

Med-QUEST Division
Children and Adult Dental Fee Schedule
Effective: 07/15/2023 (Service Date)

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

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
x	x	120	Periodic Oral Evaluation	29.12	37.60	29.12	37.60	29.12	37.60	29.12	29.12	29.54	38.14
x	x	140	Limited Oral Evaluation - Problem Focused	33.00	37.60	35.76	38.74	35.76	38.74	35.76	42.97	35.76	38.74
x		145	Oral Evaluation for a patient under 3 years of age	30.72	37.60	30.72	37.60	30.72	37.60	30.72	33.28	38.22	41.41
x	x	150	Comprehensive Oral Evaluation	39.12	42.38	45.18	48.95	45.18	48.95	45.18	48.95	45.18	48.95
x	x	210	Intraoral - Complete Series	58.24	75.00	58.24	62.66	58.24	75.00	58.24	62.66	58.24	75.00
x	x	220	Intraoral - Periapical First Radiographic Image	11.52	16.25	11.52	16.25	11.52	16.25	16.64	24.76	12.48	18.57
x	x	230	Intraoral - Periapical Each Additional Radiographic Image	10.38	11.95	10.38	11.95	10.38	11.95	13.52	23.90	10.38	16.17
x	x	240	Intraoral - Occlusal Radiographic Image	21.36	23.14	21.36	23.14	21.36	23.14	21.36	23.14	22.46	23.14
x	x	270	Bitewing - Single Radiographic Image	11.52	12.48	11.52	12.48	11.52	12.48	11.52	12.48	11.52	12.48
x	x	272	Bitewings - Two Radiographic Images	18.93	26.00	18.93	26.00	18.93	26.00	18.93	20.02	19.97	27.43
x	x	274	Bitewings - Four Radiographic Images	30.00	43.15	30.00	32.50	30.00	43.15	30.00	32.50	33.28	56.36
x		310	Sialography	67.60	67.60	67.60	67.60	67.60	67.60	67.60	67.60	67.60	67.60
x	x	330	Panoramic Radiographic Image	53.88	75.00	53.88	58.37	67.60	107.14	67.60	107.14	56.16	89.01
x		340	Cephalometric Radiographic Image	63.66	68.97	63.66	68.97	83.20	107.14	83.20	83.20	63.66	68.97
x	x	364	Cone Beam CT with limited field of view- less than one whole jaw	N/A	N/A	N/A	N/A	N/A	N/A	139.60	139.60	N/A	N/A
x	x	365	Cone beam CT with field of view of one full dental arch-mandible	N/A	N/A	N/A	N/A	N/A	N/A	139.60	139.60	N/A	N/A
x	x	366	Cone beam CT with field of view of one full dental arch - maxilla	N/A	N/A	N/A	N/A	N/A	N/A	139.60	139.60	N/A	N/A
x	x	367	Cone Beam CT - Field of View of Both Jaws	N/A	N/A	N/A	N/A	N/A	N/A	139.60	139.60	N/A	N/A
x	x	1110	Prophylaxis - Adult	41.28	51.38	41.28	44.72	41.28	51.38	41.28	44.72	44.10	61.57
x		1120	Prophylaxis - Child	27.96	33.68	27.96	30.29	27.96	33.68	27.96	30.29	30.37	40.41
x	x	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
x		1208	Topical Application of Fluoride	21.90	23.73	21.90	23.73	21.90	23.73	21.90	23.73	22.38	24.25
x		1351	Sealant - Per Permanent Molar	26.88	38.25	26.88	29.12	26.88	38.25	26.88	29.12	29.74	46.77
x	x	1354	Interim Caries Arresting Medicament - per tooth	9.80	9.80	9.80	9.80	9.80	9.80	9.80	9.80	10.80	10.80
x		1510	Space Maintainer - Fixed - Unilateral	144.66	180.00	144.66	156.72	144.66	180.00	144.66	156.72	159.90	291.89
x		1516	Space maintainer - fixed - bilateral, maxillary	202.50	240.75	202.50	219.38	202.50	240.75	202.50	219.38	223.86	300.94
x		1517	Space maintainer-fixed-bilateral, mandibular	202.50	240.75	202.50	219.38	202.50	240.75	202.50	219.38	223.86	300.94
x		1551	Re-cement/Re-bond of bilateral space maintainer (maxillary)	41.52	44.98	41.52	44.98	41.52	44.98	41.52	44.98	45.34	46.41
x		1552	Re-cement/Re-bond of bilateral space maintainer (mandibular)	41.52	44.98	41.52	44.98	41.52	44.98	41.52	44.98	45.34	46.41
