

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D0120	Periodic Oral Exam – Ages 0 thru 20	\$29.40	N	N/A		N/A	
D0120	Periodic Oral Exam – Ages 21 and older and Pregnant Women	N/A	N	\$28.00	N	\$28.00	N
D0140	Limited Oral Examination – Problem Focused	\$19.12	N	\$19.12	N	\$19.12	N
D0150	Comprehensive Oral Examination	\$26.08	N	\$26.08	N	\$26.08	N
D0210	Intraoral-Complete Series (including bitewings)	\$35.52	N	\$35.52	N	\$35.52	N
D0220	Intraoral – periapical – first film	\$6.61	N	\$6.61	N	\$6.61	N
D0230	Intraoral periapical – 1 additional film	\$4.48	N	\$4.48	N	\$4.48	N
D0270	Bitewings Single Film	\$5.60	N	\$5.60	N	\$5.60	N
D0272	Bitewings-Two Films	\$11.09	N	\$11.09	N	\$11.09	N
D0274	Bitewings-Four Films	\$19.94	N	\$19.94	N	\$19.94	N
D0277	Vertical Bitewings – 7-8 Films	\$16.90	N	\$16.90	N	\$16.90	N
D0330	Panoramic Film	\$28.00	N	\$28.00	N	\$28.00	N
D0601	Caries Risk Assessment - Low Risk	\$0.00	N	\$0.00	N	\$0.00	N
D0602	Caries Risk Assessment - Moderate Risk	\$0.00	N	\$0.00	N	\$0.00	N
D0603	Caries Risk Assessment - High Risk	\$0.00	N	\$0.00	N	\$0.00	N
D0999	Encounter Rate Code (Rate is Determined Annually By Encounter Clinic)(Must be on first line of all Encounter Clinic Claims)	By Report	N	By Report	N	By Report	N
D1110	Prophylaxis - Adult - Ages 21 and Older and Pregnant Women	N/A	N	\$48.38	N	\$48.38	N
D1120	Prophylaxis - Child – Ages 0 thru 20	\$43.05	N	N/A		N/A	
D1206	Topical Fluoride Varnish - Ages 0 thru 18	\$27.30	N	N/A		N/A	
D1206	Topical Fluoride Varnish - Ages 19 thru 20	\$27.30	N	N/A		N/A	
D1208	Topical Application of Fluoride (excluding prophylaxis) – Ages 0 thru 18	\$27.30	N	N/A		N/A	
D1208	Topical Application of Fluoride (excluding prophylaxis) – Ages 19 thru 20	\$27.30	N	N/A		N/A	
D1351	Sealant – Per Tooth	\$37.80	N	N/A		N/A	
D1354	Interim Caries Medicament – per tooth - Silver Diamine	\$14.85	N	\$14.85	N	\$14.85	N
D1510	Space Maintainer - Fixed Unilateral	\$70.60	N	N/A		N/A	
D1516	Space Maintainer – fixed – bilateral, maxillary	\$103.50	N	N/A		N/A	
D1517	Space Maintainer – fixed – bilateral – mandibular	\$103.50	N	N/A		N/A	
D1520	Space Maintainer – Removable Unilateral	\$70.60	N	N/A		N/A	

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D1526	Space Maintainer – removable – bilateral, maxillary	\$74.70	N	N/A		N/A	
D1527	Space Maintainer – removable – bilateral, mandibular	\$74.70	N	N/A		N/A	
D1551	Recement Space Maintainer – Maxillary	\$10.70	N	N/A		N/A	
D1552	Recement Space Maintainer – Mandibular	\$10.70	N	N/A		N/A	
D1553	Recement Space Maintainer – per quadrant	\$10.70	N	N/A		N/A	
D2140	Amalgam-1-Surface, Primary or Permanent	\$36.40	N	\$36.40	N	\$36.40	N
D2150	Amalgam-2-Surfaces, Primary or Permanent	\$56.82	N	\$56.82	N	\$56.82	N
D2160	Amalgam-3-Surfaces, Primary or Permanent	\$87.55	N	\$87.55	N	\$87.55	N
