

Med-QUEST Division
Children and Adult Dental Fee Schedule
Effective: 01/01/2023

Please see Medicaid Provider Manual - [Chapter 14](#) for specific coverage details for children and adults

Proc Code	GP		ENDO		ORTHO		OS		PEDO	
	Medicaid		Medicaid		Medicaid		Medicaid		Medicaid	
	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
120 Periodic Oral Evaluation	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 29.12	\$ 29.54	\$ 38.14
140 Limited Oral Evaluation - Problem Focused	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 33.28	\$ 42.97	\$ 29.54	\$ 38.14
145 Oral Evaluation for a patient under 3 years of age	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 29.12	\$ 29.54	\$ 38.14
150 Comprehensive Oral Evaluation	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.54	\$ 38.14
210 Intraoral - Complete Series	\$ 58.24	\$ 75.00	\$ 58.24	\$ 58.24	\$ 58.24	\$ 75.00	\$ 58.24	\$ 58.24	\$ 58.24	\$ 75.00
220 Intraoral - Periapical First Radiographic Image	\$ 10.92	\$ 16.25	\$ 10.92	\$ 16.25	\$ 10.92	\$ 16.25	\$ 16.64	\$ 24.76	\$ 12.48	\$ 18.57
230 Intraoral - Periapical Each Additional Radiographic Image	\$ 6.76	\$ 11.95	\$ 6.76	\$ 11.95	\$ 6.76	\$ 11.95	\$ 13.52	\$ 23.90	\$ 9.15	\$ 16.17
240 Intraoral - Occlusal Radiographic Image	\$ 18.72	\$ 18.72	\$ 18.72	\$ 18.72	\$ 18.72	\$ 18.72	\$ 18.72	\$ 18.72	\$ 22.46	\$ 22.46
270 Bitewing - Single Radiographic Image	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19	\$ 10.19
272 Bitewings - Two Radiographic Images	\$ 18.93	\$ 26.00	\$ 18.93	\$ 26.00	\$ 18.93	\$ 26.00	\$ 18.93	\$ 18.93	\$ 19.97	\$ 27.43
274 Bitewings - Four Radiographic Images	\$ 25.48	\$ 43.15	\$ 25.48	\$ 25.48	\$ 25.48	\$ 43.15	\$ 25.48	\$ 25.48	\$ 33.28	\$ 56.36
310 Sialography	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60	\$ 67.60
330 Panoramic Radiographic Image	\$ 47.32	\$ 75.00	\$ 47.32	\$ 47.32	\$ 67.60	\$ 107.14	\$ 67.60	\$ 107.14	\$ 56.16	\$ 89.01
340 Cephalometric Radiographic Image	\$ 62.40	\$ 62.40	\$ 62.40	\$ 62.40	\$ 83.20	\$ 107.14	\$ 83.20	\$ 83.20	\$ 62.40	\$ 62.40
364 Cone Beam CT with limited field of view- less than one whole jaw	NA	NA	NA	NA	NA	NA	\$ 139.60	\$ 139.60	NA	NA
365 Cone beam CT with field of view of one full dental arch-mandible	NA	NA	NA	NA	NA	NA	\$ 139.60	\$ 139.60	NA	NA
366 Cone beam CT with field of view of one full dental arch - maxilla	NA	NA	NA	NA	NA	NA	\$ 139.60	\$ 139.60	NA	NA
367 Cone Beam CT - Field of View of Both Jaws	NA	NA	NA	NA	NA	NA	\$ 139.60	\$ 139.60	NA	NA
1110 Prophylaxis - Adult	\$ 36.40	\$ 51.38	\$ 36.40	\$ 36.40	\$ 36.40	\$ 51.38	\$ 36.40	\$ 36.40	\$ 44.10	\$ 61.57
1120 Prophylaxis - Child	\$ 26.00	\$ 33.68	\$ 26.00	\$ 26.00	\$ 26.00	\$ 33.68	\$ 26.00	\$ 26.00	\$ 30.37	\$ 40.41
1206 Topical Application of Fluoride Varnish	\$ 23.58	\$ 25.55	\$ 23.58	\$ 25.55	\$ 23.58	\$ 25.55	\$ 23.58	\$ 25.55	\$ 25.92	\$ 28.08
1208 Topical Application of Fluoride	\$ 14.16	\$ 15.37	\$ 14.16	\$ 15.37	\$ 14.16	\$ 15.37	\$ 14.16	\$ 15.37	\$ 14.16	\$ 15.37
1351 Sealant - Per Permanent Molar	\$ 24.32	\$ 38.25	\$ 24.32	\$ 24.32	\$ 24.32	\$ 38.25	\$ 24.32	\$ 24.32	\$ 29.74	\$ 46.77
1354 Interim Caries Arresting Medicament - per tooth	\$ 6.33	\$ 6.96	\$ 6.33	\$ 6.96	\$ 6.33	\$ 6.96	\$ 6.33	\$ 6.96	\$ 6.33	\$ 6.96
1510 Space Maintainer - Fixed - Unilateral	\$ 115.44	\$ 180.00	\$ 115.44	\$ 115.44	\$ 115.44	\$ 180.00	\$ 115.44	\$ 115.44	\$ 144.77	\$ 291.89
