

HFS Dental Program Fee Schedule for Children and Adult Beneficiaries

Effective August 1, 2019

All services not covered are noted as N/A and will not have prior authorization requirement

| 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   | \$28.00                    | N                                | N/A                      | N                              | N/A                              | N                                      |
| 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  | \$16.20                    | N                                | \$16.20                  | N                              | \$16.20                          | N                                      |
| D0150          | Comprehensive Oral Examination  | \$21.05                    | N                                | \$21.05                  | N                              | \$21.05                          | N                                      |
| D0210          | Intraoral-Complete Series (including bitewings)   | \$30.10                    | N                                | \$30.10                  | N                              | \$30.10                          | N                                      |
| D0220          | Intraoral – periapical – first film   | \$5.60                     | N                                | \$5.60                   | N                              | \$5.60                           | N                                      |
| D0230          | Intraoral periapical – 1 additional film  | \$3.80                     | N                                | \$3.80                   | N                              | \$3.80                           | N                                      |
| D0270          | Bitewings Single Film   | \$5.60                     | N                                | \$5.60                   | N                              | \$5.60                           | N                                      |
| D0272          | Bitewings-Two Films   | \$9.40                     | N                                | \$9.40                   | N                              | \$9.40                           | N                                      |
| D0274          | Bitewings-Four Films  | \$16.90                    | N                                | \$16.90                  | N                              | \$16.90                          | N                                      |
| D0277          | Vertical Bitewings – 7-8 Films  | \$16.90                    | N                                | \$16.90                  | N                              | \$16.90                          | N                                      |
| D0330          | Panoramic Film  | \$22.60                    | N                                | \$22.60                  | N                              | \$22.60                          | 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                                | \$41.00                  | N                              | \$41.00                          | N                                      |
| D1120          | Prophylaxis - Child – Ages 0 thru 20  | \$41.00                    | N                                | N/A                      |                                | N/A                              |  |
| D1206          | Topical Fluoride Varnish - Ages 0 thru 18   | \$26.00                    | N                                | N/A                      |                                | N/A                              |  |
| D1206          | Topical Fluoride Varnish - Ages 19 thru 20  | \$26.00                    | N                                | N/A                      |                                | N/A                              |  |
| D1208          | Topical Application of Fluoride (excluding prophylaxis) – Ages 0 thru 18  | \$26.00                    | N                                | N/A                      |                                | N/A                              |  |
| D1208          | Topical Application of Fluoride (excluding prophylaxis) – Ages 19 thru 20   | \$26.00                    | N                                | N/A                      |                                | N/A                              |  |
| D1351          | Sealant – Per Tooth   | \$36.00                    | N                                | N/A                      |                                | N/A                              |  |
| D1354          | Interim Carries 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                              |  |