D2161	Amalgam-4+-Surface, Primary or Permanent	\$87.55	N	\$87.55	N	\$87.55	N
D2330	Resin-Based Composite - 1-Surface, Anterior	\$52.18	N	\$52.18	N	\$52.18	N
D2331	Resin-Based Composite - 2-Surfaces, Anterior	\$78.27	N	\$78.27	N	\$78.27	N
D2332	Resin-Based Composite - 3-Surfaces, Anterior	\$93.19	N	\$93.19	N	\$93.19	N
D2335	Resin-Based Composite – 4+ surfaces, or involving Incisal Edge, Anterior	\$93.19	N	\$93.19	N	\$93.19	N
D2391	Resin-Based Composite – 1-surface, Primary or Permanent	\$36.40	N	\$36.40	N	\$36.40	N
D2392	Resin-Based Composite – 2-surfaces, Primary or Permanent	\$56.82	N	\$56.82	N	\$56.82	N
D2393	Resin-Based Composite – 3-surfaces, Primary or Permanent	\$87.55	N	\$87.55	N	\$87.55	N
D2394	Resin-Based Composite – 4+surfaces, Primary or Permanent	\$87.55	N	\$87.55	N	\$87.55	N
D2542	Onlay - Metallic - two surfaces	\$235.20	Y	\$235.20	Y	\$235.20	Y
D2543	Onlay - Metallic - three surfaces	\$235.20	Y	\$235.20	Y	\$235.20	Y
D2544	Onlay - Metallic - four or more surfaces	\$235.20	Y	\$235.20	Y	\$235.20	Y
D2642	Onlay - Porcelain/Ceramic - two surfaces	\$235.20	Y	\$235.20	Y	\$235.20	Y
D2643	Onlay - Porcelain/Ceramic - three surfaces	\$235.20	Y	\$235.20	Y	\$235.20	Y
D2644	Onlay - Porcelain/Ceramic - four or more surfaces	\$235.20	Y	\$235.20	Y	\$235.20	Y
D2740	Crown – porc/ceramic	\$272.83	Y	\$272.83	Y	\$272.83	Y
D2750	Crown – porc/metal high noble	\$272.83	Y	\$272.83	Y	\$272.83	Y
D2751	Crown - Porcelain/Base Metal	\$272.83	Y	\$272.83	Y	\$272.83	Y
D2752	Crown – porcelain/metal noble	\$272.83	Y	\$272.83	Y	\$272.83	Y
D2753	Crown - Porcelain/Titanium	\$272.83	Y	\$272.83	Y	\$272.83	Y
D2790	Crown – full metal high noble	\$169.19	Y	\$169.19	Y	\$169.19	Y

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D2791	Crown - Full Cast Base Metal	\$169.19	Y	\$169.19	Y	\$169.19	Y
D2792	Crown – full metal noble	\$169.19	Y	\$169.19	Y	\$169.19	Y
D2910	Recement Inlays	\$11.30	N	\$11.30	N	\$11.30	N
D2915	Recement cast or prefabricated post and core	\$23.50	N	\$23.50	N	\$23.50	N
D2920	Recement Crown	\$23.50	N	\$23.50	N	\$23.50	N
D2930	Prefabricated Stainless Steel Crown (SSC) Primary Tooth	\$110.69	N	N/A		N/A	
D2931	Prefabricated Stainless Steel Crown (SSC) Permanent Tooth	\$85.14	Y	\$85.14	Y	\$85.14	Y
D2932	Prefabricated Resin Crown	\$56.45	Y	\$56.45	Y	\$56.45	Y
D2933	Prefabricated Stainless Steel crown with resin window	\$56.45	N	N/A		N/A	
D2934	Prefabricated esthetic coated stainless steel crown - primary	\$73.40	N	N/A		N/A	
D2940	Protective Restorations	\$11.30	N	\$11.30	N	\$11.30	N
D2950	Core buildup, including any pins	\$67.34	N	\$67.34	N	\$67.34	N
D2951	Pin Retention-Per Tooth	\$9.40	N	\$9.40	N	\$9.40	N
D2954	Prefabricated Post and Core	\$32.90	Y	\$32.90	Y	\$32.90	Y
