

2026 Dental Fee Schedule

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	Proc Code	Proc Code	Adult Fee Schedule	Children Fee Schedule	Husky B Copay	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics	FQHC
2									270	276	293	275	295	296	274	271	272	273	278	294	086/524	520
3	D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$34.30	\$34.30	NA	5/1/2026	12/31/2299	^	NA	NA	NA			NA			NA	NA	NA			
4	D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$31.20	\$47.04	NA	7/1/2022	12/31/2299	^						PA			NA	PA	NA			
5	D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$49.30	\$63.70	NA	5/1/2026	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA	PA		
6	D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -PROBLEM FOCUSED BY REPORT	\$32.50	\$49.00	NA	7/1/2022	12/31/2299	^					PA	PA	PA	PA	NA		NA		PA	
7	D0180	COMPREHENSIVE PERIODONTAL EVALUATION-NEW OR ESTAB PATIENT	\$97.00	\$97.00	NA	1/1/2024	12/31/2299		NA	NA	NA			NA			NA	NA	NA			
8	D0191	ASSESSMENT OF A PATIENT	\$35.00	\$35.00	NA	8/1/2023	12/31/2299										NA		NA			N/A
9	D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	\$65.65	\$98.98	NA	12/1/2022	12/31/2299	^	PA	PA				PA			PA	PA	NA	PA		
10	D0220	INTRAORAL-PERIAPICAL-FIRST RADIOGRAPHIC IMAGE	\$12.35	\$18.62	NA	7/1/2022	12/31/2299	^						PA			NA					
11	D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.05	\$16.66	NA	7/1/2022	12/31/2299	^						PA			NA					
12	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	\$12.35	\$18.62	NA	7/1/2022	12/31/2299	^									NA					
13	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	\$9.10	\$13.72	NA	7/1/2022	12/31/2299	^	PA	PA				PA			NA	PA				
14	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	\$20.80	\$31.36	NA	7/1/2022	12/31/2299	^	PA	PA				PA			NA	PA				
15	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	\$31.20	\$47.04	NA	7/1/2022	12/31/2299	^	PA	PA				PA			NA	PA				
16	D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC BY REPORT	\$227.50	\$343.00	NA	7/1/2022	12/31/2299		PA	PA		PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	
17	D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$56.55	\$85.26	NA	7/1/2022	12/31/2299	^	>21			>21	>21	>21	>21	>21	NA	PA	NA	>21		
18	D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE-ACQUISITION MEASUREMENT & ANALYSIS	\$83.20	\$125.44	NA	7/1/2022	12/31/2299		NA	NA		NA	NA	NA	PA	PA	NA	PA	NA	PA		NA
19	D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW	\$90.00	\$90.00	NA	7/1/2019	12/31/2299		PA	PA		PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
20	D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	\$125.00	\$125.00	NA	7/1/2019	12/31/2299		PA	PA		PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
21	D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	\$125.00	\$125.00	NA	7/1/2019	12/31/2299		PA	PA		PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
22	D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	\$170.00	\$170.00	NA	7/1/2019	12/31/2299		PA	PA		PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
23	D0368	CONE BEAM CT CAPTURE ANDINTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	\$200.00	\$200.00	NA	7/1/2019	12/31/2299		PA	PA		PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
24	D0372	TOMO COMP SERIES IMAGES	\$65.65	\$98.98	NA	1/1/2023	12/31/2299							NA			NA		NA			NA
25	D0373	TOMO BITEWING IMAGE	\$9.10	\$13.72	NA	1/1/2023	12/31/2299							NA			NA		NA			NA
26	D0374	TOMO PERIAPICAL IMAGE	\$12.35	\$18.62	NA	1/1/2023	12/31/2299							NA			NA		NA			NA
27	D0412	BLOOD GLUCOSE LEVEL TEST	\$4.38	\$4.54	NA	7/1/2022	12/31/2299										NA		NA		NA	NA
28	D0425	CARIES SUSCEPTIBILITY TESTS	\$29.25	\$44.10	NA	7/1/2022	12/31/2299	^	PA	PA	NA	NA	NA	NA	PA	PA	NA	PA	NA	PA	PA	PA
29	D0470	DIAGNOSTIC CASTS	\$63.70	\$96.04	NA	7/1/2022	12/31/2299	^									NA					
30	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDIND OF LOW RISK	\$14.95	\$22.54	NA	7/1/2022	12/31/2299	^	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		
31	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF MOD RISK	\$14.95	\$22.54	NA	7/1/2022	12/31/2299	^	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		
32	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF HIGH RISK	\$14.95	\$22.54	NA	7/1/2022	12/31/2299	^	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		
33	D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	MP	MP	NA	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PR	PA		PA
34	D1110	PROPHYLAXIS-ADULT	\$62.72	\$62.72	NA	5/1/2026	12/31/2299	^														