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| 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                              |  |
| D1550          | Space Maintainer – Recement  | \$10.70                    | N                                | N/A                      |                                | N/A                              |  |
| D2140          | Amalgam-1-Surface, Primary or Permanent                                  | \$30.85                    | N                                | \$30.85                  | N                              | \$30.85                          | N                                      |
| D2150          | Amalgam-2-Surfaces, Primary or Permanent                                 | \$48.15                    | N                                | \$48.15                  | N                              | \$48.15                          | N                                      |
| D2160          | Amalgam-3-Surfaces, Primary or Permanent                                 | \$58.05                    | N                                | \$58.05                  | N                              | \$58.05                          | N                                      |
| D2161          | Amalgam-4+-Surface, Primary or Permanent                                 | \$58.05                    | N                                | \$58.05                  | N                              | \$58.05                          | N                                      |
| D2330          | Resin-Based Composite - 1-Surface, Anterior                              | \$34.60                    | N                                | \$34.60                  | N                              | \$34.60                          | N                                      |
| D2331          | Resin-Based Composite - 2-Surfaces, Anterior                             | \$51.90                    | N                                | \$51.90                  | N                              | \$51.90                          | N                                      |
| D2332          | Resin-Based Composite - 3-Surfaces, Anterior                             | \$61.80                    | N                                | \$61.80                  | N                              | \$61.80                          | N                                      |
| D2335          | Resin-Based Composite – 4+ surfaces, or involving Incisal Edge, Anterior | \$61.80                    | N                                | \$61.80                  | N                              | \$61.80                          | N                                      |
| D2391          | Resin-Based Composite – 1-surface, Primary or Permanent                  | \$30.85                    | N                                | \$30.85                  | N                              | \$30.85                          | N                                      |
| D2392          | Resin-Based Composite – 2-surfaces, Primary or Permanent                 | \$48.15                    | N                                | \$48.15                  | N                              | \$48.15                          | N                                      |
| D2393          | Resin-Based Composite – 3-surfaces, Primary or Permanent                 | \$58.05                    | N                                | \$58.05                  | N                              | \$58.05                          | N                                      |
| D2394          | Resin-Based Composite – 4+surfaces, Primary or Permanent                 | \$58.05                    | N                                | \$58.05                  | N                              | \$58.05                          | N                                      |
| D2740          | Crown – porc/ceramic   | \$235.20                   | Y                                | \$235.20                 | Y                              | \$235.20                         | Y                                      |
| D2750          | Crown – porc/metal high noble  | \$235.20                   | Y                                | \$235.20                 | Y                              | \$235.20                         | Y                                      |
| D2751          | Crown - Porcelain/Base Metal   | \$235.20                   | Y                                | \$235.20                 | Y                              | \$235.20                         | Y                                      |
| D2752          | Crown – porcelain/metal noble  | \$235.20                   | Y                                | \$235.20                 | Y                              | \$235.20                         | Y                                      |
| D2790          | Crown – full metal high noble  | \$145.85                   | Y                                | \$145.85                 | Y                              | \$145.85                         | Y                                      |
| D2791          | Crown - Full Cast Base Metal   | \$145.85                   | Y                                | \$145.85                 | Y                              | \$145.85                         | Y                                      |
| D2792          | Crown – full metal noble   | \$145.85                   | Y                                | \$145.85                 | Y                              | \$145.85                         | 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                  | \$73.40                    | N                                | N/A                      |                                | N/A                              |  |
| D2931          | Prefabricated Stainless Steel Crown (SSC) Permanent Tooth                | \$73.40                    | Y                                | \$73.40                  | Y                              | \$73.40                          | 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                              |  |

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| 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  | \$58.05                    | N                                | \$58.05                  | N                              | \$58.05                          | 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   | \$52.70                    | 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)   | \$136.40                   | N                                | \$136.40                 | N                              | \$136.40                         | N                                      |
| D3320          | Bicuspid Root Canal (Excluding Final Restoration)   | \$155.25                   | N                                | N/A                      |                                | N/A                              |  |
| D3330          | Molar Root Canal (Excluding Final Restoration)  | \$202.30                   | 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                 | Y                              | \$131.70                         | Y                                      |
| D4211          | Gingivectomy or Gingivoplasty — 1 to 3 Teeth, Per Quadrant  | \$65.85                    | Y                                | \$65.85                  | Y                              | \$65.85                          | Y                                      |
| D4240          | Gingival Flap Procedure, w/ Root Planing – 4+ Teeth, Per Quadrant   | \$229.60                   | Y                                | \$229.60                 | Y                              | \$229.60                         | Y                                      |
| D4241          | Gingival Flap Procedure, w/ Root Planing – 1 to 3 Teeth, Per Quadrant   | \$114.80                   | Y                                | \$114.80                 | Y                              | \$114.80                         | Y                                      |
| D4260          | Osseous Surgery – 4+ Teeth, Per Quadrant  | \$277.60                   | Y                                | \$277.60                 | Y                              | \$277.60                         | Y                                      |
| D4261          | Osseous Surgery – 1 to 3 Teeth, Per Quadrant  | \$138.80                   | Y                                | \$138.80                 | Y                              | \$138.80                         | Y                                      |
| D4263          | Bone Replacement Graft — First Site in Quadrant   | \$141.15                   | Y                                | \$141.15                 | Y                              | \$141.15                         | Y                                      |
| D4264          | Bone Replacement Graft, Each Additional Site in Quadrant  | \$70.60                    | Y                                | \$70.60                  | Y                              | \$70.60                          | Y                                      |
| D4270          | Pedicle Soft Tissue Graft   | \$141.15                   | Y                                | \$141.15                 | Y                              | \$141.15                         | Y                                      |
| D4273          | Subepithelial Connective Tissue Graft Procedure   | \$141.15                   | Y                                | \$141.15                 | Y                              | \$141.15                         | Y                                      |
| D4274          | Distal or Proximal Wedge  | \$70.60                    | Y                                | \$70.60                  | Y                              | \$70.60                          | Y                                      |
| D4277          | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft                                | \$141.15                   | Y                                | \$141.15                 | Y                              | \$141.15                         | Y                                      |
| 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                  | Y                              | \$70.58                          | Y                                      |