x		1553	Re-cement/Re-bond of unilateral space maintainer- per quadrant	41.04	44.46	41.10	44.53	41.10	44.53	41.10	44.53	45.34	46.41
x		1556	Removal of fixed unilateral space maintainer - per quadrant	41.04	44.46	41.10	44.53	41.10	44.53	41.10	44.53	42.84	46.41
x		1557	Removal of fixed bilateral space maintainer (maxillary)	41.04	44.46	41.10	44.53	41.10	44.53	41.10	44.53	42.84	46.41
x		1558	Removal of fixed bilateral space maintainer (mandibular)	41.04	44.46	41.10	44.53	41.10	44.53	41.10	44.53	42.84	46.41
x		1575	Distal shoe space maintainer, unilateral	159.12	172.38	159.12	172.38	159.12	172.38	159.12	172.38	187.20	190.52
x	x	2140	Amalgam - One Surface	49.20	55.00	49.20	53.30	49.20	55.00	49.20	53.30	54.00	62.65
x	x	2150	Amalgam - Two Surfaces	63.72	69.03	63.72	69.03	63.72	69.03	63.72	69.03	69.66	75.47

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x	x	2160	Amalgam - Three Surfaces	76.92	85.00	76.92	83.33	76.92	85.00	76.92	83.33	84.24	97.42
x	x	2161	Amalgam - Four or More Surfaces	93.72	101.53	93.72	101.53	93.72	101.53	93.72	101.53	102.66	111.22
x	x	2330	Resin - One Surface, Anterior	60.78	65.85	60.78	65.85	60.78	65.85	60.78	65.85	66.54	78.35
x	x	2331	Resin - Two Surfaces, Anterior	79.04	98.80	77.58	84.05	77.58	98.80	77.58	84.05	91.30	114.13
x	x	2332	Resin - Three Surfaces, Anterior	101.44	126.80	94.86	102.77	94.86	126.80	94.86	102.77	134.06	167.58
x	x	2335	Resin - Four or More Surfaces/Incisal Angle, Anterior	112.20	126.80	112.20	121.55	112.20	126.80	112.20	121.55	138.70	173.37
x	x	2391	Resin - One Surface, Posterior	91.38	99.00	91.38	99.00	91.38	99.00	91.38	99.00	97.80	105.95
x	x	2392	Resin - Two Surfaces, Posterior	119.52	129.48	119.52	129.48	119.52	129.48	119.52	129.48	130.86	141.77
x	x	2393	Resin - Three Surfaces, Posterior	148.44	160.81	148.44	160.81	148.44	160.81	148.44	160.81	162.48	176.02
x	x	2394	Resin - Four or More Surfaces, Posterior	181.80	196.95	181.80	196.95	181.80	196.95	181.80	196.95	197.10	213.53
x		2740	Crown - Porcelain Ceramic Substrate	519.60	562.90	519.60	562.90	519.60	562.90	519.60	562.90	519.60	562.90
x		2750	Crown - Porcelain Fused to High Noble Metal	512.70	562.35	512.70	555.43	512.70	562.35	512.70	555.43	512.70	555.43
x		2751	Crown - Porcelain Fused to Predominantly Base Metal	480.00	562.35	477.36	517.14	477.36	562.35	477.36	517.14	480.00	517.14
x		2752	Crown - Porcelain Fused to Noble Metal	488.94	562.35	488.94	529.69	488.94	562.35	488.94	529.69	488.94	529.69
x		2790	Crown - Full Cast High Noble Metal	494.76	562.35	494.76	535.99	494.76	562.35	494.76	535.99	494.76	535.99
x		2791	Crown - Full Cast Predominantly Base Metal	480.00	562.35	468.72	507.78	468.72	562.35	468.72	507.78	480.00	507.78
x		2792	Crown - Full Cast Noble Metal	480.00	562.35	477.36	517.14	477.36	562.35	477.36	517.14	480.00	517.14
x	x	2910	Re-cement/Re-bond Partial Coverage Restoration	41.70	45.18	44.34	48.04	44.34	48.04	41.70	45.18	44.34	48.04
x	x	2920	Re-cement/Re-bond Crown	42.78	46.35	45.36	49.14	45.36	49.14	45.36	49.14	46.38	50.25
x		2930	Prefabricated Stainless Steel Crown - Primary	115.20	124.80	115.20	124.80	115.20	124.80	115.20	124.80	127.14	137.74
x	x	2931	Prefabricated Stainless Steel Crown - Permanent	130.20	141.05	130.20	141.05	130.20	141.05	130.20	141.05	143.88	155.87
x		2932	Prefabricated Resin Crown	138.90	150.48	138.90	150.48	138.90	150.48	138.90	150.48	153.54	166.34
