

**Illinois Department of Healthcare and Family Services**  
**Dental Fee Schedule**  
**Effective July 1, 2012**

<b>Code</b>	<b>Code Description</b>	<b>Children</b>	<b>Age rate difference</b>	<b>Adults</b>
D0120	Periodic Oral Exam	\$28.00	ages 0-18	
D0120	Periodic Oral Exam	\$16.20	ages 19-20	
D0140	Limited Oral Examination Problem Focused	\$16.20		\$16.20
D0150	Comprehensive Oral Examination	\$21.05		
D0210	Intraoral-Complete Series (including bitewings)	\$30.10		
D0220	Intraoral –periapical – first film	\$5.60		\$5.60
D0230	Intraoralperiapical –1 additional film	\$3.80		\$3.80
D0270	Bitewings Single Film	\$5.60		
D0272	Bitewings-Two Films	\$9.40		
D0274	Bitewings-Four Films	\$16.90		
D0277	Vertical Bitewings–8-JulFilms	\$16.90		
D0330	Panoramic Film	\$22.60		\$22.60
D0999		FQHC Fee Schedule		
D1120	Prophylaxis -Child	\$41.00	ages 0-18	
D1120	Prophylaxis -Child	\$25.40	ages 19-20	
D1203	Topical Application of Fluoride(excluding prophy)	\$26.00	ages 0-18	
D1203	Topical Application of Fluoride(excluding prophy)	\$14.85	ages 19-20	
D1206	Topical Fluoride Varnish	\$26.00	ages 0-18	
D1206	Topical Fluoride Varnish	\$14.85	ages 19-20	
D1351	Sealant–Per Tooth	\$36.00		
D1510	Space Maintainer-Fixed Unilateral	\$70.60		
D1515	Space Maintainer -Fixed Bilateral	\$103.50		
D1520	Space Maintainer –Removable Unilateral	\$70.60		
D1525	Space Maintainer-Removable Bilateral	\$74.70		
D1550	Space Maintainer–Recement	\$10.70		
D2140	"Amalgam-1-Surface,"Primary or Permanent	\$30.85		
D2150	"Amalgam-2-Surfaces," Primary or Permanent	\$48.15		
D2160	"Amalgam-3-Surfaces,"Primary or Permanent	\$58.05		

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D2161	"Amalgam-4+-Surface," Primary or Permanent	\$58.05		
D2330	Resin-Based Composite-"1-Surface," Anterior	\$34.60		
D2331	Resin-Based Composite-"2-Surfaces," Anterior	\$51.90		
D2332	Resin-Based Composite-"3-Surfaces," Anterior	\$61.80		
D2335	Resin-Based Composite– 4+"surfaces, "or involving Incisal "Edge," Anterior	\$61.80		
D2391	Resin-Based Composite– "1-surface," Primary or Permanent	\$30.85		
D2392	Resin-Based Composite– "2-surfaces, "Primary or Permanent	\$48.15		
D2393	Resin-Based Composite– "3-surfaces, "Primary or Permanent	\$58.05		
D2394	Resin-Based Composite–"4+surfaces, "Primary or Permanent	\$58.05		
D2740	Crown –porc/ceramic	\$235.20		
D2750	Crown –porc/metal high noble	\$235.20		
D2751	Crown -Porcelain/Base Metal	\$235.20		
D2752	Crown –porcelain/metal noble	\$235.20		
D2790	Crown –full metal high noble	\$145.85		
D2791	Crown -Full Cast Base Metal	\$145.85		
D2792	Crown –full metal noble	\$145.85		
D2910	Recement Inlays	\$11.30		
D2915	Recement cast or prefabricated post and core	\$23.50		
D2920	Recement Crown	\$23.50		
D2930	Prefabricated Stainless Steel Crown (SSC) Primary Tooth	\$73.40		
D2931	Prefabricated Stainless Steel Crown(SSC)Permanent Tooth	\$73.40		
D2932	Prefabricated Resin Crown	\$56.45		
D2933	Prefabricated Stainless Steel crown with resin window	\$56.45		
D2934	Prefabricated esthetic coated stainless steel crown -primary	\$73.40		
D2940	Protective Restorations	\$11.30		
D2950	Core "buildup," including any pins	\$58.05		
D2951	Pin Retention-Per Tooth	\$9.40		
D2954	Prefabricated Post and Core	\$32.90		