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| D4320          | Provisional Splinting, Intracoronal                               | \$188.20                   | Y                                | \$188.20                 | Y                              | \$188.20                         | Y                                      |
| D4321          | Provisional Splinting, Extracoronal                               | \$56.50                    | Y                                | \$56.50                  | Y                              | \$56.50                          | Y                                      |
| D4341          | Periodontal Scaling and Root Planing – 4+ Teeth, Per Quadrant     | \$122.00                   | Y                                | \$122.00                 | Y                              | \$122.00                         | Y                                      |
| D4342          | Periodontal Scaling and Root Planing – 1 to 3 Teeth, Per Quadrant | \$77.00                    | Y                                | \$77.00                  | Y                              | \$77.00                          | Y                                      |
| D4355          | Full mouth Debridement  | \$41.00                    | Y                                | \$41.00                  | Y                              | \$41.00                          | Y                                      |
| D4910          | Periodontal Maintenance Procedure                                 | \$67.00                    | Y                                | \$67.00                  | Y                              | \$67.00                          | Y                                      |
| D5110          | Complete Denture - Maxillary                                      | \$376.35                   | Y                                | \$376.35                 | Y                              | \$376.35                         | Y                                      |
| D5120          | Complete Denture - Mandibular                                     | \$376.35                   | Y                                | \$376.35                 | Y                              | \$376.35                         | 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                  | \$376.35                   | Y                                | N/A                      |                                | N/A                              |  |
| D5214          | Mandibular Partial Denture — Cast Metal Framework                 | \$376.35                   | 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                    | Y                                | \$61.15                  | Y                              | \$61.15                          | Y                                      |
| D5512          | Repair Broken Complete Denture Base, Maxillary                    | \$61.15                    | N                                | \$61.15                  | Y                              | \$61.15                          | Y                                      |
| 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                    | Y                                | \$79.05                  | Y                              | \$79.05                          | Y                                      |
| D5622          | Repair Cast Partial Framework, Maxillary                          | \$79.05                    | Y                                | \$79.05                  | Y                              | \$79.05                          | Y                                      |
| 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                                      |

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| 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                                      |
| 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                                      |

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| 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          | Crown-Resin/Predominately Base Metal     | \$136.40                   | Y                                | N/A                      |                                | N/A                              |  |
| D6750          | Crown – porc/metal high noble            | \$159.95                   | Y                                | N/A                      |                                | N/A                              |  |
| D6751          | Crown-Porcelain/Predominately Base Metal | \$159.95                   | Y                                | N/A                      |                                | N/A                              |  |
| D6752          | Crown – porc/metal noble                 | \$159.95                   | Y                                | N/A                      |                                | N/A                              |  |
| D6790          | Crown – full metal high noble            | \$159.95                   | Y                                | N/A                      |                                | N/A                              |  |
| D6791          | Crown - full metal base                  | \$159.95                   | Y                                | N/A                      |                                | N/A                              |  |