1516 Space maintainer - fixed - bilateral, maxillary	\$ 149.76	\$ 240.75	\$ 149.76	\$ 149.76	\$ 149.76	\$ 240.75	\$ 149.76	\$ 149.76	\$ 187.20	\$ 300.94
1517 Space maintainer-fixed-bilateral, mandibular	\$ 149.76	\$ 240.75	\$ 149.76	\$ 149.76	\$ 149.76	\$ 240.75	\$ 149.76	\$ 149.76	\$ 187.20	\$ 300.94
1551 Re-cement/Re-bond of bilateral space maintainer (maxillary)	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 45.34	\$ 45.34
1552 Re-cement/Re-bond of bilateral space maintainer (mandibular)	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 45.34	\$ 45.34
1553 Re-cement/Re-bond of unilateral space maintainer- per quadrant	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 45.34	\$ 45.34
1556 Removal of fixed unilateral space maintainer - per quadrant	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 42.84	\$ 42.84
1557 Removal of fixed bilateral space maintainer (maxillary)	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 42.84	\$ 42.84
1558 Removal of fixed bilateral space maintainer (mandibular)	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 41.04	\$ 42.84	\$ 42.84
1575 Distal shoe space maintainer, unilateral	\$ 149.76	\$ 149.76	\$ 149.76	\$ 149.76	\$ 149.76	\$ 149.76	\$ 149.76	\$ 149.76	\$ 187.20	\$ 187.20
2140 Amalgam - One Surface - Primary and Permanent	\$ 44.00	\$ 55.00	\$ 38.53	\$ 38.53	\$ 38.53	\$ 55.00	\$ 38.53	\$ 38.53	\$ 50.12	\$ 62.65
2150 Amalgam - Two Surfaces - Primary and Permanent	\$ 52.00	\$ 65.00	\$ 50.02	\$ 50.02	\$ 50.02	\$ 65.00	\$ 50.02	\$ 50.02	\$ 56.22	\$ 70.28

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	Medicaid		Medicaid		Medicaid		Medicaid		Medicaid	
	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
2160 Amalgam - Three Surfaces - Primary and Permanent	\$ 68.00	\$ 85.00	\$ 60.63	\$ 60.63	\$ 60.63	\$ 85.00	\$ 60.63	\$ 60.63	\$ 77.94	\$ 97.42
2161 Amalgam - Four or More Surfaces - Primary and Permanent	\$ 68.00	\$ 85.00	\$ 66.90	\$ 66.90	\$ 66.90	\$ 85.00	\$ 66.90	\$ 66.90	\$ 83.97	\$ 104.96
2330 Resin - One Surface, Anterior - Permanent	\$ 51.56	\$ 64.45	\$ 42.95	\$ 42.95	\$ 42.95	\$ 64.45	\$ 42.95	\$ 42.95	\$ 59.23	\$ 74.04
2330 Resin - One Surface, Anterior - Primary	\$ 51.56	\$ 64.45	\$ 34.36	\$ 34.36	\$ 34.36	\$ 64.45	\$ 34.36	\$ 34.36	\$ 62.68	\$ 78.35
2331 Resin - Two Surfaces, Anterior - Permanent	\$ 79.04	\$ 98.80	\$ 65.73	\$ 65.73	\$ 65.73	\$ 98.80	\$ 65.73	\$ 65.73	\$ 91.25	\$ 114.06
2331 Resin - Two Surfaces, Anterior - Primary	\$ 79.04	\$ 98.80	\$ 52.58	\$ 52.58	\$ 52.58	\$ 98.80	\$ 52.58	\$ 52.58	\$ 91.30	\$ 114.13
2332 Resin - Three Surfaces, Anterior - Permanent	\$ 101.44	\$ 126.80	\$ 76.96	\$ 76.96	\$ 76.96	\$ 126.80	\$ 76.96	\$ 76.96	\$ 127.86	\$ 159.83
2332 Resin - Three Surfaces, Anterior - Primary	\$ 101.44	\$ 126.80	\$ 61.57	\$ 61.57	\$ 61.57	\$ 126.80	\$ 61.57	\$ 61.57	\$ 134.06	\$ 167.58
2335 Resin - Four or More Surfaces/Incisal Angle, Anterior - Permanent	\$ 101.44	\$ 126.80	\$ 85.80	\$ 85.80	\$ 85.80	\$ 126.80	\$ 85.80	\$ 85.80	\$ 138.70	\$ 173.37
2335 Resin - Four or More Surfaces/Incisal Angle, Anterior - Primary	\$ 101.44	\$ 126.80	\$ 68.64	\$ 68.64	\$ 68.64	\$ 126.80	\$ 68.64	\$ 68.64	\$ 127.74	\$ 159.68
2391 Resin - One Surface, Posterior - Permanent	\$ 44.00	\$ 55.00	\$ 38.53	\$ 38.53	\$ 38.53	\$ 55.00	\$ 38.53	\$ 38.53	\$ 50.12	\$ 62.65
