectomy or gingivoplasty - 1-3 contiguous teeth	4/1/2024	3/31/2025	\$220.00
D4240	Gingival flap procedure, including root planning -4 or more contiguous teeth	4/1/2024	3/31/2025	\$771.00
D4241	Gingival flap procedure, including root planning -1-3 contiguous teeth	4/1/2024	3/31/2025	\$608.00
D4249	Clinical crown lengthening on hard tissue	4/1/2024	3/31/2025	\$900.00
D4260	Osseous surgery (including elevation of full thickness flap and closure), 4 or more contiguous teeth or tooth bounded spaces per quadrant	4/1/2024	3/31/2025	\$810.00

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D4261	Osseous surgery (including elevation of full thickness flap and closure), 1-3 contiguous teeth or tooth bounded spaces per quadrant	4/1/2024	3/31/2025	\$620.00
D4263	Bone-replacement graft, retained natural tooth, 1st time in quadrant	4/1/2024	3/31/2025	\$400.00
D4264	Bone replacement graft, retained natural tooth, each additional site in quadrant	4/1/2024	3/31/2025	\$250.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	4/1/2024	3/31/2025	\$300.00
D4266	Guided tissue regeneration - resorbable barrier - per site	4/1/2024	3/31/2025	\$540.00
D4270	Pedicle soft tissue graft procedure	4/1/2024	3/31/2025	\$600.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) 1st tooth, implant or edentulous tooth position in graft	4/1/2024	3/31/2025	\$760.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction w/ surgical procedures in the same anatomical area)	4/1/2024	3/31/2025	\$475.00
D4275	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) 1st tooth, implant or edentulous tooth position in graft	4/1/2024	3/31/2025	\$724.00
D4276	Combined connective tissue and double pedical graft, per tooth	4/1/2024	3/31/2025	\$650.00
D4277	Free soft tissue graft procedures (including donor and recipient surgical sites) 1st tooth, implant or edentulous tooth position in graft	4/1/2024	3/31/2025	\$695.00
D4278	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft	4/1/2024	3/31/2025	\$565.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft	4/1/2024	3/31/2025	\$675.00
D4285	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) each addition contiguous tooth, implant or edentulous tooth position in graft	4/1/2024	3/31/2025	\$656.00
D4320	Provisional splinting - intercoronal	4/1/2024	3/31/2025	\$527.00
D4341	Periodontal scaling & root planning per quad 4 or more teeth	4/1/2024	3/31/2025	\$176.00
D4342	Periodontal scaling & root planning per quad 1-3 teeth	4/1/2024	3/31/2025	\$125.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	4/1/2024	3/31/2025	\$176.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle, per tooth	4/1/2024	3/31/2025	\$24.00
D4910	Periodontal maintenance	4/1/2024	3/31/2025	\$147.00
D5110	Complete upper denture *Full set dentures require authorization*	4/1/2024	3/31/2025	\$1,200.00
D5120	Complete lower denture *Full set dentures require authorization*	4/1/2024	3/31/2025	\$1,200.00
D5130	Complete upper immediate denture *Full set dentures require authorization*	4/1/2024	3/31/2025	\$1,200.00
D5140	Complete lower immediate denture *Full set dentures require authorization*	4/1/2024	3/31/2025	\$1,200.00
D5211	Upper partial denture, resin base *if in conjunction with lower, requires authorization*	4/1/2024	3/31/2025	\$1,000.00
D5212	Lower partial denture, resin base *if in conjunction with upper, requires authorization*	4/1/2024	3/31/2025	\$1,000.00
D5213	Upper partial denture, cast metal framework with resin *if in conjunction with lower, requires authorization*	4/1/2024	3/31/2025	\$1,200.00
D5214	Lower partial denture, cast metal framework with resin *if in conjunction with upper, requires authorization*	4/1/2024	3/31/2025	\$1,200.00