HFS Dental Program Fee Schedule for Children and Adult Beneficiaries

Effective August 1, 2019

All services not covered are noted as N/A and will not have prior authorization requirement

| 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 |
|----------------|--|----------------------------|----------------------------------|--------------------------|--------------------------------|----------------------------------|--|
| D6792          | 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                       | \$39.12                    | N                                | \$39.12                  | N                              | \$39.12                          | N                                      |
| D7210          | Surgical Removal of Erupted Tooth                                | \$57.40                    | N                                | \$57.40                  | N                              | \$57.40                          | N                                      |
| D7220          | Removal of Impacted Tooth — Soft Tissue                          | \$66.80                    | Y                                | \$66.80                  | Y                              | \$66.80                          | Y                                      |
| D7230          | Removal for Impacted Tooth — Partially Bony                      | \$86.60                    | Y                                | \$86.60                  | Y                              | \$86.60                          | Y                                      |
| D7240          | Removal of Impacted Tooth — Completely Bony                      | \$100.70                   | Y                                | \$100.70                 | Y                              | \$100.70                         | Y                                      |
| D7250          | Surgical Removal of Residual Roots                               | \$57.40                    | Y                                | \$57.40                  | Y                              | \$57.40                          | Y                                      |
| D7270          | Tooth reimplantation and/ or stabilization                       | \$88.00                    | Y                                | \$88.00                  | Y                              | \$88.00                          | Y                                      |
| D7280          | Surgical access of unerupted tooth                               | \$50.80                    | N/A                              | N/A                      |                                | N/A                              |  |
| D7283          | Placement of device to facilitate eruption of impacted tooth     | \$45.00                    | N/A                              | N/A                      |                                | N/A                              |  |
| D7310          | Alveoloplasty in Conjunction with Extractions — per quadrant     | \$64.00                    | Y                                | \$64.00                  | Y                              | \$64.00                          | Y                                      |
| D7311          | Alveoloplasty w/ extraction – 1-3 teeth/spaces per quad          | \$64.00                    | Y                                | \$64.00                  | Y                              | \$64.00                          | Y                                      |
| D7320          | Alveoloplasty Not in Conjunction With Extractions — per quadrant | \$64.00                    | Y                                | \$64.00                  | Y                              | \$64.00                          | Y                                      |
| D7321          | Alveoloplasty w/o extractions – 1- 3 teeth/spaces per quad       | \$64.00                    | Y                                | \$64.00                  | Y                              | \$64.00                          | Y                                      |
| D7450          | Removal of Odontogenic Cyst or Tumor up to 1.25cm                | \$94.30                    | Y                                | \$94.30                  | Y                              | \$94.30                          | Y                                      |
| D7451          | Removal of Odontogenic Cyst or Tumor over 1.25cm                 | \$199.60                   | Y                                | \$199.60                 | Y                              | \$199.60                         | Y                                      |
| D7460          | Removal of Non-Odontogenic Cyst or Tumor up to 1.25cm            | \$94.30                    | Y                                | \$94.30                  | Y                              | \$94.30                          | 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                                  | \$36.70                    | Y                                | \$36.70                  | Y                              | \$36.70                          | 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                                      |

HFS Dental Program Fee Schedule for Children and Adult Beneficiaries  
 Effective August 1, 2019  
 All services not covered are noted as N/A and will not have prior authorization requirement

| 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 |
|----------------|---|----------------------------|----------------------------------|--------------------------|--------------------------------|----------------------------------|--|
| 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                                      |
| D7960          | Frenulectomy-Separate Procedure (frenectomy or frenotomy)                         | \$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                    | \$38.35                    | Y                                | \$38.35                  | Y                              | \$38.35                          | Y                                      |
| D9223          | Deep Sedation / General Anesthesia – each 15 minute increment                     | \$38.35                    | Y                                | \$38.35                  | Y                              | \$38.35                          | Y                                      |
| D9230          | Inhalation of nitrous oxide/analgesia, analgesia                                  | \$26.00                    | N                                | \$26.00                  | N                              | \$26.00                          | N                                      |
| D9239          | Intravenous Moderate (conscious) Sedation / Analgesia – First 15 minute increment | \$38.35                    | Y                                | \$38.35                  | Y                              | \$38.35                          | Y                                      |
| D9243          | Intravenous Moderate (conscious) Sedation / Analgesia – Each 15 minute increment  | \$38.35                    | Y                                | \$38.35                  | Y                              | \$38.35                          | Y                                      |
| D9248          | Non-intravenous conscious sedation – Require Dental Sedation Permit A to bill     | \$48.00                    | Y                                | \$48.00                  | Y                              | \$48.00                          | 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                                      |
| D9999          | Unspecified Procedure, By Report  | By Report                  | Y                                | By Report                | Y                              | By Report                        | Y                                      |