2391 Resin - One Surface, Posterior - Primary	\$ 44.00	\$ 55.00	\$ 38.53	\$ 38.53	\$ 38.53	\$ 55.00	\$ 38.53	\$ 38.53	\$ 47.93	\$ 59.91
2392 Resin - Two Surfaces, Posterior - Permanent	\$ 52.00	\$ 65.00	\$ 50.02	\$ 50.02	\$ 50.02	\$ 65.00	\$ 50.02	\$ 50.02	\$ 56.00	\$ 70.00
2392 Resin - Two Surfaces, Posterior - Primary	\$ 52.00	\$ 65.00	\$ 50.02	\$ 50.02	\$ 50.02	\$ 65.00	\$ 50.02	\$ 50.02	\$ 56.22	\$ 70.28
2393 Resin - Three Surfaces, Posterior - Permanent	\$ 68.00	\$ 85.00	\$ 60.63	\$ 60.63	\$ 60.63	\$ 85.00	\$ 60.63	\$ 60.63	\$ 73.72	\$ 92.15
2393 Resin - Three Surfaces, Posterior - Primary	\$ 68.00	\$ 85.00	\$ 60.63	\$ 60.63	\$ 60.63	\$ 85.00	\$ 60.63	\$ 60.63	\$ 77.94	\$ 97.42
2394 Resin - Four or More Surfaces, Posterior - Permanent	\$ 68.00	\$ 85.00	\$ 66.90	\$ 66.90	\$ 66.90	\$ 85.00	\$ 66.90	\$ 66.90	\$ 82.88	\$ 103.60
2394 Resin - Four or More Surfaces, Posterior - Primary	\$ 68.00	\$ 85.00	\$ 66.90	\$ 66.90	\$ 66.90	\$ 85.00	\$ 66.90	\$ 66.90	\$ 83.97	\$ 104.96
2740 Crown - Porcelain Ceramic Substrate	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2750 Crown - Porcelain Fused to High Noble Metal	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2751 Crown - Porcelain Fused to Predominantly Base Metal	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2752 Crown - Porcelain Fused to Noble Metal	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2790 Crown - Full Cast High Noble Metal	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2791 Crown - Full Cast Predominantly Base Metal	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2792 Crown - Full Cast Noble Metal	\$ 480.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 234.00	\$ 562.35	\$ 234.00	\$ 234.00	\$ 480.00	\$ 234.00
2910 Re-cement/Re-bond Partial Coverage Restoration	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08
2920 Re-cement/Re-bond Crown	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08
2930 Prefabricated Stainless Steel Crown - Primary	\$ 80.00	\$ 100.00	\$ 74.36	\$ 74.36	\$ 74.36	\$ 100.00	\$ 74.36	\$ 74.36	\$ 83.86	\$ 104.95
2931 Prefabricated Stainless Steel Crown - Permanent	\$ 80.60	\$ 80.60	\$ 80.60	\$ 80.60	\$ 80.60	\$ 80.60	\$ 80.60	\$ 80.60	\$ 101.50	\$ 101.50
2932 Prefabricated Resin Crown	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80	\$ 46.80
2933 Prefabricated stainless steel crown with resin window	\$ 80.00	\$ 100.00	\$ 74.36	\$ 74.36	\$ 74.36	\$ 100.00	\$ 74.36	\$ 74.36	\$ 83.86	\$ 104.95
2934 Prefabricated esthetic coated stainless steel crown-primary tooth	\$ 80.00	\$ 100.00	\$ 74.36	\$ 74.36	\$ 74.36	\$ 100.00	\$ 74.36	\$ 74.36	\$ 83.86	\$ 104.95
2950 Core Buildup, Including Any Pins	\$ 112.00	\$ 140.00	\$ 62.40	\$ 140.00	\$ 62.40	\$ 140.00	\$ 62.40	\$ 62.40	\$ 112.00	\$ 140.00
2951 Pin Retention - Per Tooth, In Addition to Restoration	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60	\$ 15.60
2952 Post and Core In Addition to Crown, Indirectly Fabricated	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72	\$ 96.72
2954 Prefabricated Post and Core In Addition to Crown	\$ 125.88	\$ 157.35	\$ 74.88	\$ 74.88	\$ 74.88	\$ 157.35	\$ 74.88	\$ 74.88	\$ 125.88	\$ 157.35

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	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
3220 Therapeutic Pulpotomy (Excluding Final Restoration)	\$ 67.60	\$ 85.05	\$ 67.60	\$ 67.60	\$ 67.60	\$ 85.05	\$ 91.52	\$ 91.52	\$ 67.60	\$ 85.05