D3220	Therapeutic Pulpotomy	\$61.13	N	N/A		N/A	
D3222	Partial pulpotomy	\$28.20	Y	N/A		N/A	
D3230	Pulpal Therapy – (resorbable filling) – anterior, primary tooth (excl. final restoration)	\$52.70	N	N/A		N/A	
D3310	Anterior Root Canal (Excluding Final Restoration)	\$158.22	N	\$158.22	N	\$158.22	N
D3320	Bicuspid Root Canal (Excluding Final Restoration)	\$155.25	N	N/A		N/A	
D3330	Molar Root Canal (Excluding Final Restoration)	\$234.67	N	N/A		N/A	
D3351	Apexification/Recalcification Initial Visit	\$28.20	Y	N/A		N/A	
D3352	Apexification/Recalcification Interim Visit	\$14.10	Y	N/A		N/A	
D3353	Apexification/Recalcification Final Visit	\$14.10	Y	N/A		N/A	
D3410	Apicoectomy/Periapical Surgery — Per Tooth, First Root	\$112.90	Y	N/A		N/A	
D4210	Gingivectomy or Gingivoplasty — 4+ Teeth, Per Quadrant	\$131.70	Y	\$131.70	N	\$131.70	N
D4211	Gingivectomy or Gingivoplasty — 1 to 3 Teeth, Per Quadrant	\$65.85	Y	\$65.85	N	\$65.85	N
D4240	Gingival Flap Procedure, w/ Root Planing – 4+ Teeth, Per Quadrant	\$229.60	Y	\$229.60	N	\$229.60	N
D4241	Gingival Flap Procedure, w/ Root Planing – 1 to 3 Teeth, Per	\$114.80	Y	\$114.80	N	\$114.80	N
D4249	Clinical Crown lengthening	\$138.80	Y	\$138.80	N	\$138.80	N

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D4260	Osseous Surgery – 4+ Teeth, Per Quadrant	\$277.60	Y	\$277.60	N	\$277.60	N
D4261	Osseous Surgery – 1 to 3 Teeth, Per Quadrant	\$138.80	Y	\$138.80	N	\$138.80	N
D4263	Bone Replacement Graft — First Site in Quadrant	\$141.15	Y	\$141.15	N	\$141.15	N
D4264	Bone Replacement Graft, Each Additional Site in Quadrant	\$70.60	Y	\$70.60	N	\$70.60	N
D4270	Pedicle Soft Tissue Graft	\$141.15	Y	\$141.15	N	\$141.15	N
D4273	Subepithelial Connective Tissue Graft Procedure	\$141.15	Y	\$141.15	N	\$141.15	N
D4274	Distal or Proximal Wedge	\$70.60	Y	\$70.60	N	\$70.60	N
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$141.15	Y	\$141.15	N	\$141.15	N
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$70.58	Y	\$70.58	N	\$70.58	N
D4341	Periodontal Scaling and Root Planing – 4+ Teeth, Per Quadrant	\$122.00	Y	\$122.00	N	\$122.00	N
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth, Per Quadrant	\$77.00	N	\$77.00	N	\$77.00	N
D4355	Full mouth Debridement	\$41.00	N	\$41.00	N	\$41.00	N
D4910	Periodontal Maintenance Procedure	\$67.00	Y	\$67.00	Y	\$67.00	Y
D5110	Complete Denture - Maxillary	\$444.09	Y	\$444.09	Y	\$444.09	Y
D5120	Complete Denture - Mandibular	\$444.09	Y	\$444.09	Y	\$444.09	Y
D5130	Immediate Denture – Maxillary	\$376.35	Y	\$376.35	Y	\$376.35	Y
D5140	Immediate Denture – Mandibular	\$376.35	Y	\$376.35	Y	\$376.35	Y
D5211	Maxillary Partial Denture — Resin Base	\$376.35	Y	N/A		N/A	
D5212	Mandibular Partial Denture — Resin Base	\$376.35	Y	N/A		N/A	
D5213	Maxillary Partial Denture — Cast Metal Framework	\$436.57	Y	N/A		N/A	