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35	D1120	PROPHYLAXIS-CHILD	NA	\$45.08	NA	9/1/2016	12/31/2299	^														
36	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$18.85	\$28.42	NA	7/1/2022	12/31/2299	^														>21
37	D1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	\$18.85	\$28.42	NA	7/1/2022	12/31/2299	^														
38	D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	\$4.23	\$6.37	NA	7/1/2022	12/31/2299															
39	D1351	SEALANT-PER TOOTH	NA	\$39.20	NA	9/1/2016	12/31/2299	^														
40	D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION PER TOOTH	\$28.42	\$28.42	NA	11/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA			NA	NA	NA	NA	NA	
41	D1510	SPACE MAINTAINER-FIXED UNILATERAL PER QUADRANT	\$139.75	\$210.70	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA			<21		NA			PA
42	D1515	SPACE MAINTAINER-FIXED BILATERAL	\$170.56	\$321.44	33%	9/1/2016	12/31/2018	^	PA	PA	PA	PA		PA			PA		NA			PA
43	D1516	SPACE MAINTAINER FIXED - BILATERAL MAXILLARY	\$213.20	\$321.44	33%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			<21		NA			PA
44	D1517	SPACE MAINTAINER FIXED -BILATERAL MANDIBULAR	\$213.20	\$321.56	33%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			<21		NA			PA
45	D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$182.00	\$343.00	33%	9/1/2016	12/31/2018	^	PA	PA	PA	PA		PA			PA		NA			PA
46	D1526	SPACE MAINTAINER-REMOVABLE BILATERAL MAXILLARY	\$227.50	\$343.00	33%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			<21		NA			PA
47	D1527	SPACE MAINTAINER-REMOVABLE BILATERAL MANDIBULAR	\$227.50	\$343.00	33%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			<21		NA			PA
48	D1550	RECEMENTATION OF SPACE MAINTAINER	\$31.72	\$59.78	20%	9/1/2016	12/31/2019		<21	<21	PA	<21		PA			<21		NA			NA
49	D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	\$39.65	\$59.78	20%	7/1/2022	12/31/2299		<21	<21	<21	<21		PA			<21		NA			NA
50	D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	\$39.65	\$59.78	20%	7/1/2022	12/31/2299		<21	<21	<21	<21		PA			<21		NA			NA
51	D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER -PER QUADRANT	\$39.65	\$59.78	20%	7/1/2022	12/31/2299		<21	<21	<21	<21		PA			<21		NA			
52	D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$39.00	\$73.50	33%	9/1/2016	12/31/2019			PA	PA			PA					NA		NA	NA
53	D1556	REMOVAL OF FIXED UNIL SPACE MAINTAINER- PER QUADRANT	\$48.75	\$73.50	33%	7/1/2022	12/31/2299			PA	PA			PA					NA		NA	
54	D1557	REMOVAL OF FIXED BILATER SPACE MAINTAINER - MAXILLARY	\$48.75	\$73.50	33%	7/1/2022	12/31/2299			PA	PA			PA					NA		NA	
55	D1558	REMOVAL OF FIXED BILATER SPACE MAINTAINER - MANDIBULAR	\$48.75	\$73.50	33%	7/1/2022	12/31/2299			PA	PA			PA					NA		NA	
56	D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL - PER QUADRANT	NA	\$210.70	33%	1/1/2017	12/31/2299		<21	NA	NA	<21	<21	NA		<21	<21	<21	NA	NA	<21	NA
57	D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	\$61.75	\$93.10	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
58	D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANET	\$74.10	\$111.72	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
59	D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	\$94.25	\$142.10	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
60	D2161	AMALGAM-FOUR OR MORE SURFACES PRIMARY OR PERMANENT	\$130.00	\$196.00	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
61	D2330	RESIN-ONE SURFACE ANTERIOR	\$65.00	\$98.00	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
62	D2331	RESIN-TWO SURFACES ANTERIOR	\$88.40	\$133.28	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
63	D2332	RESIN-THREE SURFACES ANTERIOR	\$110.50	\$166.60	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
64	D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$136.50	\$205.80	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
65	D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	N/A	\$205.80	20%	1/1/2018	12/31/2299			PA	PA	PA		PA			PA	PA	NA			NA
66	D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	\$61.75	\$93.10	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
67	D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	\$74.10	\$111.72	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
68	D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	\$94.25	\$142.10	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
69	D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES POSTERIOR	\$130.00	\$196.00	20%	7/1/2022	12/31/2299	^		PA	PA	PA		PA			PA	PA	NA			
70	D2542	PORCELAIN OR CERAMIC ONLAY FOR A PREMOLAR TOOTH	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
71	D2543	ONLAY RESTORATIONS MADE FROM GOLD-BASED MATERIALS FOR POSTERIOR TEETH	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA

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72	D2544	CAST METAL ONLAYS PLACED ON PREMOLAR TEETH	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
73	D2642	PORCELAIN OR CERAMIC ONLAY COVERING TWO TOOTH SURFACES	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
74	D2643	PORCELAIN OR CERAMIC ONLAY COVERING THREE OR MORE SURFACES	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
75	D2644	PORCELAIN OR CERAMIC ONLAY COVERING FOUR OR MORE SURFACES OF A SINGLE POSTERIOR TOOTH AND COVERS AT LEAST ONE CUSP.	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
76	D2662	AMALGAM TWO SURFACES POSTERIOR TOOTH RESTORATION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
77	D2663	PORCELAIN OR CERAMIC ONLAY THREE OR MORE SURFACES OF A POSTERIOR TOOTH RESTORATION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
78	D2664	PORCELAIN OR CERAMIC RESTORATION USED TO A TOOTH HAS EXTENSIVE DAMAGE TO CHEWING SURFAC COVERING 4 OR MORE SURFACES OF TOOTH NOT REQUIRING A FULL CROWN.	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
79	D2740	PORCELAIN OR ALL CERAMIC SINGLE TOOTH CROWN	\$523.25	\$788.90	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
80	D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$523.25	\$788.90	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA	NA		PA	PA
81	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$455.00	\$686.00	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA	NA	PA	PA	PA
82	D2910	RE-CEMENT OR RE-BOND INLAY ONLAY VENEER OR PARTIAL COVERAGE RESTORATION	\$18.20	\$27.44	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			
83	D2920	RE-CEMENT OR RE-BOND CROWN	\$27.30	\$41.16	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
84	D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$149.50	\$200.00	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA		PA	PA	PA	NA	PA	PA	PA
85	D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$149.50	\$200.00	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	>21	>21	PA	PA	NA	>21	>21	>21
86	D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$220.35	\$300.00	33%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA	>21	PA	PA	PA	NA	PA	PA	PA
87	D2940	PLACEMENT OF INTERIM DIRECT RESTORATION	\$32.50	\$49.00	20%	7/1/2022	12/31/2299	^		PA	PA			PA			PA	PA	NA			
88	D2950	CORE BUILD-UP INCLUDING ANY PINS WHEN REQUIRED	\$80.60	\$121.52	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	PA	PA	PA	PA	NA	PA	PA	PA
89	D2951	PIN RETENTION-PER TOOTH IN ADDITION TO RESTORATION	\$22.75	\$34.30	33%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
90	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$149.50	\$225.40	33%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	PA	PA	PA	PA	NA	PA	PA	PA
91	D2982	ONLAY REPAIR WHEN RESTORATION ITSELF FAILS	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
92	D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	\$40.00	\$40.00	33%	10/1/2026	12/31/2299	^	PA	PA	PA	PA	PA	PA			PA	PA	NA	PA	PA	
93	D2991	APPLICATION OF HYDROXAPATITE REGENERATION MEDICAMENT PER TOOTH	\$70.00	\$70.00	NA	1/1/2024	12/31/2299		NA	NA	NA			NA			NA	NA	NA			
94	D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	MP	MP	33%	9/1/2016	12/31/2299		NA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
95	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)		\$101.92	20%	7/1/2022	12/31/2299	^		NA	NA	<21		NA			NA	NA	NA		<21	<21
96	D3120	INDIRECT PULP CAP	\$41.00	\$41.00	20%	10/1/2026	12/31/2299		NA	NA	NA	PA	NA	NA	NA	NA	NA	NA	NA	NA	PA	PA
97	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION & APP OF MEDICAMENT	\$86.45	\$130.34	20%	7/1/2022	12/31/2299	^		PA	PA	PA	PA	PA		PA	PA	PA	NA	PA		
98	D3310	ENDODONTIC THERAPY ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$577.22	\$577.22	20%	7/1/2022	12/31/2299	^		NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	PA	PA	PAR
99	D3320	ENDODONTIC THERAPY PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$742.84	\$742.84	20%	7/1/2022	12/31/2299	^		NA	NA	NA	PAR	NA	PAR	PAR	NA	NA	NA	PAR	PAR	PAR
100	D3330	ENDODONTIC THERAPY MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$857.50	\$857.50	20%	7/1/2022	12/31/2299	^		NA	NA	NA	PAR	NA	PAR	PAR	NA	NA	NA	PAR	PAR	PAR
101	D3346	RETREATMENT OF PREVIOUS RCT THERAPY -ANTERIOR	\$577.22	\$577.22	20%	10/1/2026	12/31/2299	^		<21	<21	<21	<21	<21	<21	<21	<21	<21	NA	<21	<21	<21
102	D3347	RETREATMENT OF PREVIOUS RCT THERAPY -PREMOLAR	\$742.84	\$742.84	20%	10/1/2026	12/31/2299	^		<21	<21	<21	<21	<21	<21	<21	<21	<21	NA	<21	<21	<21
103	D3348	RETREATMENT OF PREVIOUS RCT THERAPY- MOLAR	\$857.50	\$857.50	20%	10/1/2026	12/31/2299	^		<21	<21	<21	<21	<21	<21	<21	<21	<21	NA	<21	<21	<21
104	D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT	NA	\$247.94	20%	9/1/2016	12/31/2299	^		PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA

2026 Dental Fee Schedule

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105	D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	NA	\$247.94	20%	9/1/2016	12/31/2299	^		NA	NA	NA	NA	NA	PA	PA	PA	NA	NA	PA	PA	PA
106	D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY)	NA	\$247.94	20%	9/1/2016	12/31/2299	^		NA	NA	NA	NA	NA	PA	PA	PA	NA	NA	PA	PA	PA
107	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$260.00	\$392.00	20%	7/1/2022	12/31/2299	^		PA	PA	PA	<21	PA	<21	<21	<21	PA	NA	<21	<21	<21
108	D3421	APICOECTOMY/PERIRADICULAR SURGERY-PREMOLAR (FIRST ROOT)	\$292.50	\$441.00	20%	7/1/2022	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA	NA	<21	<21	<21
109	D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)	\$325.00	\$490.00	20%	7/1/2022	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA	NA	<21	<21	<21
110	D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$88.40	\$133.28	20%	7/1/2022	12/31/2299			NA	NA	PA		NA	PA	PA	NA	NA	NA	PA	PA	PA
111	D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	MP	MP	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
112	D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$260.65	\$392.98	50%	7/1/2022	12/31/2299		PA	PA	PA		>21	PA		>21	>21	PA	NA	>21	>21	>21
113	D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$68.25	\$102.90	50%	7/1/2022	12/31/2299		PA	PA	PA		>21	PA		>21	>21	PA	NA	>21	>21	>21
114	D4240	GINGIVAL FLAP PROCEDURE/QUADRANT	\$366.00	\$366.00	50%	10/1/2026	12/31/2299		PA	PA	PA	>21	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
115	D4241	GINGIVAL FLAP PROCEDURE/1-3 TEETH	\$309.00	\$309.00	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	<21	PA	PA
116	D4341	PERIODONTAL SCALING AND ROOT PLANING 4 OR MORE TEETH PER QUAD	\$223.00	\$223.00	50%	1/1/2024	12/31/2299		NA	NA	NA	PA	PA	NA	PA	PA	NA	NA	NA	PA	PA	PA
117	D4342	PERIODONTAL SCRIP; PER 1 TO 3 TEETH	\$129.00	\$129.00	50%	1/1/2024	12/31/2299		NA	NA	NA	PA	PA	NA	PA	PA	NA	NA	NA	PA	PA	PA
118	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHEN PERIODONTAL EVALUATION	\$153.00	\$153.00	NA	1/1/2024	12/31/2299		NA	NA	NA	PA	PA	NA	PA	PA	NA	NA	NA	PA	PA	PA
119	D4910	PERIODONTAL MAINTENANCE	\$138.00	\$138.00	NA	1/1/2024	12/31/2299		NA	NA	NA	PA	PA	NA	PA	PA	NA	NA	NA	PA	PA	PA
120	D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
121	D5110	COMPLETE DENTURE - MAXILLARY	\$692.90	\$1,044.68	50%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
122	D5120	COMPLETE DENTURE - MANDIBULAR	\$692.90	\$1,044.68	50%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
123	D5211	MAXILLARY PARTIAL DENTURE -RESIN BASE	\$649.35	\$979.02	50%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
124	D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$630.50	\$950.60	50%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
125	D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$778.05	\$1,173.06	50%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
126	D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$764.40	\$1,152.48	50%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
127	D5511	REPAIR BROKEN COMPLETE DENTURE BASE MANDIBULAR	\$125.45	\$189.14	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
128	D5512	REPAIR BROKEN COMPLETE DENTURE BASE MAXILLARY	\$125.45	\$189.14	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
129	D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE - PER TOOTH	\$42.90	\$64.68	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
130	D5611	REPAIR RESIN PARTIAL DENTURE BASE MANDIBULAR	\$97.50	\$147.00	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
131	D5612	REPAIR RESIN PARTIAL DENTURE BASE MAXILLARY	\$97.50	\$147.00	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
132	D5621	REPAIR CAST PARTIAL FRAMEWORK MANDIBULAR	\$39.00	\$58.80	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
133	D5622	REPAIR CAST PARTIAL FRAME MAXILLARY	\$39.00	\$58.80	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
134	D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS- PER TOOTH	\$92.95	\$140.14	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
135	D5640	REPLACE MISSING OR BROKEN TEETH- PARTIAL DENTURE - PER TOOTH	\$80.60	\$121.52	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
136	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE - PER TOOTH	\$62.40	\$94.08	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
137	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$82.55	\$124.46	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			

2026 Dental Fee Schedule

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138	D5710	REBASE OF A COMPLETE MAXILLARY DENTURE (UPPER)	\$158.55	\$241.60	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
139	D5711	REBASE OF A COMPLETE MANDIBULAR DENTURE (LOWER)	\$158.55	\$241.60	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
140	D5720	REBASE OF A MAXILLARY PARTIAL DENTURE (UPPER)	\$149.52	\$227.84	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
141	D5721	REBASE OF A MANDIBULAR PARTIAL DENTURE (LOWER)	\$149.52	\$227.84	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
142	D5725	REBASE OF HYBRID PROSTHESIS	\$129.35	\$195.02	20%	7/1/2022	12/31/2299		NA	NA	NA	NA		NA			NA	NA	NA			
143	D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	\$71.50	\$107.80	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
144	D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	\$71.50	\$107.80	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
145	D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	\$71.50	\$107.80	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
146	D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	\$71.50	\$107.80	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
147	D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	\$129.35	\$195.02	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
148	D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	\$129.35	\$195.02	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
149	D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	\$124.15	\$187.18	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
150	D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	\$124.15	\$187.18	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA	NA			PA
151	D5765	SOFT LINER FOR COMPLETE OR PARTIAL DENTURE (INDIRECT)	\$129.35	\$195.02	20%	7/1/2022	12/31/2299		NA	NA	NA	NA		NA			NA	NA	NA			
152	D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE BY REPORT		MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
153	D5931	OBTURATOR PROSTHESIS SURGICAL	\$741.00	\$1,117.20	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA					NA			
154	D5932	OBTURATOR PROSTHESIS DEFINITIVE	\$1,422.85	\$2,145.22	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA					NA			
155	D5986	FLUORIDE GEL CARRIER	\$87.75	\$132.30	NA	7/1/2022	12/31/2299		NA	NA	NA	PA	PA	NA		PA	PA	PA	NA	PA	PA	PA
156	D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
157	D6049	SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE OF PERI-IMPLANTITIS INFLAMATION, BLEEDING UPON PROBING & INCREASED POCKET DEPTHS	\$86.00	86.00	NA	1/1/2026	12/31/2299		NA	NA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	NA	NA
158	D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE	MP	MP	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
159	D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE MANDIBULAR ARCH	MP	MP	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
160	D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE PARTIAL DENTURE MAXILLARY ARCH	MP	MP	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
161	D6113	REMOVABLE DENTURE FOR PARTIAL MANDIBULAR ARCH	MP	MP	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
162	D6191	SEMI PRECISION ABUTEMENT	MP	MP	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
163	D6192	SEMI PRECISION ABUTEMENT	MP	MP	50%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	NA	PA	PA
164	D6241	PONTIC-PORCELAIN/1-3 TEETH	N/A	788.90	20%	10/1/2026	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			
165	D6280	IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH REMOVABLE IMPLANT/ABUTMENT SUPPORTED DENTURE IS REMOVED AND REINSERTED	MP	MP	NA	1/1/2026	12/31/2299		NA	NA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	NA	NA
166	D6545	RETAINER-CAST METAL/RESIN	N/A	500.00	20%	10/1/2026	12/31/2299		PA	PA	PA	PA		PA			PA	PA	NA			