3222 Partial Pulpotomy for Apexogenesis - Permanent	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56	\$ 40.56
3230 Pulpal therapy (resorbable filling)-anterior primary tooth (excluding	\$ 71.44	\$ 71.44	\$ 89.89	\$ 89.89	\$ 71.44	\$ 71.44	\$ 71.44	\$ 71.44	\$ 89.89	\$ 89.89
3240 Pulpal therapy (resorbable filling-posterior primary tooth (excluding	\$ 87.93	\$ 87.93	\$ 110.63	\$ 110.63	\$ 87.93	\$ 87.93	\$ 87.93	\$ 87.93	\$ 110.63	\$ 110.63
3310 Endodontic Therapy - Anterior	\$ 260.00	\$ 300.70	\$ 473.20	\$ 547.88	\$ 260.00	\$ 300.70	\$ 260.00	\$ 260.00	\$ 260.00	\$ 300.70
3320 Endodontic Therapy - Bicuspid	\$ 338.00	\$ 389.50	\$ 535.60	\$ 593.47	\$ 338.00	\$ 389.50	\$ 338.00	\$ 338.00	\$ 338.00	\$ 389.50
3330 Endodontic Therapy - Molar	\$ 416.00	\$ 500.00	\$ 650.00	\$ 786.92	\$ 416.00	\$ 500.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 500.00
3346 Retreatment of Previous Root Canal Therapy - Anterior	\$ 260.00	\$ 300.70	\$ 473.20	\$ 547.88	\$ 260.00	\$ 300.70	\$ 260.00	\$ 260.00	\$ 260.00	\$ 300.70
3347 Retreatment of Previous Root Canal Therapy - Bicuspid	\$ 338.00	\$ 389.50	\$ 535.60	\$ 593.47	\$ 338.00	\$ 389.50	\$ 338.00	\$ 338.00	\$ 338.00	\$ 389.50
3348 Retreatment of Previous Root Canal Therapy - Molar	\$ 416.00	\$ 500.00	\$ 650.00	\$ 786.92	\$ 416.00	\$ 500.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 500.00
3351 Apexification/Recalcification - Initial Visit	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29	\$ 80.29
3352 Apexification/Recalcification - Interim Medication Replacement	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 74.96	\$ 74.96
3353 Apexification/Recalcification - Final Visit	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 74.96	\$ 74.96
3355 Pulpal Regeneration - Initial Visit	\$ -	\$ -	\$ 101.00	\$ 101.00	\$ -	\$ -	\$ -	\$ -	\$ 101.00	\$ 101.00
3356 Pulpal Regeneration - Interim Medication Replacement	\$ -	\$ -	\$ 74.96	\$ 74.96	\$ -	\$ -	\$ -	\$ -	\$ 74.96	\$ 74.96
3357 Pulpal Regeneration - Completion of Treatment	\$ -	\$ -	\$ 74.96	\$ 74.96	\$ -	\$ -	\$ -	\$ -	\$ 74.96	\$ 74.96
3410 Apicoectomy - Anterior	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88	\$ 224.88
3421 Apicoectomy - Bicuspid	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37	\$ 247.37
3425 Apicoectomy - Molar	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35	\$ 283.35
3921 Decoronation	\$ 86.55	\$ 93.76	\$ 86.55	\$ 93.76	\$ 86.55	\$ 93.76	\$ 86.55	\$ 93.76	\$ 86.55	\$ 93.76
4341 Periodontal Scaling/Root Planing (4 or More Teeth per Quad)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00
4342 Periodontal Scaling/Root Planing (1-3 Teeth)	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00	\$ 48.00
4355 Full Mouth Debridement	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00	\$ 56.00
4910 Periodontal Maintenance	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00
5110 Complete Denture - Maxillary	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05
5120 Complete Denture - Mandibular	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05	\$ 634.20	\$ 687.05
5130 Immediate Denture - Maxillary	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00
5140 Immediate Denture - Mandibular	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00