D5214	Mandibular Partial Denture — Cast Metal Framework	\$436.57	Y	N/A		N/A	
D5221	Immediate Maxillary Partial Denture — Resin Base	\$376.35	Y	N/A		N/A	
D5222	Immediate Mandibular Partial Denture — Resin Base	\$376.35	Y	N/A		N/A	
D5223	Immediate Maxillary Partial Denture — Cast Metal Framework	\$376.35	Y	N/A		N/A	
D5224	Immediate Mandibular Partial Denture — Cast Metal Framework	\$376.35	Y	N/A		N/A	
D5511	Repair Broken Complete Denture Base, Mandibular	\$61.15	N	\$61.15	N	\$61.15	N
D5512	Repair Broken Complete Denture Base, Maxillary	\$61.15	N	\$61.15	N	\$61.15	N
D5520	Replace Missing or Broken Teeth, Complete Denture	\$38.10	N	\$38.10	N	\$38.10	N

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D5611	Repair Resin Partial Denture Base, Mandibular	\$51.75	Y	\$51.75	Y	\$51.75	Y
D5612	Repair Resin Partial Denture Base, Maxillary	\$51.75	Y	\$51.75	Y	\$51.75	Y
D5621	Repair Cast Partial Framework, Mandibular	\$79.05	N	\$79.05	N	\$79.05	N
D5622	Repair Cast Partial Framework, Maxillary	\$79.05	N	\$79.05	N	\$79.05	N
D5630	Repair or Replace Broken Clasp	\$71.50	N	\$71.50	N	\$71.50	N
D5640	Replace Broken Teeth, Each Additional Tooth	\$37.65	N	\$37.65	N	\$37.65	N
D5650	Add Tooth to Existing Partial	\$42.35	N	\$42.35	N	\$42.35	N
D5730	Reline Complete Maxillary Denture, Chairside	\$70.60	Y	\$70.60	Y	\$70.60	Y
D5731	Reline Complete Mandibular Denture, Chairside	\$70.60	Y	\$70.60	Y	\$70.60	Y
D5740	Reline Maxillary Partial Denture, Chairside	\$70.60	Y	\$70.60	Y	\$70.60	Y
D5741	Reline Mandibular Partial Denture, Chairside	\$70.60	Y	\$70.60	Y	\$70.60	Y
D5750	Reline Complete Maxillary Denture, Laboratory	\$117.60	Y	\$117.60	Y	\$117.60	Y
D5751	Reline Complete Mandibular Denture, Laboratory	\$117.60	Y	\$117.60	Y	\$117.60	Y
D5760	Reline Maxillary Partial Denture, Laboratory	\$117.60	Y	\$117.60	Y	\$117.60	Y
D5761	Reline Mandibular Partial Denture, Laboratory	\$117.60	Y	\$117.60	Y	\$117.60	Y
D5911	Facial Moulage-sectional	By Report	Y	By Report	Y	By Report	Y
D5912	Facial Moulage-complete	By Report	Y	By Report	Y	By Report	Y
D5913	Nasal Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5914	Auricular Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5915	Orbital Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5916	Ocular Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5919	Facial Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5922	Nasal Septal Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5923	Ocular Prosthesis, interim	By Report	Y	By Report	Y	By Report	Y
D5924	Cranial Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5925	Facial Augmentation implant Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5926	Nasal Prosthesis, replacement	By Report	Y	By Report	Y	By Report	Y