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D3220	Therapeutic Pulpotomy	\$52.70		
D3230	Pulpal Therapy—(restorable filling)—"anterior," primary tooth (excl.final restoration)	\$52.70		
D3310	Anterior Root Canal (Excluding Final Restoration)	\$136.40		
D3320	Bicuspid Root Canal (Excluding Final Restoration)	\$155.25		
D3330	Molar Root Canal (Excluding Final Restoration)	\$202.30		
D3351	Apexification/Recalcification Initial Visit	\$28.20		
D3352	Apexification/Recalcification Interim Visit	\$14.10		
D3353	Apexification/Recalcification Final Visit	\$14.10		
D3410	Apicoectomy/Periapical Surgery— Per "Tooth," First Root	\$112.90		
D4210	Gingivectomy or Gingivoplasty—4+"Teeth," Per Quadrant	\$131.70		
D4211	Gingivectomy or Gingivoplasty—1 to 3"Teeth," Per Quadrant	\$65.85		
D4240	Gingival Flap "Procedure," w/ Root Planing – 4+ "Teeth," Per	\$229.60		
D4241	Gingival Flap "Procedure," w/Root Planing—1 to 3 "Teeth," Per Quadrant	\$114.80		
D4260	Osseous Surgery –4+"Teeth," Per Quadrant	\$277.60		
D4261	Osseous Surgery— 1to 3 "Teeth," Per Quadrant	\$138.80		
D4263	Bone Replacement Graft —First Site in Quadrant	\$141.15		
D4264	Bone Replacement "Graft," Each Additional Site in Quadrant	\$70.60		
D4270	Pedicle Soft Tissue Graft	\$141.15		
D4271	Free Soft Tissue Graft	\$141.15		
D4273	Subepithelial Connective Tissue Graft Procedure	\$141.15		
D4274	Distal or Proximal Wedge	\$70.60		
D4320	Provisional "Splinting," Intracoronal	\$188.20		
D4321	Provisional "Splinting," Extracoronal	\$56.50		
D4341	Periodontal Scaling and Root Planing— 4+ "Teeth," Per Quadrant	\$122.00		
D4342	Periodontal Scaling and Root Planing – 1 to 3 "Teeth," Per Quadrant	\$77.00		
D4910	Periodontal Maintenance Procedure	\$67.00		
D5110	Complete Denture- Maxillary	\$376.35		

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D5120	Complete Denture - Mandibular	\$376.35		
D5130	Immediate Denture – Maxillary	\$376.35		
D5140	Immediate Denture – Mandibular	\$376.35		
D5211	Maxillary Partial Denture — Resin Base	\$357.55		
D5212	Mandibular Partial Denture — Resin Base	\$357.55		
D5213	Maxillary Partial Denture — Cast Metal Framework	\$366.95		
D5214	Mandibular Partial Denture — Cast Metal Framework	\$366.95		
D5510	Repair Complete Denture Base	\$61.15		
D5520	Replace Missing or Broken "Teeth," Complete Denture	\$38.10		
D5610	Repair Resin Denture Base	\$51.75		
D5620	Repair Cast Framework	\$79.05		
D5630	Repair or Replace Broken Clasp	\$71.50		
D5640	Replace Broken "Teeth," Each Additional Tooth	\$37.65		
D5650	Add Tooth to Existing Partial	\$42.35		
D5730	Reline Complete Maxillary "Denture," Chairside	\$70.60		
D5731	Reline Complete Mandibular "Denture," Chairside	\$70.60		
D5740	Reline Maxillary Partial "Denture," Chairside	\$70.60		
D5741	Reline Mandibular Partial "Denture," Chairside	\$70.60		
D5750	Reline Complete Maxillary "Denture," Laboratory	\$117.60		
D5751	Reline Complete Mandibular "Denture," Laboratory	\$117.60		
D5760	Reline Maxillary Partial "Denture," Laboratory	\$117.60		
D5761	Reline Mandibular Partial "Denture," Laboratory	\$117.60		
D5911	Facial Moulage-sectional By Report	By Report		
D5912	Facial Moulage-complete By Report	By Report		
D5913	Nasal Prosthesis By Report	By Report		
D5914	Auricular Prosthesis By Report	By Report		
D5915	Orbital Prosthesis By Report	By Report		
D5916	Ocular Prosthesis By Report	By Report		