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D5225	Upper partial denture, flexible base *if in conjunction with lower, requires authorization*	4/1/2024	3/31/2025	\$1,200.00
D5226	Lower partial denture, flexible base *if in conjunction with upper, requires authorization*	4/1/2024	3/31/2025	\$1,200.00
D5410	Complete upper denture adjustment	4/1/2024	3/31/2025	\$26.00
D5411	Complete lower denture adjustment	4/1/2024	3/31/2025	\$26.00
D5421	Upper partial denture adjustment	4/1/2024	3/31/2025	\$26.00
D5422	Lower partial denture adjustment	4/1/2024	3/31/2025	\$26.00
D5511	Repair broken complete denture base, mandibular	4/1/2024	3/31/2025	\$58.00
D5512	Repair broken complete denture base, maxillary	4/1/2024	3/31/2025	\$58.00
D5520	Replace missing or broken tooth, complete denture	4/1/2024	3/31/2025	\$150.00
D5611	Repair resin partial denture base, mandibular	4/1/2024	3/31/2025	\$60.00
D5612	Repair resin partial denture base, maxillary	4/1/2024	3/31/2025	\$60.00
D5621	Repair cast framework, mandibular	4/1/2024	3/31/2025	\$75.00
D5622	Repair cast partial framework, maxillary	4/1/2024	3/31/2025	\$75.00
D5630	Repair/replace broken clasp	4/1/2024	3/31/2025	\$87.00
D5640	Replace broken teeth, per tooth	4/1/2024	3/31/2025	\$65.00
D5650	Add tooth to partial	4/1/2024	3/31/2025	\$150.00
D5660	Add clasp to partial	4/1/2024	3/31/2025	\$150.00
D5710	Rebase complete upper denture	4/1/2024	3/31/2025	\$304.00
D5711	Rebase complete lower denture	4/1/2024	3/31/2025	\$304.00
D5720	Rebase upper partial denture	4/1/2024	3/31/2025	\$199.00
D5721	Rebase lower partial denture	4/1/2024	3/31/2025	\$199.00
D5730	Reline complete upper denture, chairside	4/1/2024	3/31/2025	\$130.00
D5731	Reline complete lower denture, chairside	4/1/2024	3/31/2025	\$130.00
D5740	Reline partial upper denture	4/1/2024	3/31/2025	\$129.00
D5741	Reline partial lower denture	4/1/2024	3/31/2025	\$129.00
D5750	Reline complete upper denture, lab	4/1/2024	3/31/2025	\$187.00
D5751	Reline complete lower denture, lab	4/1/2024	3/31/2025	\$187.00
D5760	Reline complete upper or lower denture, lab	4/1/2024	3/31/2025	\$176.00
D5761	Reline partial upper or lower denture, lab	4/1/2024	3/31/2025	\$176.00
D5820	Interim partial upper denture	4/1/2024	3/31/2025	\$250.00
D5821	Interim partial lower denture	4/1/2024	3/31/2025	\$250.00
D5850	Tissue conditioning, maxillary	4/1/2024	3/31/2025	\$30.00
D5851	Tissue conditioning, mandibular	4/1/2024	3/31/2025	\$30.00
D5867	Replacement of replacable part of semi-precision or precision attachment	4/1/2024	3/31/2025	\$25.00