x		2933	Prefabricated stainless steel crown with resin window	159.12	172.38	159.12	172.38	159.12	172.38	159.12	172.38	175.86	190.52
x		2934	Prefabricated esthetic coated stainless steel crown-primary tooth	159.12	172.38	159.12	172.38	159.12	172.38	159.12	172.38	175.86	190.52
x	x	2950	Core Buildup, Including Any Pins	112.00	140.00	104.76	140.00	104.76	140.00	97.20	105.30	112.00	140.00
x	x	2951	Pin Retention - Per Tooth, In Addition to Restoration	24.90	26.98	24.90	26.98	26.88	29.12	24.90	26.98	26.88	29.12
x	x	2952	Post and Core In Addition to Crown, Indirectly Fabricated	143.94	155.94	158.28	171.47	158.28	171.47	143.94	155.94	158.28	171.47
x	x	2954	Prefabricated Post and Core In Addition to Crown	125.88	157.35	117.06	126.82	117.06	157.35	106.68	115.57	125.88	157.35
x		3220	Therapeutic Pulpotomy (Excluding Final Restoration)	71.16	85.05	71.16	77.09	71.16	85.05	91.52	91.52	78.60	85.15
x		3222	Partial Pulpotomy for Apexogenesis - Permanent	72.30	78.33	72.30	78.33	72.30	78.33	72.30	78.33	79.98	86.65
x		3230	Pulpal therapy (resorbable filling)-anterior primary tooth (excluding	75.24	81.51	89.89	90.16	75.24	81.51	75.24	81.51	89.89	90.16
x		3240	Pulpal therapy (resorbable filling-posterior primary tooth (excluding	92.58	100.30	110.63	110.63	92.58	100.30	92.58	100.30	110.63	110.63
x		3310	Endodontic Therapy - Anterior	295.08	319.67	473.20	547.88	295.08	319.67	295.08	319.67	295.08	319.67
x		3320	Endodontic Therapy - Bicuspid	361.62	391.76	535.60	593.47	361.62	391.76	361.62	391.76	361.62	391.76
x	x	3330	Endodontic Therapy - Molar	448.44	500.00	650.00	786.92	448.44	500.00	448.44	485.81	448.44	500.00
x		3346	Retreatment of Previous Root Canal Therapy - Anterior	393.48	426.27	473.20	547.88	393.48	426.27	393.48	426.27	393.48	426.27
x		3347	Retreatment of Previous Root Canal Therapy - Bicuspid	462.96	501.54	535.60	593.47	462.96	501.54	462.96	501.54	462.96	501.54
x		3348	Retreatment of Previous Root Canal Therapy - Molar	572.94	620.69	659.28	786.92	572.94	620.69	572.94	620.69	572.94	620.69
x		3351	Apexification/Recalcification - Initial Visit	167.82	181.81	181.74	196.89	167.82	181.81	167.82	181.81	167.82	181.81
x		3352	Apexification/Recalcification - Interim Medication Replacement	75.24	81.51	82.02	88.86	75.24	81.51	75.24	81.51	75.24	81.51
x		3353	Apexification/Recalcification - Final Visit	231.48	250.77	259.26	280.87	231.48	250.77	231.48	250.77	231.48	250.77
x		3355	Pulpal Regeneration - Initial Visit	N/A	N/A	172.62	187.01	N/A	N/A	N/A	N/A	167.82	181.81
x		3356	Pulpal Regeneration - Interim Medication Replacement	N/A	N/A	82.98	89.90	N/A	N/A	N/A	N/A	75.24	81.51

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x		3357	Pulpal Regeneration - Completion of Treatment	N/A	N/A	130.80	141.70	N/A	N/A	N/A	N/A	94.26	102.12
x		3410	Apicoectomy - Anterior	332.70	360.43	360.96	391.04	332.70	360.43	360.96	391.04	332.70	360.43
x		3421	Apicoectomy - Bicuspid	370.32	401.18	402.12	435.63	370.32	401.18	402.12	435.63	370.32	401.18
x		3425	Apicoectomy - Molar	419.58	454.55	457.26	495.37	419.58	454.55	457.26	495.37	419.58	454.55
x		3921	Decoronation	86.55	93.76	86.55	93.76	86.55	93.76	86.55	93.76	86.55	93.76
x	x	4341	Periodontal Scaling/Root Planing (4 or More Teeth per Quad)	97.44	105.56	97.44	105.56	157.68	170.82	157.68	170.82	178.44	193.31