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D5919	Facial Prosthesis By Report	By Report		
D5922	Nasal Septal Prosthesis By Report	By Report		
D5923	Ocular "Prosthesis," interim By Report	By Report		
D5924	Cranial Prosthesis By Report	By Report		
D5925	Facial Augmentation implant Prosthesis By Report	By Report		
D5926	Nasal "Prosthesis," replacement By Report	By Report		
D5927	Auricular "Prosthesis," replacement By Report	By Report		
D5928	Orbital "Prosthesis," replacement By Report	By Report		
D5929	Facial "Prosthesis," replacement By Report	By Report		
D5931	Obturator "Prosthesis," surgical By Report	By Report		
D5932	Obturator "Prosthesis," definitive By Report	By Report		
D5933	Obturator "Prosthesis," modification By Report	By Report		
D5934	Mandibular Resection Prosthesis with guide flanges By Report	By Report		
D5935	Mandibular Resection Prosthesis without guide flanges By Report	By Report		
D5936	Obturator "Prosthesis," interim By Report	By Report		
D5937	Trismus Appliance By Report	By Report		
D5951	Feeding Aid By Report	By Report		
D5952	Speech Aid "Prosthesis," pediatric By Report	By Report		
D5953	Speech Aid "Prosthesis," adult By Report	By Report		
D5954	Palatal "Augmentation," prosthesis By Report	By Report		
D5955	Palatal Lift "Prosthesis," definitive By Report	By Report		
D5958	Palatal Lift "Prosthesis," Interim By Report	By Report		
D5959	Palatal Lift "Prosthesis," modification By Report	By Report		
D5960	Speech Aid "Prosthesis," modification By Report	By Report		
D5982	Surgical Stent By Report	By Report		
D5983	Radiation Carrier By Report	By Report		
D5984	Radiation Shield By Report	By Report		
D5985	Radiation Cone Locator By Report	By Report		

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D5986	Fluoride Gel Carrier By Report	By Report		
D5987	Commissure Splint By Report	By Report		
D5988	Surgical Splint By Report	By Report		
D5999	Unspecified Maxillofacial Prosthesis By Report	By Report		
D6210	Pontic crown - metal high noble	\$178.80		
D6211	Pontic crown - metal base	\$178.80		
D6212	Pontic crown - metal noble	\$178.80		
D6240	Pontic crown - proc/metal high noble	\$178.80		
D6241	Pontic crown - porc/base Metal	\$178.80		
D6242	Pontic crown - proc metal noble	\$178.80		
D6251	Pontic-Resin/Base Metal	\$103.50		
D6721	Crown-Resin/Predominately Base Metal	\$136.40		
D6750	Crown – porc/metal high noble	\$159.95		
D6751	Crown-Porcelain/Predominately Base Metal	\$159.95		
D6752	Crown – porc/metal noble	\$159.95		
D6790	Crown – full metal high noble	\$159.95		
D6791	Crown full metal base	\$159.95		
D6792	Crown full metal noble	\$159.95		
D6930	Recement Fixed Partial Denture	\$32.90		
D6972	Prefabricated Post and Core in Addition to Fixed partial Denture Retainer	\$26.35		
D6999	"Unspecified, "fixed prosthodontic "procedure," by report	By Report		
D7140	Extraction Erupted Tooth or Exposed Root	\$39.12		\$39.12
D7210	Surgical Removal of Erupted Tooth	\$57.40		\$57.40
D7220	Removal of Impacted Tooth -- Soft Tissue	\$66.80		
D7230	Removal for Impacted Tooth -- Partially Bony	\$86.60		
D7240	Removal of Impacted Tooth -- Completely Bony	\$100.70		
D7250	Surgical Removal of Residual Roots	\$57.40		
D7280	Surgical access of unerupted tooth	\$50.80		