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D6010	Surgical placement of implant body: endosteal impant **in support of LOWER DENTURE only, requires authorization	4/1/2024	3/31/2025	\$2,021.00
D6011	Second stage implant surgery **in support of LOWER DENTURE only, requires authorization	4/1/2024	3/31/2025	\$890.00
D6056	Prefabricated abutment, includes modification and placement **in support of LOWER DENTURE only, requires authorization	4/1/2024	3/31/2025	\$640.00
D6057	Custom fabricated abutment, includes placement *requires authorization*	4/1/2024	3/31/2025	\$500.00
D6058	Abutment supported porcelain/ceramic crown *requires authorization*	4/1/2024	3/31/2025	\$1,250.00
D6059	Abutment supported porcelain fused metal crown *requires authorization*	4/1/2024	3/31/2025	\$1,250.00
D6080	Implant maintenance procedures	4/1/2024	3/31/2025	\$128.00
D6090	Repair implant supported prosthesis, by report	4/1/2024	3/31/2025	\$175.00
D6091	Replacement of semi-precision or precision attachment of impant supported prosthesis	4/1/2024	3/31/2025	\$450.00
D6092	Re-cement or re-bond impant/abutment supported crown	4/1/2024	3/31/2025	\$150.00
D6095	Repair implant abutment, by report	4/1/2024	3/31/2025	\$175.00
D6100	Implant removal, by report	4/1/2024	3/31/2025	\$640.00
D6104	Bone graft at time of implant placement **in support of LOWER DENTURE only, requires authorization	4/1/2024	3/31/2025	\$675.00
D6111	Implant/abutment supported removable denture for edentulous arch, mandibular *requires authorization*	4/1/2024	3/31/2025	\$3,000.00
D6190	Radiographic/surgical implant index, by report **in support of LOWER DENTURE only, requires authorization	4/1/2024	3/31/2025	\$450.00
D6191	Semi-precision abutment - placement	4/1/2024	3/31/2025	\$828.00
D6240	Pontic, porcelain fused to high noble metal	4/1/2024	3/31/2025	\$900.00
D6241	Pontic, porcelain fused to predominatly base metal	4/1/2024	3/31/2025	\$800.00
D6242	Pontic, porcelain fused to noble metal	4/1/2024	3/31/2025	\$850.00
D6245	Pontic, porcelain and ceramic	4/1/2024	3/31/2025	\$900.00
D6250	Pontic, resin with high noble metal	4/1/2024	3/31/2025	\$800.00
D6251	Pontic, resin with predominanty base metal	4/1/2024	3/31/2025	\$780.00
D6252	Pontic, resin with noble metal	4/1/2024	3/31/2025	\$800.00
D6740	Retainer crown, porcelain/ceramic	4/1/2024	3/31/2025	\$900.00
D6750	Crown, porcelain fused to high noble metal	4/1/2024	3/31/2025	\$900.00
D6751	Crown, porcelain fused to predominatly base metal	4/1/2024	3/31/2025	\$800.00
D6752	Crown, porcelain fused to noble metal	4/1/2024	3/31/2025	\$850.00
D6930	Re-cement or re-bond fixed partial denture	4/1/2024	3/31/2025	\$54.00
D7111	Extraction, coronal remnants, deciduous tooth	4/1/2024	3/31/2025	\$59.00
D7140	Extraction, erupted tooth or exposed root	4/1/2024	3/31/2025	\$135.00
D7210	Surgical removal of residual tooth roots cutting procedure	4/1/2024	3/31/2025	\$299.00
D7220	Removal of impacted tooth, soft tissue	4/1/2024	3/31/2025	\$241.76