5211 Maxillary Partial Denture - Resin Base	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00
5212 Mandibular Partial Denture - Resin Base	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00
5213 Maxillary Partial Denture - Cast Metal Base	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
5214 Mandibular Partial Denture - Cast Metal Base	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
5227 Immediate Maxillary Partial Denture- Flexible base (including clasps,	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00
5228 Immediate Mandibular Partial Denture- Flexible base (including	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00	\$ 416.00
5410 Adjust Complete Denture - Maxillary	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81	\$ 41.81
5411 Adjust Complete Denture - Mandibular	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44	\$ 37.44

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5421 Adjust Partial Denture - Maxillary	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08	\$ 28.08
5422 Adjust Partial Denture - Mandibular	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21	\$ 26.21
5511 Repair Broken Complete Denture Base, Mandibular	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68
5512 Repair Broken Complete Denture Base, Maxillary	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68
5520 Replace Missing/Broken tooth - Complete Denture	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92
5611 Repair broken partial denture base- mandibular	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43
5612 Repair broken partial denture base- maxillary	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43	\$ 45.43
5621 Repair Cast Framework - mandibular	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92
5622 Repair Cast Framework - maxillary	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92
5630 Repair or Replace Broken Retentive Clasp Materials - per tooth	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92	\$ 49.92
5640 Replace Broken Teeth - Per Tooth	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68	\$ 43.68
5650 Add Tooth to Existing Partial Denture	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80	\$ 72.80
5660 Add Clasp to Existing Partial Denture	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01	\$ 42.01
5710 Rebase Complete Maxillary Denture	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20
5711 Rebase Complete Mandibular Denture	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20	\$ 135.20
5720 Rebase Maxillary Partial Denture	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95
5721 Rebase Mandibular Partial Denture	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95	\$ 90.95
5730 Reline Complete Maxillary Denture (Chairside)	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40
5731 Reline Complete Mandibular Denture (Chairside)	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60
5740 Reline Maxillary Partial Denture (Chairside)	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48
5741 Reline Mandibular Partial Denture (Chairside)	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68
5750 Reline Complete Maxillary Denture (Laboratory)	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40	\$ 140.40
5751 Reline Complete Mandibular Denture (Laboratory)	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60
