

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective January 1, 2023

Updated 12/21/22

Procedure Code	Description	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 prophy) – Ages 0 thru 18	\$27.30	N	N/A		N/A	
D1208	Topical Application of Fluoride (excluding prophy) – 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	
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	

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective January 1, 2023

Updated 12/21/22

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
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

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective January 1, 2023

Updated 12/21/22

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 Quadrant	\$114.80	Y	\$114.80	N	\$114.80	N
D4249	Clinical Crown lengthening	\$138.80	Y	\$138.80	N	\$138.80	N
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	

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective January 1, 2023

Updated 12/21/22

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
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

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective January 1, 2023

Updated 12/21/22

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
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	
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	

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
Effective January 1, 2023

Updated 12/21/22

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
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	

HFS Dental Program Fee Schedule for Child and Adult Beneficiaries
 Effective January 1, 2023

Updated 12/21/22

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	\$214.00	Y	\$214.00	Y	\$214.00	Y
D9223	Deep Sedation / General Anesthesia – each 15 minute increment	\$214.00	Y	\$214.00	Y	\$214.00	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	\$181.00	Y	\$181.00	Y	\$181.00	Y
D9243	Intravenous Moderate (conscious) Sedation / Analgesia – Each 15 minute increment	\$181.00	Y	\$181.00	Y	\$181.00	Y
D9248	Non-intravenous conscious sedation – Require Dental Sedation Permit A to bill	\$150.00	Y	\$150.00	Y	\$150.00	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