2026 Dental Fee Schedule

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167	D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$18.20	\$27.44	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA	PA		PA	PA	NA			
168	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE BY REPORT	MP	MP	50%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
169	D7111	EXTRACTION CORONAL REMANTS - PRIMARY TOOTH	\$58.50	\$88.20	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA						PA	NA			
170	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$74.75	\$112.70	20%	7/1/2022	12/31/2299	^	PA	PA	PA			PA				PA	NA			
171	D7210	EXTRACTION OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$130.00	\$196.00	33%	7/1/2022	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR			PA	NA	PR	PR
172	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$148.20	\$223.44	33%	7/1/2022	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR			PA	NA	PR	PR
173	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$187.20	\$282.24	33%	7/1/2022	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR			PA	NA	PR	PR
174	D7240	REMOVAL OF AN IMPACTED TOOTH-COMpletely BONY	\$243.75	\$367.50	33%	7/1/2022	12/31/2299	^	PA	PA	NA	PA	PA	NA	PA	PA			PA	NA	PA	PA
175	D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY WITH UNUSUAL SURGICAL COMPLICATIONS	\$272.35	\$410.62	33%	7/1/2022	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR			PA	NA	PR	PR
176	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$185.90	\$280.28	33%	7/1/2022	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR			PA	NA	PR	PR
177	D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	\$185.25	\$279.30	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA			NA	NA		NA
178	D7260	ORAL ANTRAL FISTULA CLOSURE	\$412.75	\$622.30	20%	7/1/2022	12/31/2299			PA	PA	PA	PA	PA	PA	PA			PA	NA	PA	PA
179	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$416.00	\$627.20	NA	7/1/2022	12/31/2299		PR	NA	NA	PR		NA	PR	PR			NA	NA	PR	PR
180	D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISCPLACED TOOTH	\$483.60	\$729.12	20%	7/1/2022	12/31/2299	^	PR	NA	NA	PR	PR	NA	PR	PR			PR	PR	NA	PR
181	D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING OR STABILIZATION	\$103.35	\$155.82	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA			PA	PA	NA	PA
182	D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	NA	\$344.96	20%	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA			PA	NA	PA	PA
183	D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	NA	\$93.10	NA	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA			NA	PA		PA
184	D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$61.10	\$92.12	NA	1/1/2024	12/31/2299		NA	NA	NA			NA					NA	NA		NA
185	D7285	INCISIONAL BIOPSY-HARD TISSUE	\$194.00	\$194.00	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA			PA	NA	PA	PA
186	D7286	BIOPSY OF ORAL TISSUE - SOFT	\$85.15	\$128.38	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
187	D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	\$117.00	\$176.40	NA	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA			NA	PA		
188	D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITH FLAP	\$390.00	\$588.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA			PA	PA	NA	NA
189	D7300	IMPLANT MAINTENANCE PROCEDURES WHEN A FULL ARCH REMOVABLE IMPLANT/ ABUTMENT SUPPORTED DENTURE IS REMOVED AND REINSERTED	\$390.00	\$588.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA			PA	PA	NA	NA
190	D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRATIONS	\$130.00	\$196.00	20%	7/1/2022	12/31/2299	^	NA	NA	NA	PA	PA	NA	PA	PA			PA	NA	PA	PA
191	D7321	ALVEOLOPLASTY NOT WITH EXT ONE TO THREE TEETH	\$78.00	\$118.00	33%	10/1/2026	12/31/2299		NA	NA	NA	PA	PA	NA	PA	PA			PA	NA	PA	PA
192	D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$61.10	\$92.12	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
193	D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$146.25	\$220.50	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
194	D7412	EXCISION OF BENIGN LESION COMPLICATED	\$187.20	\$282.24	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
195	D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$133.25	\$200.90	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
196	D7414	EXCISION OF MALIGNANT LESION GREATER THA	\$176.80	\$266.56	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
197	D7415	EXCISION OF MALIGNANT LESION COMPLICATED	\$224.25	\$338.10	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA
198	D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$142.48	\$268.52	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA			PA	NA	PA	PA