5760 Reline Complete Maxillary Partial Denture (Laboratory)	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48	\$ 116.48
5761 Reline Complete Mandibular Partial Denture (Laboratory)	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68	\$ 121.68
5765 Soft liner for complete or partial removable denture- indirect	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60	\$ 145.60
5820 Maxillary Interim Partial Denture	\$ 237.24	\$ 257.01	\$ 263.64	\$ 285.61	\$ 263.64	\$ 285.61	\$ 263.64	\$ 285.61	\$ 263.64	\$ 285.61
5821 Mandibular Interim Partial Denture	\$ 237.24	\$ 257.01	\$ 263.64	\$ 285.61	\$ 263.64	\$ 285.61	\$ 263.64	\$ 285.61	\$ 263.64	\$ 285.61
7111 Extraction, coronal remnants-deciduous tooth	\$ 50.70	\$ 50.70	\$ 50.70	\$ 50.70	\$ 50.70	\$ 50.70	\$ 50.70	\$ 54.00	\$ 54.00	\$ 54.00
7140 Extraction, Erupted Tooth/Exposed Root	\$ 67.60	\$ 72.00	\$ 67.60	\$ 72.00	\$ 67.60	\$ 72.00	\$ 67.60	\$ 72.00	\$ 67.60	\$ 72.00
7140 Extraction, Erupted Tooth/Exposed Root - Primary	\$ 46.80	\$ 72.00	\$ 46.80	\$ 72.00	\$ 46.80	\$ 72.00	\$ 46.80	\$ 72.00	\$ 46.80	\$ 72.00
7210 Surgical Removal of Erupted Tooth	\$ 145.60	\$ 155.35	\$ 145.60	\$ 155.35	\$ 145.60	\$ 155.35	\$ 171.60	\$ 171.60	\$ 145.60	\$ 155.35
7220 Removal of Impacted Tooth - Soft Tissue	\$ 167.44	\$ 167.44	\$ 167.44	\$ 167.44	\$ 167.44	\$ 167.44	\$ 213.20	\$ 213.20	\$ 167.44	\$ 167.44
7230 Removal of Impacted Tooth - Partially Bony	\$ 245.44	\$ 245.44	\$ 245.44	\$ 245.44	\$ 245.44	\$ 245.44	\$ 301.60	\$ 301.60	\$ 245.44	\$ 245.44
7240 Removal of Impacted Tooth - Completely Bony	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 364.00	\$ 364.00	\$ 302.64	\$ 302.64
7241 Removal of Impacted Tooth - Completely Bony, Complicated	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 364.00	\$ 364.00	\$ 302.64	\$ 302.64

Med-QUEST Division
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Proc Code	GP		ENDO		ORTHO		OS		PEDO	
	Medicaid		Medicaid		Medicaid		Medicaid		Medicaid	
	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
7250 Surgical Removal of Residual Tooth Roots	\$ 99.84	\$ 184.55	\$ 99.84	\$ 99.84	\$ 99.84	\$ 184.55	\$ 234.00	\$ 234.00	\$ 99.84	\$ 184.55
7260 Oroantral Fistula Closure	\$ 99.84	\$ 99.84	\$ 99.84	\$ 99.84	\$ 99.84	\$ 99.84	\$ 312.00	\$ 312.00	\$ 99.84	\$ 99.84
7261 Primary closure of a sinus perforation	\$ 99.84	\$ 99.84	\$ 99.84	\$ 99.84	\$ 99.84	\$ 99.84	\$ 312.00	\$ 312.00	\$ 99.84	\$ 99.84
7270 Tooth Reimplantation/Stabilization of Erupted/Displaced Tooth	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 286.00	\$ 286.00	\$ 98.80	\$ 98.80
7280 Surgical Access of an Unerupted Tooth	\$ 156.00	\$ 156.00	\$ 156.00	\$ 156.00	\$ 156.00	\$ 156.00	\$ 303.68	\$ 303.68	\$ 156.00	\$ 156.00
7282 Mobilization of Erupted/Malpositioned Tooth to Aid Eruption	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 151.34	\$ 151.34	\$ 78.00	\$ 78.00
7283 Placement of Device to Facilitate Eruption of Impacted Tooth	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 83.00	\$ 83.00	\$ 78.00	\$ 78.00
7285 Biopsy of Oral Tissue - Hard (Bone, tooth)	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 195.52	\$ 195.52	\$ 78.00	\$ 78.00
7286 Biopsy of Oral Tissue - Soft	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 195.52	\$ 195.52	\$ 78.00	\$ 78.00