x	x	4342	Periodontal Scaling/Root Planing (1-3 Teeth)	56.40	61.10	56.40	61.10	94.62	102.51	94.62	102.51	102.24	110.76
x	x	4355	Full Mouth Debridement	78.42	84.96	78.42	84.96	78.42	84.96	78.42	84.96	78.42	84.96
x	x	4910	Periodontal Maintenance	79.44	86.06	79.44	86.06	88.56	95.94	79.44	86.06	88.56	95.94
x	x	5110	Complete Denture - Maxillary	634.20	687.05	634.20	687.05	634.20	687.05	634.20	687.05	634.20	687.05
x	x	5120	Complete Denture - Mandibular	634.20	687.05	634.20	687.05	634.20	687.05	634.20	687.05	634.20	687.05
x	x	5130	Immediate Denture - Maxillary	691.50	749.13	691.50	749.13	691.50	749.13	691.50	749.13	691.50	749.13
x	x	5140	Immediate Denture - Mandibular	691.50	749.13	691.50	749.13	691.50	749.13	691.50	749.13	691.50	749.13
x		5211	Maxillary Partial Denture - Resin Base	535.26	579.87	535.26	579.87	535.26	579.87	535.26	579.87	535.26	579.87
x		5212	Mandibular Partial Denture - Resin Base	622.08	673.92	622.08	673.92	622.08	673.92	622.08	673.92	622.08	673.92
x		5213	Maxillary Partial Denture - Cast Metal Base	700.74	759.14	700.74	759.14	700.74	759.14	700.74	759.14	700.74	759.14
x		5214	Mandibular Partial Denture - Cast Metal Base	700.74	759.14	700.74	759.14	700.74	759.14	700.74	759.14	700.74	759.14
x		5227	Immediate Maxillary Partial Denture- Flexible base (including clasps)	583.86	632.52	583.86	632.52	583.86	632.52	583.86	632.52	583.86	632.52
x		5228	Immediate Mandibular Partial Denture- Flexible base (including clasps)	678.18	734.70	678.18	734.70	678.18	734.70	678.18	734.70	678.18	734.70
x	x	5410	Adjust Complete Denture - Maxillary	51.30	55.58	59.58	64.55	59.58	64.55	59.58	64.55	59.58	64.55
x	x	5411	Adjust Complete Denture - Mandibular	51.30	55.58	59.58	64.55	59.58	64.55	59.58	64.55	59.58	64.55
x	x	5421	Adjust Partial Denture - Maxillary	51.30	55.58	59.58	64.55	59.58	64.55	59.58	64.55	59.58	64.55
x	x	5422	Adjust Partial Denture - Mandibular	51.30	55.58	59.58	64.55	59.58	64.55	59.58	64.55	59.58	64.55
x	x	5511	Repair Broken Complete Denture Base, Mandibular	123.06	133.32	123.06	133.32	123.06	133.32	123.06	133.32	123.06	133.32
x	x	5512	Repair Broken Complete Denture Base, Maxillary	123.06	133.32	123.06	133.32	123.06	133.32	123.06	133.32	123.06	133.32
x	x	5520	Replace Missing/Broken tooth - Complete Denture	84.36	91.39	84.36	91.39	91.86	99.52	84.36	91.39	91.86	99.52
x	x	5611	Repair broken partial denture base- mandibular	133.32	144.43	133.32	144.43	133.32	144.43	133.32	144.43	133.32	144.43
x	x	5612	Repair broken partial denture base- maxillary	133.32	144.43	133.32	144.43	133.32	144.43	133.32	144.43	133.32	144.43
x		5621	Repair Cast Framework - mandibular	143.58	155.55	143.58	155.55	156.30	169.33	143.58	155.55	156.30	169.33
x		5622	Repair Cast Framework - maxillary	143.58	155.55	143.58	155.55	156.30	169.33	143.58	155.55	156.30	169.33
x		5630	Repair or Replace Broken Retentive Clasp Materials - per tooth	145.26	157.37	145.26	157.37	145.26	157.37	145.26	157.37	145.26	157.37
x	x	5640	Replace Broken Teeth - Per Tooth	87.90	95.23	87.90	95.23	95.82	103.81	87.90	95.23	95.82	103.81
x	x	5650	Add Tooth to Existing Partial Denture	115.62	125.26	115.62	125.26	123.90	134.23	115.62	125.26	123.90	134.23
x	x	5660	Add Clasp to Existing Partial Denture	126.42	136.96	126.42	136.96	138.36	149.89	126.42	136.96	138.36	149.89
x	x	5710	Rebase Complete Maxillary Denture	263.22	285.16	312.24	338.26	312.24	338.26	312.24	338.26	312.24	338.26