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D7283	Placement of device to facilitate eruption of impacted tooth	\$45.00		
D7310	Alveoloplasty in conjunction with Extractions-- per quadrant	\$64.00		
D7311	Alveoloplasty w/ extraction - 1/3/12 teeth/space per quad	\$64.00		
D7320	Alveoloplasty Not in Conjunction with Extractions -- per quadrant	\$64.00		
D7321	Alveoloplasty w/o extractions - -1 3 teeth/spaces per quadrant	\$64.00		
D7450	Removal of Odontogenic Cyst or Tumor up to 1.25 cm	\$94.30		
D7451	Removal of Odontogenic Cyst or Tumor over 1.25cm	\$199.60		
D7460	Removal of Non-Odontogenic Cyst or Tumor up to 1.25cm	\$94.30		
D7461	Removal of Non-Odontogenic Cyst or Tumor over 1.25cm	\$199.60		
D7510	Incision and Drainage - Abscess	\$36.70		
D7511	Incision & drainage - intraoral- complicated	\$36.70		
D7610	Maxilla Open "Reduction," Teeth Immobilized	\$657.95		
D7620	Maxilla Closed "Reduction," Teeth Immobilized	\$471.50		
D7630	Mandible-Open "Reduction," Teeth Immobilized	\$824.65		
D7640	Mandible-Closed "Reduction," Teeth Immobilized	\$706.95		
D7710	Maxilla-Open Reduction	\$1,059.35		
D7720	Maxilla-Closed Reduction	\$706.35		
D7730	Mandible-Open Reduction	\$1,059.35		
D7740	Mandible-Closed Reduction	\$706.20		
D7810	Open Reduction of Dislocation	\$438.60		
D7820	Closed Reduction of Dislocation	\$177.65		
D7960	Frenulectomy-Separate Procedure (Frenectomy or frenotomy)	\$77.15		
D7963	Frenuloplasty	\$77.15		
D7999	Unspecified Oral Surgery Procedure By Report	By Report		
D8080	Initial Orthodontic Appliance Placement	\$900.00		
D8660	Initial "Examination," "Records," Radiographs and Facial Photographs	\$100.00		
D8670	Periodic Adjustments (11 maximum)	\$240.00		
D8680	Removal of "Appliances," "Construction," and Placement of Retainers	\$150.00		

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D8999	Initial Orthodontic Evaluation/Study Models	\$47.05		
D9110	Palliative (emergency) Treatment of Dental Pain-Minor Procedures	\$55.00		
D9220	General Anesthesia - Require Dental Sedation Permit B to Bill	\$76.70		
D9221	General Anesthesia - each additional 15 minutes	\$38.35		
D9230	Inhalation of nitrous "oxide/anxiolysis," analgesia	\$26.00		\$26.00
D9241	Intravenous Sedation - require Dental Sedation Permit A to bill	\$76.70		
D9242	Intravenous Sedation- each additional 15 minutes	\$38.35		
D9248	Non-intravenous conscious sedation - Require Dental Sedation Permit A to Bill	\$48.00		\$48.00
D9310	Consultation	\$17.10		
D9610	Therapeutic Drug Injection By Report	By Report		
D9630	Other Drugs and Medicaments	\$23.50		
D9999	Unspecified "Procedure," By Report	By Report		