D5927	Auricular Prosthesis, replacement	By Report	Y	By Report	Y	By Report	Y
D5928	Orbital Prosthesis, replacement	By Report	Y	By Report	Y	By Report	Y
D5929	Facial Prosthesis, replacement	By Report	Y	By Report	Y	By Report	Y

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D5931	Obturator Prosthesis, surgical	By Report	Y	By Report	Y	By Report	Y
D5932	Obturator Prosthesis, definitive	By Report	Y	By Report	Y	By Report	Y
D5933	Obturator Prosthesis, modification	By Report	Y	By Report	Y	By Report	Y
D5934	Mandibular Resection Prosthesis with guide flanges	By Report	Y	By Report	Y	By Report	Y
D5935	Mandibular Resection Prosthesis without guide flanges	By Report	Y	By Report	Y	By Report	Y
D5936	Obturator Prosthesis, interim	By Report	Y	By Report	Y	By Report	Y
D5937	Trismus Appliance	By Report	Y	By Report	Y	By Report	Y
D5951	Feeding Aid	By Report	Y	By Report	Y	By Report	Y
D5952	Speech Aid Prosthesis, pediatric	By Report	Y	N/A		N/A	
D5953	Speech Aid Prosthesis, adult	By Report	Y	By Report	Y	By Report	Y
D5954	Palatal Augmentation, Prosthesis	By Report	Y	By Report	Y	By Report	Y
D5955	Palatal Lift Prosthesis, definitive	By Report	Y	By Report	Y	By Report	Y
D5958	Palatal Lift Prosthesis, Interim	By Report	Y	By Report	Y	By Report	Y
D5959	Palatal Lift Prosthesis, modification	By Report	Y	By Report	Y	By Report	Y
D5960	Speech Aid Prosthesis, modification	By Report	Y	By Report	Y	By Report	Y
D5982	Surgical Stent	By Report	Y	By Report	Y	By Report	Y
D5983	Radiation Carrier	By Report	Y	By Report	Y	By Report	Y
D5984	Radiation Shield	By Report	Y	By Report	Y	By Report	Y
D5985	Radiation Cone Locator	By Report	Y	By Report	Y	By Report	Y
D5986	Fluoride Gel Carrier	By Report	Y	By Report	Y	By Report	Y
D5987	Commissure Splint	By Report	Y	By Report	Y	By Report	Y
D5988	Surgical Splint	By Report	Y	By Report	Y	By Report	Y
D5999	Unspecified Maxillofacial Prosthesis	By Report	Y	By Report	Y	By Report	Y
D6210	Pontic crown – metal high noble	\$178.80	Y	N/A		N/A	
D6211	Pontic crown – metal base	\$178.80	Y	N/A		N/A	
D6212	Pontic crown – metal noble	\$178.80	Y	N/A		N/A	
D6240	Pontic crown – porc/metal high noble	\$178.80	Y	N/A		N/A	
D6241	Pontic crown - porc/base Metal	\$178.80	Y	N/A		N/A	
D6242	Pontic crown – porc metal noble	\$178.80	Y	N/A		N/A	
D6251	Pontic-Resin/Base Metal	\$103.50	Y	N/A		N/A	

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D6721	Retainer Crown - Resin/Predominately Base Metal	\$136.40	Y	N/A		N/A	
D6750	Retainer Crown – porc/metal high noble	\$159.95	Y	N/A		N/A	
D6751	Retainer Crown - Porcelain/Predominately Base Metal	\$159.95	Y	N/A		N/A	
D6752	Retainer Crown – porc/metal noble	\$159.95	Y	N/A		N/A	
D6753	Retainer Crown – porc/metal noble	\$159.95	Y	N/A		N/A	
D6790	Retainer Crown – full metal high noble	\$159.95	Y	N/A		N/A	
