

Med-QUEST Division  
Children and Adult Dental Fee Schedule  
Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x	x			D0120	Periodic Oral Evaluation - Established Patient	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 37.60	\$ 29.12	\$ 30.00
x	x	D0140	Limited Oral Evaluation - Problem Focused	\$ 34.56	\$ 37.60	\$ 37.38	\$ 40.50	\$ 37.38	\$ 40.50	\$ 37.38	\$ 42.97	\$ 37.38	\$ 40.50
x		D0145	Oral Evaluation for a patient under 3 years of age and Counseling with Primary Caregiver	\$ 32.10	\$ 37.60	\$ 32.10	\$ 37.60	\$ 32.10	\$ 37.60	\$ 32.10	\$ 34.78	\$ 40.02	\$ 43.36
x	x	D0150	Comprehensive Oral Evaluation - New or Established Patient	\$ 40.92	\$ 44.33	\$ 47.28	\$ 51.22	\$ 47.28	\$ 51.22	\$ 47.28	\$ 51.22	\$ 47.28	\$ 51.22
x	x	D0210	Intraoral - Complete Series	\$ 60.54	\$ 75.00	\$ 60.54	\$ 65.59	\$ 60.54	\$ 75.00	\$ 60.54	\$ 65.59	\$ 60.54	\$ 75.00
x	x	D0220	Intraoral - Periapical First Radiographic Image	\$ 12.00	\$ 16.25	\$ 12.15	\$ 16.25	\$ 12.15	\$ 16.25	\$ 16.64	\$ 24.76	\$ 12.48	\$ 18.57
x	x	D0230	Intraoral - Periapical Each Additional Radiographic Image	\$ 10.86	\$ 11.95	\$ 10.86	\$ 11.95	\$ 10.86	\$ 11.95	\$ 13.52	\$ 23.90	\$ 10.86	\$ 16.17
x	x	D0240	Intraoral - Occlusal Radiographic Image	\$ 22.32	\$ 24.18	\$ 22.32	\$ 24.18	\$ 22.32	\$ 24.18	\$ 22.32	\$ 24.18	\$ 22.46	\$ 24.18
x	x	D0270	Bitewing - Single Radiographic Image	\$ 12.00	\$ 13.00	\$ 12.00	\$ 13.00	\$ 12.00	\$ 13.00	\$ 12.00	\$ 13.00	\$ 12.00	\$ 13.00
x	x	D0272	Bitewings - Two Radiographic Images	\$ 19.32	\$ 26.00	\$ 19.32	\$ 26.00	\$ 19.32	\$ 26.00	\$ 19.32	\$ 20.93	\$ 19.97	\$ 27.43
x	x	D0274	Bitewings - Four Radiographic Images	\$ 31.38	\$ 43.15	\$ 31.38	\$ 34.00	\$ 31.38	\$ 43.15	\$ 31.38	\$ 34.00	\$ 33.28	\$ 56.36
x	x	D0330	Panoramic Radiographic Image	\$ 56.34	\$ 75.00	\$ 57.68	\$ 62.48	\$ 67.60	\$ 107.14	\$ 67.60	\$ 107.14	\$ 57.68	\$ 89.01
x		D0340	Cephalometric Radiographic Image	\$ 66.60	\$ 72.15	\$ 66.60	\$ 72.15	\$ 83.20	\$ 107.14	\$ 83.20	\$ 83.20	\$ 66.60	\$ 72.15
x	x	D0364	Cone Beam CT Capture and Interpretation 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	D0365	Cone Beam CT Capture and Interpretation 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	D0366	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - maxilla, with or without cranium	N/A	N/A	N/A	N/A	N/A	N/A	\$ 139.60	\$ 139.60	N/A	N/A
x	x	D0367	Cone Beam CT Capture and Interpretation with Field of View of Both Jaws; with or without cranium	N/A	N/A	N/A	N/A	N/A	N/A	\$ 139.60	\$ 140.56	N/A	N/A
x	x	D1110	Prophylaxis - Adult	\$ 43.29	\$ 51.38	\$ 43.29	\$ 46.90	\$ 43.29	\$ 51.38	\$ 43.29	\$ 46.90	\$ 44.52	\$ 61.57
x		D1120	Prophylaxis - Child	\$ 29.31	\$ 33.68	\$ 29.31	\$ 31.75	\$ 29.31	\$ 33.68	\$ 29.31	\$ 31.75	\$ 30.37	\$ 40.41
x	x	D1206	Topical Application of Fluoride Varnish	\$ 24.66	\$ 26.72	\$ 24.66	\$ 26.72	\$ 24.66	\$ 26.72	\$ 24.66	\$ 26.72	\$ 27.12	\$ 29.38
x		D1208	Topical Application of Fluoride - Excluding Varnish	\$ 22.92	\$ 24.83	\$ 22.92	\$ 24.83	\$ 22.92	\$ 24.83	\$ 22.92	\$ 24.83	\$ 23.46	\$ 25.42