x	x	5711	Rebase Complete Mandibular Denture	263.10	285.03	312.12	338.13	312.12	338.13	312.12	338.13	312.12	338.13
x	x	5720	Rebase Maxillary Partial Denture	289.74	313.89	338.76	366.99	338.76	366.99	338.76	366.99	338.76	366.99
x	x	5721	Rebase Mandibular Partial Denture	289.74	313.89	338.76	366.99	338.76	366.99	338.76	366.99	338.76	366.99
x	x	5730	Reline Complete Maxillary Denture (Chairside)	151.20	163.80	151.20	163.80	155.82	168.81	155.82	168.81	155.82	168.81
x	x	5731	Reline Complete Mandibular Denture (Chairside)	151.20	163.80	151.20	163.80	155.82	168.81	155.82	168.81	155.82	168.81
x	x	5740	Reline Maxillary Partial Denture (Chairside)	142.50	154.38	142.50	154.38	144.06	156.07	144.06	156.07	144.06	156.07
x	x	5741	Reline Mandibular Partial Denture (Chairside)	142.50	154.38	142.50	154.38	144.06	156.07	144.06	156.07	144.06	156.07
x	x	5750	Reline Complete Maxillary Denture (Laboratory)	214.26	232.12	214.26	232.12	231.36	250.64	214.26	232.12	231.36	250.64

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x	x	5751	Reline Complete Mandibular Denture (Laboratory)	214.26	232.12	214.26	232.12	231.36	250.64	214.26	232.12	231.36	250.64
x	x	5760	Reline Complete Maxillary Partial Denture (Laboratory)	206.58	223.80	206.58	223.80	218.40	236.60	206.58	223.80	218.40	236.60
x	x	5761	Reline Complete Mandibular Partial Denture (Laboratory)	206.58	223.80	206.58	223.80	218.40	236.60	206.58	223.80	218.40	236.60
x		5765	Soft liner for complete or partial removable denture- indirect	206.58	223.80	206.58	223.80	206.58	223.80	206.58	223.80	206.58	223.80
	x	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
	x	5821	Mandibular Interim Partial Denture	251.70	272.68	263.64	285.61	263.64	285.61	263.64	285.61	263.64	285.61
x	x	7111	Extraction, coronal remnants-deciduous tooth	50.70	51.42	50.70	51.42	50.70	51.42	54.00	56.81	54.00	56.81
x	x	7140	Extraction, Erupted Tooth/Exposed Root	67.60	72.00	67.60	72.00	67.60	72.00	69.78	75.60	69.78	75.60
x	x	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
x	x	7220	Removal of Impacted Tooth - Soft Tissue	167.44	167.44	167.44	176.80	167.44	176.80	213.20	213.20	167.44	176.80
x	x	7230	Removal of Impacted Tooth - Partially Bony	245.44	245.44	245.44	248.43	245.44	248.43	301.60	301.60	245.44	248.43
x	x	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
x	x	7241	Removal of Impacted Tooth - Completely Bony, Complicated	302.64	312.13	344.46	373.17	344.46	373.17	364.00	385.78	344.46	373.17
x	x	7250	Surgical Removal of Residual Tooth Roots	142.20	184.55	175.14	189.74	175.14	189.74	234.00	234.00	175.14	189.74
x	x	7260	Oroantral Fistula Closure	621.72	673.53	621.72	673.53	621.72	673.53	657.72	712.53	621.72	673.53
x	x	7261	Primary closure of a sinus perforation	289.32	313.43	289.32	313.43	289.32	313.43	327.42	354.71	289.32	313.43
x	x	7270	Tooth Reimplantation/Stabilization of Evulsed/Displaced Tooth	216.96	235.04	219.78	238.10	219.78	238.10	286.00	286.00	251.40	272.35
x	x	7280	Surgical Access of an Unerupted Tooth	202.50	219.38	202.50	219.38	202.50	219.38	303.68	303.68	202.50	219.38
x	x	7282	Mobilization of Erupted/Malpositioned Tooth to Aid Eruption	101.28	109.72	101.28	109.72	101.28	109.72	151.34	151.34	101.28	109.72
x		7283	Placement of Device to Facilitate Eruption of Impacted Tooth	99.24	107.51	106.74	115.64	106.74	115.64	110.40	119.60	106.74	115.64