D6791	Retainer Crown - full metal base	\$159.95	Y	N/A		N/A	
D6792	Retainer Crown - full metal noble	\$159.95	Y	N/A		N/A	
D6930	Recement Fixed Partial Denture	\$32.90	N	\$32.90	N	\$32.90	N
D6999	Unspecified, fixed prosthodontic procedure, by report	By Report	Y	By Report	Y	By Report	Y
D7140	Extraction – Erupted Tooth or Exposed Root	\$53.55	N	\$53.55	N	\$53.55	N
D7210	Surgical Removal of Erupted Tooth	\$78.57	N	\$78.57	N	\$78.57	N
D7220	Removal of Impacted Tooth — Soft Tissue	\$77.49	Y	\$77.49	Y	\$77.49	Y
D7230	Removal for Impacted Tooth — Partially Bony	\$100.46	Y	\$100.46	Y	\$100.46	Y
D7240	Removal of Impacted Tooth — Completely Bony	\$116.81	Y	\$116.81	Y	\$116.81	Y
D7250	Surgical Removal of Residual Roots	\$66.58	Y	\$66.58	Y	\$66.58	Y
D7270	Tooth reimplantation and/ or stabilization	\$88.00	Y	\$88.00	Y	\$88.00	Y
D7280	Surgical access of unerupted tooth	\$50.80	Y	N/A		N/A	
D7283	Placement of device to facilitate eruption of impacted tooth	\$45.00	Y	N/A		N/A	
D7310	Alveoloplasty in Conjunction with Extractions — per quadrant	\$74.24	Y	\$74.24	Y	\$74.24	Y
D7311	Alveoloplasty w/ extraction – 1-3 teeth/spaces per quad	\$74.24	Y	\$74.24	Y	\$74.24	Y
D7320	Alveoloplasty Not in Conjunction With Extractions — per quadrant	\$74.24	Y	\$74.24	Y	\$74.24	Y
D7321	Alveoloplasty w/o extractions – 1- 3 teeth/spaces per quad	\$74.24	Y	\$74.24	Y	\$74.24	Y
D7450	Removal of Odontogenic Cyst or Tumor up to 1.25cm	\$109.39	Y	\$109.39	Y	\$109.39	Y
D7451	Removal of Odontogenic Cyst or Tumor over 1.25cm	\$231.54	Y	\$231.54	Y	\$231.54	Y
D7460	Removal of Non-Odontogenic Cyst or Tumor up to 1.25cm	\$109.39	Y	\$109.39	Y	\$109.39	Y
D7461	Removal of Non-Odontogenic Cyst or Tumor over 1.25cm	\$199.60	Y	\$199.60	Y	\$199.60	Y
D7471	Removal of lateral exostosis (maxilla or mandible)	\$175.22	Y	\$175.22	Y	\$175.22	Y
D7472	Surgical removal of torus palatinus	\$213.76	Y	\$213.76	Y	\$213.76	Y
D7473	Surgical removal of a torus madibularis	\$203.25	Y	\$203.25	Y	\$203.25	Y

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D7510	Incision and Drainage – Abscess	\$42.57	Y	\$42.57	Y	\$42.57	Y
D7511	Incision & drainage – intraoral - complicated	\$36.70	Y	\$36.70	Y	\$36.70	Y
D7610	Maxilla Open Reduction, Teeth Immobilized	\$657.95	Y	\$657.95	Y	\$657.95	Y
D7620	Maxilla Closed Reduction, Teeth Immobilized	\$471.50	Y	\$471.50	Y	\$471.50	Y
D7630	Mandible-Open Reduction, Teeth Immobilized	\$824.65	Y	\$824.65	Y	\$824.65	Y
D7640	Mandible-Closed Reduction, Teeth Immobilized	\$706.95	Y	\$706.95	Y	\$706.95	Y
D7710	Maxilla-Open Reduction	\$1,059.35	Y	\$1,059.35	Y	\$1,059.35	Y
D7720	Maxilla-Closed Reduction	\$706.35	Y	\$706.35	Y	\$706.35	Y
D7730	Mandible-Open Reduction	\$1,059.35	Y	\$1,059.35	Y	\$1,059.35	Y
D7740	Mandible-Closed Reduction	\$706.20	Y	\$706.20	Y	\$706.20	Y