x		D1351	Sealant - Per Tooth	\$ 28.14	\$ 38.25	\$ 28.14	\$ 30.49	\$ 28.14	\$ 38.25	\$ 28.14	\$ 30.49	\$ 29.74	\$ 46.77
x	x	D1354	Interim Caries Arresting Medicament - per tooth	\$ 15.09	\$ 16.35	\$ 15.09	\$ 16.35	\$ 15.09	\$ 16.35	\$ 15.09	\$ 16.35	\$ 15.42	\$ 16.71
x		D1355	Caries Preventive Medicament Application - full mouth	\$ 24.66	\$ 26.72	\$ 24.66	\$ 26.72	\$ 24.66	\$ 26.72	\$ 24.66	\$ 26.72	\$ 27.12	\$ 29.38
x		D1510	Space Maintainer - Fixed - Unilateral - per quadrant	\$ 151.38	\$ 180.00	\$ 151.38	\$ 164.00	\$ 151.38	\$ 180.00	\$ 151.38	\$ 164.00	\$ 167.28	\$ 291.89
x		D1516	Space maintainer - fixed - bilateral, maxillary	\$ 211.86	\$ 240.75	\$ 211.86	\$ 229.52	\$ 211.86	\$ 240.75	\$ 211.86	\$ 229.52	\$ 234.30	\$ 300.94
x		D1517	Space maintainer-fixed-bilateral, mandibular	\$ 211.86	\$ 240.75	\$ 211.86	\$ 229.52	\$ 211.86	\$ 240.75	\$ 211.86	\$ 229.52	\$ 234.30	\$ 300.94
x		D1551	Re-cement/Re-bond of bilateral space maintainer - maxillary	\$ 41.73	\$ 45.21	\$ 41.73	\$ 45.21	\$ 41.73	\$ 45.21	\$ 41.73	\$ 45.21	\$ 45.34	\$ 46.41
x		D1552	Re-cement/Re-bond of bilateral space maintainer - mandibular	\$ 41.73	\$ 45.21	\$ 41.73	\$ 45.21	\$ 41.73	\$ 45.21	\$ 41.73	\$ 45.21	\$ 45.34	\$ 46.41
x		D1553	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

Med-QUEST Division  
Children and Adult Dental Fee Schedule  
Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x				D1556	Removal of fixed unilateral space maintainer - per quadrant	\$ 41.04	\$ 44.46	\$ 41.10	\$ 44.53	\$ 41.10	\$ 44.53	\$ 41.10	\$ 44.53
x		D1557	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		D1558	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		D1575	Distal shoe space maintainer - Fixed, Unilateral - per quadrant	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 187.20	\$ 199.36
x	x	D2140	Amalgam - One Surface, Primary or Permanent	\$ 51.48	\$ 55.77	\$ 51.48	\$ 55.77	\$ 51.48	\$ 55.77	\$ 51.48	\$ 55.77	\$ 56.52	\$ 62.65
x	x	D2150	Amalgam - Two Surfaces, Primary or Permanent	\$ 66.66	\$ 72.22	\$ 66.66	\$ 72.22	\$ 66.66	\$ 72.22	\$ 66.66	\$ 72.22	\$ 72.90	\$ 78.98
x	x	D2160	Amalgam - Three Surfaces, Primary or Permanent	\$ 80.46	\$ 87.17	\$ 80.46	\$ 87.17	\$ 80.46	\$ 87.17	\$ 80.46	\$ 87.17	\$ 88.20	\$ 97.42
x	x	D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$ 98.10	\$ 106.28	\$ 98.10	\$ 106.28	\$ 98.10	\$ 106.28	\$ 98.10	\$ 106.28	\$ 107.40	\$ 116.35
x	x	D2330	Resin - One Surface, Anterior	\$ 63.60	\$ 68.90	\$ 63.60	\$ 68.90	\$ 63.60	\$ 68.90	\$ 63.60	\$ 68.90	\$ 69.66	\$ 78.35
x	x	D2331	Resin-based Composite - Two Surfaces, Anterior	\$ 81.18	\$ 98.80	\$ 81.18	\$ 87.95	\$ 81.18	\$ 98.80	\$ 81.18	\$ 87.95	\$ 91.30	\$ 114.13
x	x	D2332	Resin-based Composite - Three Surfaces, Anterior	\$ 101.44	\$ 126.80	\$ 99.30	\$ 107.58	\$ 99.30	\$ 126.80	\$ 99.30	\$ 107.58	\$ 134.06	\$ 167.58
x	x	D2335	Resin-based Composite - Four or More Surfaces (Anterior)	\$ 117.36	\$ 127.14	\$ 117.36	\$ 127.14	\$ 117.36	\$ 127.14	\$ 117.36	\$ 127.14	\$ 138.70	\$ 173.37
x	x	D2391	Resin-based Composite - One Surface, Posterior	\$ 95.10	\$ 103.03	\$ 95.10	\$ 103.03	\$ 95.10	\$ 103.03	\$ 95.10	\$ 103.03	\$ 101.76	\$ 110.24
x	x	D2392	Resin-based Composite - Two Surfaces, Posterior	\$ 124.44	\$ 134.81	\$ 124.44	\$ 134.81	\$ 124.44	\$ 134.81	\$ 124.44	\$ 134.81	\$ 136.20	\$ 147.55
x	x	D2393	Resin-based Composite - Three Surfaces, Posterior	\$ 154.56	\$ 167.44	\$ 154.56	\$ 167.44	\$ 154.56	\$ 167.44	\$ 154.56	\$ 167.44	\$ 169.20	\$ 183.30
x	x	D2394	Resin-based Composite - Four or More Surfaces, Posterior	\$ 189.36	\$ 205.14	\$ 189.36	\$ 205.14	\$ 189.36	\$ 205.14	\$ 189.36	\$ 205.14	\$ 205.32	\$ 222.43
x		D2740	Crown - Porcelain/Ceramic	\$ 543.72	\$ 589.03	\$ 543.72	\$ 589.03	\$ 543.72	\$ 589.03	\$ 543.72	\$ 589.03	\$ 543.72	\$ 589.03
x		D2750	Crown - Porcelain Fused to High Noble Metal	\$ 536.52	\$ 581.23	\$ 536.52	\$ 581.23	\$ 536.52	\$ 581.23	\$ 536.52	\$ 581.23	\$ 536.52	\$ 581.23
x		D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$ 499.50	\$ 562.35	\$ 499.50	\$ 541.13	\$ 499.50	\$ 562.35	\$ 499.50	\$ 541.13	\$ 499.50	\$ 541.13
x		D2752	Crown - Porcelain Fused to Noble Metal	\$ 511.62	\$ 562.35	\$ 511.62	\$ 554.26	\$ 511.62	\$ 562.35	\$ 511.62	\$ 554.26	\$ 511.62	\$ 554.26
x		D2790	Crown - Full Cast High Noble Metal	\$ 525.96	\$ 569.79	\$ 525.96	\$ 569.79	\$ 525.96	\$ 569.79	\$ 525.96	\$ 569.79	\$ 525.96	\$ 569.79
x		D2791	Crown - Full Cast Predominantly Base Metal	\$ 498.36	\$ 562.35	\$ 498.36	\$ 539.89	\$ 498.36	\$ 562.35	\$ 498.36	\$ 539.89	\$ 498.36	\$ 539.89
x		D2792	Crown - Full Cast Noble Metal	\$ 507.48	\$ 562.35	\$ 507.48	\$ 549.77	\$ 507.48	\$ 562.35	\$ 507.48	\$ 549.77	\$ 507.48	\$ 549.77
x	x	D2910	Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$ 43.68	\$ 47.32	\$ 46.38	\$ 50.25	\$ 46.38	\$ 50.25	\$ 43.68	\$ 47.32	\$ 46.38	\$ 50.25
x	x	D2920	Re-cement or Re-bond Crown	\$ 44.76	\$ 48.49	\$ 45.36	\$ 49.14	\$ 45.36	\$ 49.14	\$ 45.36	\$ 49.14	\$ 48.54	\$ 52.59
x		D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$ 120.54	\$ 130.59	\$ 120.54	\$ 130.59	\$ 120.54	\$ 130.59	\$ 120.54	\$ 130.59	\$ 133.02	\$ 144.11
x	x	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$ 136.26	\$ 147.62	\$ 136.26	\$ 147.62	\$ 136.26	\$ 147.62	\$ 136.26	\$ 147.62	\$ 150.54	\$ 163.09
x		D2932	Prefabricated Resin Crown	\$ 145.38	\$ 157.50	\$ 145.38	\$ 157.50	\$ 145.38	\$ 157.50	\$ 145.38	\$ 157.50	\$ 160.68	\$ 174.07
x		D2933	Prefabricated stainless steel crown with resin window	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 184.02	\$ 199.36
x		D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 184.02	\$ 199.36
x	x	D2950	Core Buildup, Including Any Pins When Required	\$ 112.00	\$ 140.00	\$ 104.76	\$ 140.00	\$ 104.76	\$ 140.00	\$ 100.44	\$ 108.81	\$ 112.00	\$ 140.00
x	x	D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$ 26.04	\$ 28.21	\$ 26.04	\$ 28.21	\$ 28.14	\$ 30.49	\$ 26.04	\$ 28.21	\$ 28.14	\$ 30.49
x	x	D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$ 148.74	\$ 161.14	\$ 163.56	\$ 177.19	\$ 163.56	\$ 177.19	\$ 148.74	\$ 161.14	\$ 163.56	\$ 177.19
x	x	D2954	Prefabricated Post and Core In Addition to Crown	\$ 125.88	\$ 157.35	\$ 120.96	\$ 131.04	\$ 120.96	\$ 157.35	\$ 110.28	\$ 119.47	\$ 125.88	\$ 157.35

Med-QUEST Division  
Children and Adult Dental Fee Schedule  
Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x		D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$ 74.46	\$ 85.05	\$ 74.46	\$ 80.67	\$ 74.46	\$ 85.05	\$ 91.52	\$ 91.52	\$ 82.20	\$ 89.05
x		D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development	\$ 75.66	\$ 81.97	\$ 75.66	\$ 81.97	\$ 75.66	\$ 81.97	\$ 75.66	\$ 81.97	\$ 83.70	\$ 90.68
x		D3230	Pulpal therapy (resorbable filling)-anterior primary tooth (excluding final restoration)	\$ 78.78	\$ 85.35	\$ 89.89	\$ 94.32	\$ 78.78	\$ 85.35	\$ 78.78	\$ 85.35	\$ 89.89	\$ 94.32
x		D3240	Pulpal therapy (resorbable filling-posterior primary tooth (excluding final restoration)	\$ 96.84	\$ 104.91	\$ 110.63	\$ 113.43	\$ 96.84	\$ 104.91	\$ 96.84	\$ 104.91	\$ 110.63	\$ 113.43
x		D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$ 308.76	\$ 334.49	\$ 473.20	\$ 547.88	\$ 324.56	\$ 351.60	\$ 324.56	\$ 351.60	\$ 324.56	\$ 351.60
x		D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$ 378.36	\$ 409.89	\$ 535.60	\$ 593.47	\$ 408.35	\$ 442.37	\$ 408.35	\$ 442.37	\$ 408.35	\$ 442.37
x	x	D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$ 469.20	\$ 508.30	\$ 650.00	\$ 786.92	\$ 517.26	\$ 560.37	\$ 517.26	\$ 560.37	\$ 517.26	\$ 560.37
x		D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$ 411.72	\$ 446.03	\$ 473.20	\$ 547.88	\$ 439.77	\$ 476.42	\$ 439.77	\$ 476.42	\$ 439.77	\$ 476.42
x		D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$ 484.44	\$ 524.81	\$ 539.28	\$ 593.47	\$ 532.43	\$ 576.79	\$ 532.43	\$ 576.79	\$ 532.43	\$ 576.79
x		D3348	Retreatment of Previous Root Canal Therapy - Molar	\$ 599.52	\$ 649.48	\$ 689.88	\$ 786.92	\$ 661.23	\$ 716.33	\$ 661.23	\$ 716.33	\$ 661.23	\$ 716.33
x		D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$ 175.62	\$ 190.26	\$ 190.20	\$ 206.05	\$ 175.62	\$ 190.26	\$ 175.62	\$ 190.26	\$ 175.62	\$ 190.26
x		D3352	Apexification/Recalcification - Interim Medication Replacement	\$ 78.78	\$ 85.35	\$ 85.80	\$ 92.95	\$ 80.81	\$ 87.54	\$ 80.81	\$ 87.54	\$ 80.81	\$ 87.54
x		D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$ 242.22	\$ 262.41	\$ 271.32	\$ 293.93	\$ 242.22	\$ 262.41	\$ 242.22	\$ 262.41	\$ 242.22	\$ 262.41
x		D3355	Pulpal Regeneration - Initial Visit	N/A	N/A	\$ 180.66	\$ 195.72	N/A	N/A	N/A	N/A	\$ 175.62	\$ 190.26
x		D3356	Pulpal Regeneration - Interim Medication Replacement	N/A	N/A	\$ 86.82	\$ 94.06	N/A	N/A	N/A	N/A	\$ 81.29	\$ 88.06
x		D3357	Pulpal Regeneration - Completion of Treatment	N/A	N/A	\$ 135.18	\$ 146.45	N/A	N/A	N/A	N/A	\$ 97.44	\$ 105.56
x		D3410	Apicoectomy - Anterior	\$ 348.12	\$ 377.13	\$ 377.70	\$ 409.18	\$ 348.12	\$ 377.13	\$ 377.70	\$ 409.18	\$ 348.12	\$ 377.13
x		D3421	Apicoectomy - Premolar (first root)	\$ 387.48	\$ 419.77	\$ 420.78	\$ 455.85	\$ 387.48	\$ 419.77	\$ 420.78	\$ 455.85	\$ 387.48	\$ 419.77
x		D3425	Apicoectomy - Molar (first root)	\$ 439.02	\$ 475.61	\$ 478.44	\$ 518.31	\$ 439.02	\$ 475.61	\$ 478.44	\$ 518.31	\$ 439.02	\$ 475.61
x		D3921	Decoronation or Submergence of an Erupted Tooth	\$ 88.38	\$ 95.75	\$ 102.38	\$ 110.91	\$ 102.38	\$ 110.91	\$ 102.38	\$ 110.91	\$ 102.38	\$ 110.91
x	x	D4341	Periodontal Scaling and Root Planing - Four or More Teeth per Quadrant	\$ 101.19	\$ 109.62	\$ 141.66	\$ 153.47	\$ 169.59	\$ 183.72	\$ 169.59	\$ 183.72	\$ 184.44	\$ 199.81
x	x	D4342	Periodontal Scaling and Root Planing - One to Three Teeth per Quadrant	\$ 58.40	\$ 63.26	\$ 78.05	\$ 84.55	\$ 95.90	\$ 103.89	\$ 95.90	\$ 103.89	\$ 105.66	\$ 114.47
x	x	D4355	Full Mouth Debridement to Enable a Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit	\$ 83.25	\$ 90.19	\$ 83.25	\$ 90.19	\$ 83.25	\$ 90.19	\$ 83.25	\$ 90.19	\$ 83.25	\$ 90.19
x	x	D4910	Periodontal Maintenance	\$ 83.19	\$ 90.12	\$ 88.47	\$ 95.84	\$ 91.20	\$ 98.80	\$ 88.47	\$ 95.84	\$ 91.20	\$ 98.80

Med-QUEST Division  
Children and Adult Dental Fee Schedule  
Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x	x			D5110	Complete Denture - Maxillary	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97
x	x	D5120	Complete Denture - Mandibular	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97	\$ 663.66	\$ 718.97
x	x	D5130	Immediate Denture - Maxillary	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90
x	x	D5140	Immediate Denture - Mandibular	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90	\$ 723.60	\$ 783.90
x		D5211	Maxillary Partial Denture - Resin Base (including retentive/clasping materials, rests, and teeth)	\$ 560.16	\$ 606.84	\$ 560.16	\$ 606.84	\$ 560.16	\$ 606.84	\$ 560.16	\$ 606.84	\$ 560.16	\$ 606.84
x		D5212	Mandibular Partial Denture - Resin Base (including retentive/clasping materials, rests, and teeth)	\$ 651.00	\$ 705.25	\$ 651.00	\$ 705.25	\$ 651.00	\$ 705.25	\$ 651.00	\$ 705.25	\$ 651.00	\$ 705.25
x		D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture bases (including retentive/clasping materials, rests, and teeth)	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37
x		D5214	Mandibular Partial Denture - Cast Metal Framework with Resin denture bases (including retentive/clasping materials, rests, and teeth)	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37	\$ 733.26	\$ 794.37
x		D5227	Immediate Maxillary Partial Denture- Flexible base (including any clasps, rests and teeth)	\$ 610.98	\$ 661.90	\$ 610.98	\$ 661.90	\$ 610.98	\$ 661.90	\$ 610.98	\$ 661.90	\$ 610.98	\$ 661.90
x		D5228	Immediate Mandibular Partial Denture- Flexible base ((including any clasps, rests and teeth)	\$ 709.62	\$ 768.76	\$ 709.62	\$ 768.76	\$ 709.62	\$ 768.76	\$ 709.62	\$ 768.76	\$ 709.62	\$ 768.76
x	x	D5410	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	D5411	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	D5421	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	D5422	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	D5511	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	D5512	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	D5520	Replace Missing/Broken tooth - Complete Denture (each tooth)	\$ 84.36	\$ 91.39	\$ 84.36	\$ 91.39	\$ 91.86	\$ 99.52	\$ 84.36	\$ 91.39	\$ 91.86	\$ 99.52
x	x	D5611	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	D5612	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		D5621	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		D5622	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		D5630	Repair or Replace Broken Retentive/Clasping 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	D5640	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	D5650	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	D5660	Add Clasp to Existing Partial Denture	\$ 132.24	\$ 143.26	\$ 132.24	\$ 143.26	\$ 138.36	\$ 149.89	\$ 132.24	\$ 143.26	\$ 138.36	\$ 149.89
x	x	D5710	Rebase Complete Maxillary Denture	\$ 275.46	\$ 298.42	\$ 312.24	\$ 338.26	\$ 312.24	\$ 338.26	\$ 312.24	\$ 338.26	\$ 312.24	\$ 338.26
x	x	D5711	Rebase Complete Mandibular Denture	\$ 275.34	\$ 298.29	\$ 312.12	\$ 338.13	\$ 312.12	\$ 338.13	\$ 312.12	\$ 338.13	\$ 312.12	\$ 338.13
x	x	D5720	Rebase Maxillary Partial Denture	\$ 303.18	\$ 328.45	\$ 338.76	\$ 366.99	\$ 338.76	\$ 366.99	\$ 338.76	\$ 366.99	\$ 338.76	\$ 366.99

Med-QUEST Division  
Children and Adult Dental Fee Schedule  
Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x	x			D5721	Rebase Mandibular Partial Denture	\$ 303.18	\$ 328.45	\$ 338.76	\$ 366.99	\$ 338.76	\$ 366.99	\$ 338.76	\$ 366.99
x	x	D5730	Reline Complete Maxillary Denture (direct)	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41
x	x	D5731	Reline Complete Mandibular Denture (direct)	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41	\$ 158.22	\$ 171.41
x	x	D5740	Reline Maxillary Partial Denture (direct)	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59
x	x	D5741	Reline Mandibular Partial Denture (direct)	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59	\$ 149.16	\$ 161.59
x	x	D5750	Reline Complete Maxillary Denture (indirect)	\$ 224.22	\$ 242.91	\$ 224.22	\$ 242.91	\$ 231.36	\$ 250.64	\$ 224.22	\$ 242.91	\$ 231.36	\$ 250.64
x	x	D5751	Reline Complete Mandibular Denture (indirect)	\$ 224.22	\$ 242.91	\$ 224.22	\$ 242.91	\$ 231.36	\$ 250.64	\$ 224.22	\$ 242.91	\$ 231.36	\$ 250.64
x	x	D5760	Reline Maxillary Partial Denture (indirect)	\$ 216.18	\$ 234.20	\$ 216.18	\$ 234.20	\$ 218.40	\$ 236.60	\$ 216.18	\$ 234.20	\$ 218.40	\$ 236.60
x	x	D5761	Reline Mandibular Partial Denture (indirect)	\$ 216.18	\$ 234.20	\$ 216.18	\$ 234.20	\$ 218.40	\$ 236.60	\$ 216.18	\$ 234.20	\$ 218.40	\$ 236.60
x		D5765	Soft liner for complete or partial removable denture-indirect	\$ 216.18	\$ 234.20	\$ 216.18	\$ 234.20	\$ 216.18	\$ 234.20	\$ 216.18	\$ 234.20	\$ 216.18	\$ 234.20
	x	D5820	Interim Partial Denture (including retentive/clasping materials, rests, and teeth), maxillary	\$ 270.21	\$ 292.73	\$ 270.21	\$ 292.73	\$ 278.01	\$ 301.18	\$ 278.01	\$ 301.18	\$ 278.01	\$ 301.18
	x	D5821	Interim Partial Denture (including retentive/clasping materials, rests, and teeth), mandibular	\$ 277.86	\$ 301.02	\$ 277.86	\$ 301.02	\$ 278.01	\$ 301.18	\$ 278.01	\$ 301.18	\$ 278.01	\$ 301.18
x	x	D7111	Extraction, coronal remnants-primary tooth	\$ 50.70	\$ 53.82	\$ 50.82	\$ 55.06	\$ 50.82	\$ 55.06	\$ 54.90	\$ 59.48	\$ 54.90	\$ 59.48
x	x	D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$ 67.60	\$ 72.00	\$ 67.60	\$ 72.00	\$ 67.60	\$ 72.00	\$ 73.02	\$ 79.11	\$ 73.02	\$ 79.11
x	x	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ 145.60	\$ 155.35	\$ 145.60	\$ 155.35	\$ 145.60	\$ 155.35	\$ 171.60	\$ 171.60	\$ 145.60	\$ 155.35
x	x	D7220	Removal of Impacted Tooth - Soft Tissue	\$ 167.44	\$ 167.44	\$ 167.44	\$ 178.57	\$ 173.27	\$ 187.70	\$ 213.20	\$ 218.27	\$ 173.27	\$ 187.70
x	x	D7230	Removal of Impacted Tooth - Partially Bony	\$ 245.44	\$ 245.44	\$ 245.44	\$ 248.43	\$ 245.44	\$ 257.87	\$ 301.60	\$ 301.60	\$ 245.44	\$ 257.87
x	x	D7240	Removal of Impacted Tooth - Completely Bony	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 302.64	\$ 312.78	\$ 364.00	\$ 364.00	\$ 302.64	\$ 312.78
x	x	D7241	Removal of Impacted Tooth - Completely Bony, with unusual surgical complications	\$ 321.09	\$ 347.85	\$ 344.46	\$ 373.17	\$ 344.46	\$ 373.17	\$ 372.60	\$ 403.65	\$ 344.46	\$ 373.17
x	x	D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	\$ 148.80	\$ 184.55	\$ 175.49	\$ 190.11	\$ 187.82	\$ 203.47	\$ 234.00	\$ 234.00	\$ 187.82	\$ 203.47
x	x	D7260	Oroantral Fistula Closure	\$ 657.84	\$ 712.66	\$ 657.84	\$ 712.66	\$ 657.84	\$ 712.66	\$ 695.94	\$ 753.94	\$ 657.84	\$ 712.66
x	x	D7261	Primary closure of a sinus perforation	\$ 302.76	\$ 327.99	\$ 302.76	\$ 327.99	\$ 302.76	\$ 327.99	\$ 342.60	\$ 371.15	\$ 302.76	\$ 327.99
x	x	D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evisced/Displaced Tooth	\$ 227.04	\$ 245.96	\$ 227.67	\$ 246.64	\$ 227.67	\$ 246.64	\$ 286.00	\$ 286.00	\$ 263.04	\$ 284.96
x	x	D7280	Exposure of an Unerupted Tooth	\$ 211.86	\$ 229.52	\$ 211.86	\$ 229.52	\$ 211.86	\$ 229.52	\$ 303.68	\$ 303.68	\$ 211.86	\$ 229.52
x	x	D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$ 121.46	\$ 131.58	\$ 121.46	\$ 131.58	\$ 121.46	\$ 131.58	\$ 151.34	\$ 151.34	\$ 121.46	\$ 131.58
x		D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$ 103.86	\$ 112.52	\$ 106.74	\$ 115.64	\$ 106.74	\$ 115.64	\$ 115.50	\$ 125.13	\$ 106.74	\$ 115.64
x	x	D7285	Incisional Biopsy of Oral Tissue - Hard (Bone, tooth)	\$ 428.58	\$ 464.30	\$ 428.58	\$ 464.30	\$ 428.58	\$ 464.30	\$ 452.76	\$ 490.49	\$ 428.58	\$ 464.30
x	x	D7286	Incisional Biopsy of Oral Tissue - Soft	\$ 183.66	\$ 198.97	\$ 183.66	\$ 198.97	\$ 183.66	\$ 198.97	\$ 204.36	\$ 221.39	\$ 183.66	\$ 198.97

Med-QUEST Division  
Children and Adult Dental Fee Schedule  
Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x	x	D7310	Alveoloplasty in conjunction with Extractions (4 or more teeth or tooth spaces, per quadrant)	\$ 136.56	\$ 147.94	\$ 156.54	\$ 169.59	\$ 159.42	\$ 172.71	\$ 197.60	\$ 197.60	\$ 159.42	\$ 172.71
x	x	D7311	Alveoloplasty in conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	\$ 105.96	\$ 114.79	\$ 105.96	\$ 114.79	\$ 105.96	\$ 114.79	\$ 124.80	\$ 129.81	\$ 105.96	\$ 114.79
x	x	D7320	Alveoloplasty not in conjunction with Extractions (4 or more teeth or tooth spaces, per quadrant)	\$ 196.74	\$ 213.14	\$ 202.68	\$ 219.57	\$ 208.47	\$ 225.84	\$ 243.72	\$ 264.03	\$ 208.47	\$ 225.84
x	x	D7321	Alveoloplasty not in conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 188.52	\$ 204.23	\$ 166.50	\$ 180.38
x	x	D7410	Excision of Benign Lesion up to 1.25 cm	\$ 367.32	\$ 397.93	\$ 367.32	\$ 397.93	\$ 367.32	\$ 397.93	\$ 418.80	\$ 453.70	\$ 367.32	\$ 397.93
x	x	D7411	Excision of Benign Lesion greater than 1.25 cm	\$ 581.70	\$ 630.18	\$ 581.70	\$ 630.18	\$ 581.70	\$ 630.18	\$ 627.00	\$ 679.25	\$ 581.70	\$ 630.18
x	x	D7510	Incision and Drainage of Abscess, Intraoral soft tissue	\$ 130.20	\$ 141.05	\$ 141.66	\$ 153.47	\$ 130.32	\$ 141.18	\$ 141.66	\$ 153.47	\$ 130.32	\$ 141.18
x		D7961	Buccal / Labial Frenectomy (frenulectomy)	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 185.28	\$ 200.72	\$ 166.50	\$ 180.38
x		D7962	Lingual Frenectomy (frenulectomy)	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 166.50	\$ 180.38	\$ 185.28	\$ 200.72	\$ 166.50	\$ 180.38
x	x	D7970	Excision of Hyperplastic Tissue - Per Arch	\$ 242.22	\$ 262.41	\$ 242.22	\$ 262.41	\$ 242.22	\$ 262.41	\$ 274.26	\$ 297.12	\$ 242.22	\$ 262.41
x	x	D7971	Excision of Pericoronal Gingiva	\$ 92.28	\$ 99.97	\$ 99.24	\$ 107.51	\$ 102.18	\$ 110.70	\$ 124.80	\$ 124.80	\$ 102.18	\$ 110.70
x		D8010	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		D8020	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		D8070	Comprehensive Orthodontic Treatment of the 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		D8080	Comprehensive Orthodontic Treatment of the 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		D8090	Comprehensive Orthodontic Treatment of the 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		D8660	Pre-orthodontic Treatment Examination to Monitor Growth and Development	N/A	N/A	N/A	N/A	\$ 120.00	\$ 120.00	N/A	N/A	N/A	N/A
x	x	D9110	Palliative Treatment of Dental Pain - per visit	\$ 59.28	\$ 63.25	\$ 59.28	\$ 63.25	\$ 59.28	\$ 63.25	\$ 74.88	\$ 74.88	\$ 59.28	\$ 63.25
x	x	D9230	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	D9239	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
x	x	D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute increment	\$ 69.72	\$ 75.53	\$ 98.40	\$ 106.60	\$ 84.75	\$ 91.81	\$ 109.20	\$ 109.20	\$ 84.75	\$ 91.81
x	x	D9310	Consultation - Diagnostic Service Provided by a Dentist or Physician other than Requesting Dentist or Physician	\$ 57.42	\$ 62.21	\$ 68.58	\$ 74.30	\$ 68.58	\$ 74.30	\$ 68.58	\$ 74.30	\$ 68.58	\$ 74.30
x	x	D9420	Hospital/Ambulatory Surgical Center Call	N/A	N/A	N/A	N/A	\$ 202.74	\$ 219.64	\$ 202.74	\$ 219.64	N/A	N/A
x		D9920	Behavior Management	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00
x	x	D9995	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

Med-QUEST Division  
 Children and Adult Dental Fee Schedule  
 Effective: 05/01/2025 (Service Date)

Please see Medicaid Provider Manual Chapter 14 for specific coverage details.

Covered		Procedure Code	Description	GP		ENDO		ORTHO		OS		PEDO	
Children	Adults			Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island	Oahu	Neighbor Island
x	x	D9996	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