x	x	7285	Biopsy of Oral Tissue - Hard (Bone, tooth)	405.06	438.82	405.06	438.82	405.06	438.82	427.86	463.52	405.06	438.82
x	x	7286	Biopsy of Oral Tissue - Soft	173.58	188.05	173.58	188.05	173.58	188.05	195.52	209.24	173.58	188.05
x	x	7310	Alveoloplasty with Extractions (4 or More Teeth per Quad)	130.50	141.38	156.54	169.59	156.54	169.59	197.60	197.60	156.54	169.59
x	x	7311	Alveoloplasty with Extractions (1-3 Teeth)	101.28	109.72	101.28	109.72	101.28	109.72	124.80	124.80	101.28	109.72
x	x	7320	Alveoloplasty without Extractions (4 or More Teeth per Quad)	188.04	203.71	188.04	203.71	208.20	225.55	241.28	252.27	208.20	225.55
x	x	7321	Alveoloplasty without Extractions (1-3 Teeth)	159.12	172.38	159.12	172.38	159.12	172.38	180.12	195.13	159.12	172.38
x	x	7410	Excision of Benign Lesion up to 1.25 cm	347.16	376.09	347.16	376.09	347.16	376.09	395.82	428.81	347.16	376.09
x	x	7411	Excision of Benign Lesion greater than 1.25 cm	549.72	595.53	549.72	595.53	549.72	595.53	592.56	641.94	549.72	595.53
x	x	7510	Incision and Drainage of Abscess, Intraoral	124.44	134.81	135.36	146.64	124.44	134.81	135.36	146.64	124.44	134.81
x		7961	Frenulectomy- buccal / labial	159.12	172.38	159.12	172.38	159.12	172.38	177.06	191.82	159.12	172.38
x		7962	Frenulectomy- lingual	159.12	172.38	159.12	172.38	159.12	172.38	177.06	191.82	159.12	172.38
x	x	7970	Excision of Hyperplastic Tissue - Per Arch	231.48	250.77	231.48	250.77	231.48	250.77	262.08	283.92	231.48	250.77
x	x	7971	Excision of Pericoronal Gingiva	88.20	95.55	99.24	107.51	99.24	107.51	124.80	124.80	99.24	107.51
x		8010	Limited orthodontic treatment of the primary dentition	N/A	N/A	N/A	N/A	1,311.05	1,311.05	N/A	N/A	N/A	N/A
x		8020	Limited orthodontic treatment of the transitional dentition	N/A	N/A	N/A	N/A	1,311.05	1,311.05	N/A	N/A	N/A	N/A
x		8070	Comprehensive Orthodontic Treatment - Transitional Dentition	N/A	N/A	N/A	N/A	5,044.00	5,044.00	N/A	N/A	N/A	N/A
x		8080	Comprehensive Orthodontic Treatment - Adolescent Dentition	N/A	N/A	N/A	N/A	5,044.00	5,044.00	N/A	N/A	N/A	N/A
x		8090	Comprehensive Orthodontic Treatment - Adult Dentition	N/A	N/A	N/A	N/A	5,044.00	5,044.00	N/A	N/A	N/A	N/A
x		8660	Pre-orthodontic Treatment Examination	N/A	N/A	N/A	N/A	120.00	120.00	N/A	N/A	N/A	N/A
x	x	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
x	x	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
x	x	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

Med-QUEST Division
 Children and Adult Dental Fee Schedule
 Effective: 07/15/2023 (Service Date)

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

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands	Oahu	Neighbor Islands
x	x	9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute increment	66.60	72.15	94.02	101.86	66.60	72.15	109.20	109.20	66.60	72.15
x	x	9310	Consultation - Diagnostic Service	55.26	59.87	66.56	71.89	66.56	71.89	66.56	71.89	66.56	71.89
x	x	9420	Hospital/Ambulatory Surgical Center Call	171.30	185.58	193.74	209.89	193.74	209.89	193.74	209.89	193.74	209.89
x	x	9440	Office Visit - After Regularly Scheduled Office Hours	87.30	94.58	91.86	99.52	91.86	99.52	91.86	99.52	91.86	99.52
x	x	9995	Teledentistry-synchronous; real-time encounter	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
x	x	9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A