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199	D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$178.88	\$337.12	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
200	D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR LESION DIAMETER UP TO 1.25 C	\$142.48	\$446.88	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
201	D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR LESION DIAMETER GREATER THAN 1.25 CM	\$178.88	\$429.24	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
202	D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR	\$142.48	\$446.88	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
203	D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR	\$178.88	\$1,274.00	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	NA	PA	PA	PA
204	D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS BY REPORT	\$86.45	\$130.34	20%	7/1/2022	12/31/2299		PR	PR	PR	PR	PR	NA	PR	PR	PA	NA	NA	PR	PR	PR
205	D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR	\$68.25	\$102.90	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA			
206	D7472	REMOVAL OF TORUS PALATINUS	\$338.00	\$509.60	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA	PA		PA
207	D7473	REMOVAL OF TORUS MANDIBULARIS	\$341.90	\$515.48	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA	PA		PA
208	D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$116.35	\$175.42	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA	NA			
209	D7509	MARSUPIALIZATION ODON CYST	\$107.80	\$142.48	20%	1/1/2023	12/31/2299				NA			NA					NA			NA
210	D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	\$46.80	\$70.56	20%	7/1/2022	12/31/2299				PA			PA				PA	NA	PA		PA
211	D7511	INCISION AND DRAINAGE OF ABSCESS - INTRA	\$64.35	\$97.02	20%	7/1/2022	12/31/2299				PR			PR				PR	NA			
212	D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	\$64.35	\$97.02	20%	7/1/2022	12/31/2299				PR			PR				PR	NA			
213	D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRA	\$65.00	\$98.00	20%	7/1/2022	12/31/2299				PR			PR				PR	NA			
214	D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA SKIN	\$27.95	\$42.14	20%	7/1/2022	12/31/2299				PR			PR				PR	NA			
215	D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES	\$42.90	\$64.68	20%	7/1/2022	12/31/2299				PR			PR				PR	NA			
216	D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON VITAL BONE	\$68.25	\$102.90	20%	7/1/2022	12/31/2299				PR			PR				PR	NA			
217	D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$464.75	\$700.70	20%	7/1/2022	12/31/2299		PA	PA	PA			PA	PA			PA	NA	PA		PA
218	D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$464.75	\$700.70	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
219	D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$572.00	\$862.40	20%	7/1/2022	12/31/2299		PA	PA	PA	PA		PA	PR			PA	NA			
220	D7660	MALAR/ZYGOMATIC CLOSED REDUCTION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
221	D7670	ALVEOLUS - CLOSED REDUCTION MAY INCLUDE STABILILAZION OF TEETH	\$273.00	\$411.60	20%	7/1/2022	12/31/2299		PR	PA	PA	PA		PA					NA			
222	D7671	ALVEOLUS - OPEN REDUCTION MAY INCLUDE STABILILAZION OF TEETH	\$286.00	\$431.20	20%	7/1/2022	12/31/2299		PR	PA	PA	PR	PR	PA	PR	PR		PA	NA	PR	PR	PR
223	D7710	MAXILLA-OPEN REDUCTION	\$305.50	\$460.60	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
224	D7720	MAXILLA-CLOSED REDUCTION	\$87.10	\$131.32	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
225	D7730	MANDIBLE-OPEN REDUCTION	\$670.80	\$1,011.36	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
226	D7740	MANDIBLE-CLOSED REDUCTION	\$464.10	\$699.72	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
227	D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$309.40	\$466.48	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
228	D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$51.35	\$77.42	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
229	D7770	ALVEOLUS OPEN REDUCTION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
230	D7771	ALVEOLUS CLOSED REDUCTION	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
231	D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHE	\$670.80	\$1,011.36	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
232	D7810	OPEN REDUCTION OF DISLOCATION	\$500.50	\$754.60	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
233	D7820	CLOSED REDUCTION OF DISLOCATION	\$51.35	\$77.42	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
234	D7840	CONDYLECTOMY	\$773.50	\$1,166.20	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PR	PA	PR		PA	NA	PA	PR	PR
235	D7852	DISC REPAIR	\$1,625.00	\$2,450.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA

2026 Dental Fee Schedule

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236	D7865	ARTHROPLASTY	\$1,625.00	\$2,450.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
237	D7870	ARTHROCENTESIS	\$200.00	\$200.00	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
238	D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$520.00	\$784.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
239	D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$520.00	\$784.00	20%	7/1/2022	12/31/2299		NA	NA	PA	PA	PA	NA	NA	PA	PA	PA	NA	PA	PA	NA
240	D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$89.70	\$135.24	20%	7/1/2022	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR	NA	PR	PR	PR
241	D7911	COMPLICATED SUTURE-UP TO 5 CM	\$267.15	\$402.78	20%	7/1/2022	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR	NA	PR	PR	PR
242	D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$71.50	\$107.80	20%	7/1/2022	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR	NA	PR	PR	PR
243	D7922	PLACE INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILI	MP	MP	33%	1/1/2020	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA	PA	NA	NA	NA	PA	NA
244	D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$914.55	\$1,378.86	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
245	D7941	OSTEOTOMY - MANDIBULAR RAMI	\$3,900.00	\$5,880.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA		NA
246	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	\$914.55	\$1,378.86	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
247	D7945	OSTEOTOMY-BODY OF MANDIBLE	\$825.50	\$1,244.60	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
248	D7946	LEFORT I (MAXILLA-TOTAL)	\$915.85	\$1,380.82	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
249	D7947	LEFORT I (MAXILLA-SEGMENTED)	\$915.85	\$1,380.82	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
250	D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA	\$915.85	\$1,380.82	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
251	D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$915.85	\$1,380.82	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	PA	PA
252	D7950	RIDGE AUGMNTATION GRAFT	MP	MP	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
253	D7953	BONE REPLACEMENT GRAFT	\$280.00	\$280.00	33%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
254	D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	\$138.32	\$260.68	20%	8/1/2019	12/31/2020		PA	PA	PA			PA	PA	PA		PA	NA		PA	PA
255	D7961	BUCCALL/ LABIAL FRENECTOMY	\$172.90	\$260.68	20%	7/1/2022	12/31/2299		PA	PA	PA			PA	PA	PA		PA	NA		PA	PA
256	D7962	LINQUAL FRENECTOMY	\$172.90	\$260.68	20%	7/1/2022	12/31/2299		PA	PA	PA			PA	PA	PA		PA	NA		PA	PA
257	D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$102.05	\$153.86	20%	7/1/2022	12/31/2299		PA	PA	PA			PA				PA	NA			
258	D7971	EXCISION OF PERICORONAL GINGIVA	\$184.60	\$278.32	20%	7/1/2022	12/31/2299		PR		PR	PR	PR	NA	PR	PA	PR	NA	NA	PR	PR	PR
259	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$87.10	\$131.32	20%	7/1/2022	12/31/2299		PA	PA	PA			PA		PA		PA	NA	PA		
260	D7980	SIALOLITHOTOMY	\$213.85	\$322.42	20%	7/1/2022	12/31/2299		PA	PA	PA			PA				PA	NA			
261	D7983	CLOSURE OF SALIVARY FISTULA	\$412.75	\$622.30	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA		PA
262	D7990	EMERGENCY TRACHEOTOMY	\$289.25	\$436.10	20%	7/1/2022	12/31/2299												NA			
263	D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE)	\$390.00	\$588.00	20%	7/1/2022	12/31/2299		PR	PA	PA	PR		PA	PAR	PA		PA	NA			
264	D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	MP	MP	20%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
265	D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	NA	\$300.00	20%	10/1/2026	12/31/2299		NA	NA	NA	NA	NA	NA	NA	PA	NA	PA	NA	PA	PA	NA
266	D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	NA	MP	20%	1/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	NA	PA	NA	PA	NA	PA	PA	NA
267	D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	NA	\$300.00	20%	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	PA	PA	PA
268	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	NA	\$584.31	NA	10/1/2026	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
269	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	NA	\$584.31	NA	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
270	D8210	REMOVABLE APPLIANCE THERAPY UPPER	NA	\$784.00	20%	10/1/2026	12/31/2299		NA	NA	NA	NA	NA	NA	NA	PA	NA	PA	NA	PA	PA	NA
271	D8220	FIXED APPLIANCE THERAPY	NA	\$784.00	20%	9/1/2016	12/31/2299		NA	NA	NA	NA	NA	NA	NA	PA	NA	PA	NA	PA		NA
272	D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION	NA	\$33.63	NA	9/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA		NA	PA	PA	PA
273	D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS	NA	\$87.13	100%	8/1/2016	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA

2026 Dental Fee Schedule

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274	D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$104.00	\$196.00	100%	9/1/2018	12/31/2019	^	NA	NA	NA	NA	NA	NA	PA	PA	NA	PA	NA	PA	PA	NA
275	D8696	REP OF ORTHO APPLIANCE MAXILLARY	NA	MP	20%	1/1/2020	12/31/2299		NA	NA	NA	NA	NA	NA	NA	<21	<21	<21	NA	NA	<21	NA
276	D8697	REP OF ORTHO APPLIANCE MANDIBULAR	NA	MP	20%	1/1/2020	12/31/2299		NA	NA	NA	NA	NA	NA	NA	<21	<21	<21	NA	NA	<21	NA
277	D8703	REPLACE BROKEN RETAINER MAXILLARY	\$130.00	\$196.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA	NA	PA	NA	PA	PA	NA
278	D8704	REPLACE BROKEN RETAINER MANDIBULAR	\$130.00	\$196.00	20%	7/1/2022	12/31/2299		NA	NA	NA	NA	NA	NA	PA	PA	NA	PA	NA	PA	PA	NA
279	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	MP	MP	100%	9/1/2016	12/31/2299	^											NA			PA
280	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$58.50	\$88.20	NA	7/1/2022	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR	PR	PR	NA	PR	PR	PR
281	D9222	DEEP SEDATION/GENERAL ANESTHESI- FIRST 15 MINUTES	\$82.55	\$124.46	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
282	D9223	DEEP SEDATION/GENERAL ANESTHESIA-EACH SUBSEQUENT 15 MINUTES INCREMENT	\$82.55	\$124.46	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
283	D9224	ADMINISTRATION OF GENERAL ANESTHESIA WITH ADVANCED AIRWAY-FIRST 15 MINUTE INCREMENT	\$82.55	\$124.46	20%	1/1/2026	12/31/2299		NA	NA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	NA	PA
284	D9225	ADMINISTRATION OF GENERAL ANESTHESIA WITH ADVANCED AIRWAY-EACH SUBSEQENT 15 MINUTE INCREMENT	\$82.55	\$124.46	20%	1/1/2026	12/31/2299		NA	NA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	NA	PA
285	D9230	ADMINISTRATION OF NITROUS OXIDE	\$39.00	\$58.80	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	
286	D9239	INTRAVENOUS MODERATE(CONSCIOUS) SEDATION/ANALGESIA, FIRST 15 MINUTES	\$82.55	\$124.46	20%	7/1/2022	12/31/2299		PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
287	D9243	INTRAVENOUS MODERATE(CONSCIOUS) SEDATION/ANALGESIA EACH SUBSEQUENT 15 MINUTE INCREMENTS	\$82.55	\$124.46	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA	NA	PA	PA	PA
288	D9246	ADMINISTRATION OF MODERATE SEDATION-NON INTRAVENOUS PARENTERAL-FIRST 15 MINUTE INCREMENT	\$61.91	\$93.34	20%	1/1/2026	12/31/2299		NA	NA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	NA	PA
289	D9247	ADMINISTRATION OF MODERATE SEDATION-NON INTRAVENOUS PARENTERAL-EACH SUBSEQUENT 15 MINUTE INCREMENT	\$61.91	\$93.34	20%	1/1/2026	12/31/2299		NA	NA	NA	NA	NA	PA	NA	PA	PA	NA	NA	NA	NA	PA
290	D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN	\$22.10	\$33.32	NA	7/1/2022	12/31/2299												NA			PA
291	D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$16.25	\$24.50	NA	7/1/2022	12/31/2299	#	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
292	D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$61.75	\$93.10	NA	7/1/2022	12/31/2299															
293	D9610	THERAPEUTIC PARENTERAL DRUG SINGLE DOSE	MP	MP	NA	1/1/2019	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	NA	NA
294	D9613	INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG SINGLE OR MULTI SITES	\$210.00	\$210.00	NA	1/1/2019	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA	NA	PA	NA	NA
295	D9920	BEHAVIOR MANAGEMENT BY REPORT (Prior Authorization)	MP	MP	20%	9/1/2016	12/31/2299	^											NA			
296	D9940	OCCLUSAL GUARDS BY REPORT	\$177.84	\$335.16	20%	9/1/2016	12/31/2018	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
297	D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$222.30	\$335.16	20%	7/1/2022	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
298	D9944	OCCLUSAL GUARD, HARD, FULL ARCH	\$335.16	\$335.16	NA	2/1/2023	12/31/2299		>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	NA	>21	>21	
299	D9945	OCCLUSAL GUARD, SOFT, FULL ARCH	\$150.00	\$150.00	NA	2/1/2023	12/31/2299		>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	NA	>21	>21	
300	D9947	SLEEP DENTAL DEVICE (Now covered under Medical)					9/30/2026															
301	D9953	RELINE SLEEP APNEA APPLIANCE	\$129.35	\$187.18	20%	1/1/2023	12/31/2299				NA								NA			NA
302	D9992	DENTAL CASE MANAGEMENT -CARE COORDINATION	MP	MP	33%	1/1/2017	12/31/2299		PA	NA	NA	PA	PA	NA	NA	PA	PA	PA	NA	NA	PA	NA
303	D9997	DENTAL CASE MANAGEMENT- PATIENTS WITH SPECIAL HEALTH CARE NEEDS		\$60.00	20%	1/1/2020	12/31/2299		PA	PA	PA	PA	PA	PA	NA	PA	PA	PA	NA	PA	PA	NA
304	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	MP	MP	33%	9/1/2016	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	NA	PA	PA	PA
305																						
306	Max Fee column - MP means MANUALLY PRICED																					

2026 Dental Fee Schedule

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	Proc Code	Proc Code	Adult Fee Schedule	Children Fee Schedule	Husky B Copay	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics	FQHC
307	Note: T1015 MAY BE BILLED ONLY BY FQHCS - PROVIDER SPECIFIC RATE																					
308	Pgm Limits Column {^} indicates program limitations apply. See Provider Manual Chapter 7 and also the following policy transmittals PB 06-103; PB 09-25; PB 09-57; PB 11-07; PB 11-61; PB 14-62; PB 14-71; PB 15-15, PB 15-27; PB 16-44; PB 16-45; PB 18-51; PB 19-03; PB 19-66, PB 21-25																					
309																						
310																						
311																						
312	PA TYPE designates:																					
313	PR means Authorization Review is required to be obtained from Connecticut Dental Health Partnership after the service has been performed																					
314	PA means Prior Authorization is required to be obtained from Connecticut Dental Health Partnership before the service is performed																					
315	An empty box means that prior authorization is NOT required																					
316	NA means that the Provider Type/Specialty cannot bill for these codes																					
317	Effective 10/01/2014 - D0120 for Dental Hygienist payable for >21 years of age or older																					
318																						
319	Provider Type / specialty Column Designates:																					
320	PA means Prior Authorization (PA) is required for all ages																					
321	<21 means Prior Authorization is required for patients under the age of 21																					
322	>21 means Prior Authorization is required for patients 21 years of age and older																					
323	21-69 means Prior Authorization is required for patients 21 years of age and older, but less than 70																					
324	PAR designates PA >21 and PR <21																					
325	Please note procedure code D3352 and D3353 are restricted to under the age of 18																					
326																						
327	The CDT Code and Nomenclature above have been obtained from Current Dental Terminology (including procedure codes; nomenclatures; descriptors and other data contained therein) ("CDT").																					
328	CDT is copyright 2015 American Dental Association. All rights reserved. Applicable FARS/DFARS apply																					