D7810	Open Reduction of Dislocation	\$438.60	Y	\$438.60	Y	\$438.60	Y
D7820	Closed Reduction of Dislocation	\$177.65	Y	\$177.65	Y	\$177.65	Y
D7961	Buccal/labial frenectomy	\$77.15	Y	N/A		N/A	
D7962	Lingual frenectomy	\$77.15	Y	N/A		N/A	
D7963	Frenuloplasty	\$77.15	Y	N/A		N/A	
D7999	Unspecified Oral Surgery Procedure	By Report	Y	By Report	Y	By Report	Y
D8080	Initial Orthodontic Appliance Placement	\$900.00	Y	N/A		N/A	
D8660	Initial Examination, Records, Radiographs & Facial Photographs	\$100.00	Y	N/A		N/A	
D8670	Periodic Adjustments (11 maximum)	\$240.00	Y	N/A		N/A	
D8680	Removal of Appliances, Construction, and Placement of Retainers	\$150.00	Y	N/A		N/A	
D8999	Initial Orthodontic Evaluation/Study Models	\$47.05	Y	N/A		N/A	
D9110	Palliative (emergency) Treatment of Dental Pain-Minor Procedures	\$55.00	N	\$55.00	N	\$55.00	N
D9222	Deep Sedation / General Anesthesia – first 15 minute increment	\$284.62	Y	\$284.62	Y	\$284.62	Y
D9223	Deep Sedation / General Anesthesia – each 15 minute increment	\$284.62	Y	\$284.62	Y	\$284.62	Y
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment (or any portion thereof).	\$284.62	Y	\$284.62	Y	\$284.62	Y
D9225	Administration of general anesthesia with advanced airway – each subsequent 15-minute increment (or any portion thereof).	\$284.62	Y	\$284.62	Y	\$284.62	Y
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	\$70.00	N	\$70.00	N	\$70.00	N
D9239	Intravenous Moderate (conscious) Sedation / Analgesia – First 15 minute increment	\$240.73	Y	\$240.73	Y	\$240.73	Y

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective July 1, 2026

Updated July 21, 2026

Procedure Code	Description	Statewide Rates					
		Maximum Allowance Children	Prior Approval Required Children	Maximum Allowance Adults	Prior Approval Required Adults	Maximum Allowance Pregnant Women	Prior Approval Required Pregnant Women
D9243	Intravenous Moderate (conscious) Sedation / Analgesia – Each 15 minute increment	\$240.73	Y	\$240.73	Y	\$240.73	Y
D9244	Minimal sedation – single drug (enteral)	\$150.00	Y	\$150.00	Y	\$150.00	Y
D9245	Moderate sedation – enteral.	\$150.00	Y	\$150.00	Y	\$150.00	Y
D9246	Moderate sedation – non-IV parenteral (first 15 min).	\$75.00	Y	\$75.00	Y	\$75.00	Y
D9247	Moderate sedation – non-IV parenteral (each subsequent 15 min).	\$75.00	Y	\$75.00	Y	\$75.00	Y
D9310	Consultation	\$17.10	N	\$17.10	N	\$17.10	N
D9610	Therapeutic Drug Injection	\$8.00	Y	\$8.00	Y	\$8.00	Y
D9630	Other Drugs and Medicaments	\$23.50	Y	\$23.50	Y	\$23.50	Y
D9995	Teledentistry, Synchronous, Real-Time Encounter	13.19	N	13.19	N	13.19	N
D9996	Teledentistry, Asynchronous, Info Stored & Forward To Dentist	9.24	N	9.24	N	9.24	N
D9999	Unspecified Procedure, By Report	By Report	Y	By Report	Y	By Report	Y