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D7230	Removal of impacted tooth, partially bony	4/1/2024	3/31/2025	\$261.28
D7240	Removal of impacted tooth, completely bony	4/1/2024	3/31/2025	\$400.00
D7241	Removal of impacted tooth, boy w/ unusual surgical complications	4/1/2024	3/31/2025	\$450.00
D7250	Surgical removal of residual tooth roots cutting procedure	4/1/2024	3/31/2025	\$188.53
D7270	Tooth re-implantation and/or stabilization	4/1/2024	3/31/2025	\$464.00
D7285	Incisional biopsy of oral tissue, hard (bone or tooth)	4/1/2024	3/31/2025	\$840.00
D7286	Incisional biopsy of oral tissue, soft	4/1/2024	3/31/2025	\$520.00
D7310	Alveoplasty in conjunction with extractions, 4 or more teeth or spaces, per quadrant	4/1/2024	3/31/2025	\$150.00
D7311	Alveoplasty in conjunction with extractions, 1 to 3 teeth or spaces, per quadrant	4/1/2024	3/31/2025	\$150.00
D7320	Alveoplasty not in conjunction with extractions, 4 or more teeth or spaces, per quadrant	4/1/2024	3/31/2025	\$150.00
D7321	Alveoplasty not in conjunction with extractions, 1 to 3 teeth or spaces, per quadrant	4/1/2024	3/31/2025	\$150.00
D7410	Excision of benign lesion, up to 1.25 cm	4/1/2024	3/31/2025	\$465.00
D7411	Excision of benign lesion, greater than 1.25 cm	4/1/2024	3/31/2025	\$780.00
D7472	Removal of torus palatinus	4/1/2024	3/31/2025	\$400.00
D7473	Removal of torus mandibularis	4/1/2024	3/31/2025	\$400.00
D7460	Removal of benign nondontogenic cyst or tumor, lesion diameter up to 1.25 cm *limit 1 per year, unless authorized*	4/1/2024	3/31/2025	\$982.00
D7510	Incision & drainage of intraoral abscess	4/1/2024	3/31/2025	\$250.00
D7520	Incision & drainage of abscess extraoral soft tissue	4/1/2024	3/31/2025	\$443.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	4/1/2024	3/31/2025	\$357.00
D7880	Occlusal orthotic device	4/1/2024	3/31/2025	\$520.00
D7950	Osseous, osteoperiosteal or cartilage graft of the mandible or maxila *REQUIRES AUTHORIZATION*	4/1/2024	3/31/2025	\$1,400.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach *REQUIRES AUTHORIZATION*	4/1/2024	3/31/2025	\$1,986.00
D7953	Bone replacement graft for ridge preservation, per site	4/1/2024	3/31/2025	\$600.00
D7960	Frenulectomy, separate procedure no incidental to another procedure	4/1/2024	3/31/2025	\$150.00
D9110	Palliative (emergency) treatment of dental main, minor procedure	4/1/2024	3/31/2025	\$100.00
D9120	fixed partial denture sectioning	4/1/2024	3/31/2025	\$100.00
D9222	Anesthesia services/deep sedation, first 15 mintes	4/1/2024	3/31/2025	\$104.00
D9223	Deep sedation/general anethesia, each additonal 15 minutes	4/1/2024	3/31/2025	\$220.00
D9230	Nitrous oxide	4/1/2024	3/31/2025	\$35.00
D9239	IV moderate conscious sedation/analgesia 1st 15 minutes	4/1/2024	3/31/2025	\$192.00
D9243	Intravenous moderate (conscious) sedation/analgesia, each15 minute increment	4/1/2024	3/31/2025	\$230.00
D9310	Consultation	4/1/2024	3/31/2025	\$50.00
D9248	Non-intravenous conscious sedation	4/1/2024	3/31/2025	\$260.00

Early Intervention Program (EIP) Schedule of Dental Coverage and Maximum Allowances

Note: EIP has a \$3000 per calendar year maximum, per client. Any services over the \$3000 limit, must be authorized.

D9630	Other drugs and/or medications by report	4/1/2024	3/31/2025	\$70.00
D9942	Repair/Reline of occlusal guard	4/1/2024	3/31/2025	\$75.00
D9943	Occlusal guard adjustment	4/1/2024	3/31/2025	\$50.00
D9944	Occlusal guard- hard appliance, full arch	4/1/2024	3/31/2025	\$176.00
D9945	Occlusal guard- soft appliance, full arch	4/1/2024	3/31/2025	\$176.00
D9946	Occlusal guard- hard appliance, full arch	4/1/2024	3/31/2025	\$176.00
D9951	Occlusal guard adjustment limited	4/1/2024	3/31/2025	\$75.00
D9952	Occlusal guard adjustment complete	4/1/2024	3/31/2025	\$150.00
D9992	Dental case management - care coordination	4/1/2024	3/31/2025	\$41.00