7310 Alveoloplasty with Extractions (4 or More Teeth per Quad)	\$ 93.60	\$ 93.60	\$ 93.60	\$ 93.60	\$ 93.60	\$ 93.60	\$ 197.60	\$ 197.60	\$ 93.60	\$ 93.60
7311 Alveoloplasty with Extractions (1-3 Teeth)	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 36.40	\$ 124.80	\$ 124.80	\$ 36.40	\$ 36.40
7320 Alveoloplasty without Extractions (4 or More Teeth per Quad)	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 78.00	\$ 241.28	\$ 241.28	\$ 78.00	\$ 78.00
7321 Alveoloplasty without Extractions (1-3 Teeth)	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 31.20	\$ 156.00	\$ 156.00	\$ 31.20	\$ 31.20
7410 Excision of Benign Lesion up to 1.25 cm	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96	\$ 177.96
7411 Excision of Benign Lesion greater than 1.25 cm	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82	\$ 236.82
7510 Incision and Drainage of Abscess, Intraoral	\$ 62.40	\$ 62.40	\$ 62.40	\$ 62.40	\$ 62.40	\$ 62.40	\$ 104.00	\$ 104.00	\$ 76.96	\$ 76.96
7961 Frenulectomy- buccal / labial	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
7962 Frenulectomy- lingual	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
7970 Excision of Hyperplastic Tissue - Per Arch	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00	\$ 208.00
7971 Excision of Pericoronal Gingiva	\$ 32.03	\$ 32.03	\$ 32.03	\$ 32.03	\$ 32.03	\$ 32.03	\$ 124.80	\$ 124.80	\$ 94.43	\$ 94.43
8010 Limited orthodontic treatment of the primary dentition	\$ -	\$ -	\$ -	\$ -	\$ 1,311.05	\$ 1,311.05	\$ -	\$ -	\$ -	\$ -
8020 Limited orthodontic treatment of the transitional dentition	\$ -	\$ -	\$ -	\$ -	\$ 1,311.05	\$ 1,311.05	\$ -	\$ -	\$ -	\$ -
8070 Comprehensive Orthodontic Treatment - Transitional Dentition	\$ -	\$ -	\$ -	\$ -	\$ 5,044.00	\$ 5,044.00	\$ -	\$ -	\$ -	\$ -
8080 Comprehensive Orthodontic Treatment - Adolescent Dentition	\$ -	\$ -	\$ -	\$ -	\$ 5,044.00	\$ 5,044.00	\$ -	\$ -	\$ -	\$ -
8090 Comprehensive Orthodontic Treatment - Adult Dentition	\$ -	\$ -	\$ -	\$ -	\$ 5,044.00	\$ 5,044.00	\$ -	\$ -	\$ -	\$ -
8660 Pre-orthodontic Treatment Examination	\$ -	\$ -	\$ -	\$ -	\$ 120.00	\$ 120.00	\$ -	\$ -	\$ -	\$ -
9110 Palliative (Emergency) Treatment of Dental Pain	\$ 59.28	\$ 63.25	\$ 59.28	\$ 63.25	\$ 59.28	\$ 63.25	\$ 74.88	\$ 74.88	\$ 59.28	\$ 63.25
9230 Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$ 55.99	\$ 55.99	\$ 55.99	\$ 55.99	\$ 55.99	\$ 55.99	\$ 55.99	\$ 55.99	\$ 58.24	\$ 58.24
9239 Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 minutes	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 109.20	\$ 109.20	\$ 104.00	\$ 104.00
9243 Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute increment	\$ 52.00	\$ 52.00	\$ 52.00	\$ 52.00	\$ 52.00	\$ 52.00	\$ 109.20	\$ 109.20	\$ 52.00	\$ 52.00
9310 Consultation - Diagnostic Service	NA	NA	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56
9420 Hospital/Ambulatory Surgical Center Call	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56	\$ 66.56
9440 Office Visit - After Regularly Scheduled Office Hours	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00
9995 Teledentistry-synchronous; real-time encounter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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	Medicaid		Medicaid		Medicaid		Medicaid		Medicaid	
	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
9996 Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -