

**ATTACHMENT AA**  
DentaQuest of Illinois, LLC

**HFS Dental Program Fee Schedule for Children and Adult Beneficiaries**  
**Rates Effective July 1, 2009**

**Please note: Adults have limited dental coverage. All services not covered are noted as N/A.**

Procedure Code	Procedure	Maximum Allowance Children	Maximum Allowance Adults
D0120	Periodic Oral Exam – Ages 0 thru 18	28.00	N/A
D0120	Periodic Oral Exam –Ages 19 thru 20	16.20	N/A
D0140	Limited Oral Examination – Problem Focused	16.20	16.20
D0150	Comprehensive Oral Examination	21.05	21.05
D0210	Intraoral-Complete Series (including bitewings)	30.10	30.10
D0220	Intraoral – periapical – first film	5.60	5.60
D0230	Intraoral periapical – 1 additional film	3.80	3.80
D0270	Bitewings Single Film	5.60	5.60
D0272	Bitewings-Two Films	9.40	9.40
D0274	Bitewings-Four Films	16.90	16.90
D0277	Vertical Bitewings – 7-8 Films	16.90	16.90
D0330	Panoramic Film	22.60	22.60
D1120	Prophylaxis - Child – Ages 0 thru 18	41.00	N/A
D1120	Prophylaxis - Child – Ages 19 thru 20	25.40	N/A
D1203	Topical Application of Fluoride (excluding prophy) – Ages 0 thru 18	26.00	N/A
D1203	Topical Application of Fluoride (excluding prophy) – Ages 19 thru 20	14.85	N/A
D1206	Topical Fluoride Varnish -Ages 0 thru 18	26.00	N/A
D1206	Topical Fluoride Varnish -Ages 19 thru 20	14.85	N/A
D1351	Sealant – Per Tooth	36.00	N/A
D1510	Space Maintainer - Fixed Unilateral	70.60	N/A
D1515	Space Maintainer - Fixed Bilateral	103.50	N/A
D1520	Space Maintainer – Removable Unilateral	70.60	N/A
D1525	Space Maintainer - Removable Bilateral	74.70	N/A
D1550	Space Maintainer – Recement	10.70	N/A
D2140	Amalgam-1-Surface, Primary or Permanent	30.85	30.85
D2150	Amalgam-2-Surfaces, Primary or Permanent	48.15	48.15
D2160	Amalgam-3-Surfaces, Primary or Permanent	58.05	58.05
D2161	Amalgam-4+-Surface, Primary or Permanent	58.05	58.05
D2330	Resin-Based Composite - 1-Surface, Anterior	34.60	34.60
D2331	Resin-Based Composite - 2-Surfaces, Anterior	51.90	51.90
D2332	Resin-Based Composite - 3-Surfaces, Anterior	61.80	61.80
D2335	Resin-Based Composite – 4+ surfaces, or involving Incisal Edge, Anterior	61.80	61.80
D2391	Resin-Based Composite – 1-surface, Primary or Permanent	30.85	30.85
D2392	Resin-Based Composite – 2-surfaces, Primary or Permanent	48.15	48.15
D2393	Resin-Based Composite – 3-surfaces, Primary or Permanent	58.05	58.05
D2394	Resin-Based Composite – 4+surfaces, Primary or Permanent	58.05	58.05
D2740	Crown – porc/ceramic	235.20	235.20
D2750	Crown – porc/metal high noble	235.20	235.20
D2751	Crown - Porcelain/Base Metal	235.20	235.20
D2752	Crown – porcelain/metal noble	235.20	235.20
D2790	Crown – full metal high noble	145.85	145.85
D2791	Crown - Full Cast Base Metal	145.85	145.85
D2792	Crown – full metal noble	145.85	145.85
D2910	Recement Inlays	11.30	11.30
D2915	Recement cast or prefabricated post and core	23.50	23.50

<b>Procedure Code</b>	<b>Procedure</b>	<b>Maximum Allowance Children</b>	<b>Maximum Allowance Adults</b>
D2920	Recement Crown	23.50	23.50
D2930	Prefabricated Stainless Steel Crown (SSC) Primary Tooth	73.40	N/A
D2931	Prefabricated Stainless Steel Crown (SSC) Permanent Tooth	73.40	N/A
D2932	Prefabricated Resin Crown	56.45	56.45
D2933	Prefabricated Stainless Steel crown with resin window	56.45	N/A
D2940	Sedative fillings	11.30	11.30
D2950	Core buildup, including any pins	58.05	58.05
D2951	Pin Retention-Per Tooth	9.40	9.40
D2954	Prefabricated Post and Core	32.90	32.90
D3220	Therapeutic Pulpotomy	52.70	N/A
D3230	Pulpal Therapy – (resorbable filling) – anterior, primary tooth (excl. final restoration)	52.70	N/A
D3310	Anterior Root Canal (Excluding Final Restoration)	136.40	136.40
D3320	Bicuspid Root Canal (Excluding Final Restoration)	155.25	N/A
D3330	Molar Root Canal (Excluding Final Restoration)	202.30	N/A
D3351	Apexification/Recalcification Initial Visit	28.20	N/A
D3352	Apexification/Recalcification Interim Visit	14.10	N/A
D3353	Apexification/Recalcification Final Visit	14.10	N/A
D3410	Apicoectomy/Periapical Surgery — Per Tooth, First Root	112.90	N/A
D4210	Gingivectomy or Gingivoplasty — 4+ Teeth, Per Quadrant	131.70	N/A
D4211	Gingivectomy or Gingivoplasty — 1 to 3 Teeth, Per Quadrant	65.85	N/A
D4240	Gingival Flap Procedure, w/ Root Planing – 4+ Teeth, Per Quadrant	229.60	N/A
D4241	Gingival Flap Procedure, w/ Root Planing – 1 to 3 Teeth, Per Quadrant	114.80	N/A
D4260	Osseous Surgery – 4+ Teeth, Per Quadrant	277.60	N/A
D4261	Osseous Surgery – 1 to 3 Teeth, Per Quadrant	138.80	N/A
D4263	Bone Replacement Graft — First Site in Quadrant	141.15	N/A
D4264	Bone Replacement Graft, Each Additional Site in Quadrant	70.60	N/A
D4270	Pedicle Soft Tissue Graft	141.15	N/A
D4271	Free Soft Tissue Graft	141.15	N/A
D4273	Subepithelial Connective Tissue Graft Procedure	141.15	N/A
D4274	Distal or Proximal Wedge	70.60	N/A
D4320	Provisional Splinting, Intracoronal	188.20	N/A
D4321	Provisional Splinting, Extracoronal	56.50	N/A
D4341	Periodontal Scaling and Root Planing – 4+ Teeth, Per Quadrant	122.00	N/A
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth, Per Quadrant	77.00	N/A
D4910	Periodontal Maintenance Procedure	67.00	N/A
D5110	Complete Denture - Maxillary	376.35	376.35
D5120	Complete Denture - Mandibular	376.35	376.35
D5130	Immediate Denture – Maxillary	376.35	376.35
D5140	Immediate Denture – Mandibular	376.35	376.35
D5211	Maxillary Partial Denture — Resin Base	357.55	N/A
D5212	Mandibular Partial Denture — Resin Base	357.55	N/A
D5213	Maxillary Partial Denture — Cast Metal Framework	366.95	N/A
D5214	Mandibular Partial Denture — Cast Metal Framework	366.95	N/A
D5510	Repair Complete Denture Base	61.15	61.15
D5520	Replace Missing or Broken Teeth, Complete Denture	38.10	38.10
D5610	Repair Partial Denture Base	51.75	51.75

<b>Procedure Code</b>	<b>Procedure</b>	<b>Maximum Allowance Children</b>	<b>Maximum Allowance Adults</b>
D5620	Repair Cast Framework	79.05	79.05
D5630	Repair or Replace Broken Clasp	71.50	71.50
D5640	Replace Broken Teeth, Each Additional Tooth	37.65	37.65
D5650	Add Tooth to Existing Partial	42.35	42.35
D5730	Reline Complete Maxillary Denture, Chairside	70.60	70.60
D5731	Reline Complete Mandibular Denture, Chairside	70.60	70.60
D5740	Reline Maxillary Partial Denture, Chairside	70.60	70.60
D5741	Reline Mandibular Partial Denture, Chairside	70.60	70.60
D5750	Reline Complete Maxillary Denture, Laboratory	117.60	117.60
D5751	Reline Complete Mandibular Denture, Laboratory	117.60	117.60
D5760	Reline Maxillary Partial Denture, Laboratory	117.60	117.60
D5761	Reline Mandibular Partial Denture, Laboratory	117.60	117.60
D5911	Facial Moulage-sectional	By Report	By Report
D5912	Facial Moulage-complete	By Report	By Report
D5913	Nasal Prosthesis	By Report	By Report
D5914	Auricular Prosthesis	By Report	By Report
D5915	Orbital Prosthesis	By Report	By Report
D5916	Ocular Prosthesis	By Report	By Report
D5919	Facial Prosthesis	By Report	By Report
D5922	Nasal Septal Prosthesis	By Report	By Report
D5923	Ocular Prosthesis, interim	By Report	By Report
D5924	Cranial Prosthesis	By Report	By Report
D5925	Facial Augmentation implant Prosthesis	By Report	By Report
D5926	Nasal Prosthesis, replacement	By Report	By Report
D5927	Auricular Prosthesis, replacement	By Report	By Report
D5928	Orbital Prosthesis, replacement	By Report	By Report
D5929	Facial Prosthesis, replacement	By Report	By Report
D5931	Obturator Prosthesis, surgical	By Report	By Report
D5932	Obturator Prosthesis, definitive	By Report	By Report
D5933	Obturator Prosthesis, modification	By Report	By Report
D5934	Mandibular Resection Prosthesis with guide flanges	By Report	By Report
D5935	Mandibular Resection Prosthesis without guide flanges	By Report	By Report
D5936	Obturator Prosthesis, interim	By Report	By Report
D5937	Trismus Appliance	By Report	By Report
D5951	Feeding Aid	By Report	By Report
D5952	Speech Aid Prosthesis, pediatric	By Report	N/A
D5953	Speech Aid Prosthesis, adult	By Report	By Report
D5954	Palatal Augmentation, Prosthesis	By Report	By Report
D5955	Palatal Lift Prosthesis, definitive	By Report	By Report
D5958	Palatal Lift Prosthesis, Interim	By Report	By Report
D5959	Palatal Lift Prosthesis, modification	By Report	By Report
D5960	Speech Aid Prosthesis, modification	By Report	By Report
D5982	Surgical Stent	By Report	By Report
D5983	Radiation Carrier	By Report	By Report
D5984	Radiation Shield	By Report	By Report
D5985	Radiation Cone Locator	By Report	By Report
D5986	Fluoride Gel Carrier	By Report	By Report
D5987	Commissure Splint	By Report	By Report
D5988	Surgical Splint	By Report	By Report
D5999	Unspecified Maxillofacial Prosthesis	By Report	By Report

Procedure Code	Procedure	Maximum Allowance Children	Maximum Allowance Adults
D6210	Pontic crown – metal high noble	178.80	N/A
D6211	Pontic crown – metal base	178.80	N/A
D6212	Pontic crown – metal noble	178.80	N/A
D6240	Pontic crown – porc/metal high noble	178.80	N/A
D6241	Pontic crown - porc/base Metal	178.80	N/A
D6242	Pontic crown – porc metal noble	178.80	N/A
D6251	Pontic-Resin/Base Metal	103.50	N/A
D6721	Crown-Resin/Predominately Base Metal	136.40	N/A
D6750	Crown – porc/metal high noble	159.95	N/A
D6751	Crown-Porcelain/Predominately Base Metal	159.95	N/A
D6752	Crown – porc/metal noble	159.95	N/A
D6790	Crown – full metal high noble	159.95	N/A
D6791	Crown - full metal base	159.95	N/A
D6792	Crown - full metal noble	159.95	N/A
D6930	Recement Fixed Partial Denture	32.90	32.90
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	26.35	N/A
D6999	Unspecified, fixed prosthodontic procedure, by report	By Report	By Report
D7140	Extraction – Erupted Tooth or Exposed Root	39.12	39.12
D7210	Surgical Removal of Erupted Tooth	57.40	57.40
D7220	Removal of Impacted Tooth — Soft Tissue	66.80	66.80
D7230	Removal for Impacted Tooth — Partially Bony	86.60	86.60
D7240	Removal of Impacted Tooth — Completely Bony	100.70	100.70
D7250	Surgical Removal of Residual Roots	57.40	57.40
D7280	Surgical access of unerupted tooth	50.80	N/A
D7283	Placement of device to facilitate eruption of impacted tooth	45.00	N/A
D7310	Alveoloplasty in Conjunction with Extractions — per quadrant	64.00	64.00
D7311	Alveoloplasty w/ extraction – 1-3 teeth/spaces per quad	64.00	64.00
D7320	Alveoloplasty Not in Conjunction With Extractions — per quadrant	64.00	64.00
D7321	Alveoloplasty w/o extractions – 1- 3 teeth/spaces per quad	64.00	64.00
D7450	Removal of Odontogenic Cyst or Tumor up to 1.25cm	94.30	94.30
D7451	Removal of Odontogenic Cyst or Tumor over 1.25cm	199.60	199.60
D7460	Removal of Non-Odontogenic Cyst or Tumor up to 1.25cm	94.30	94.30
D7461	Removal of Non-Odontogenic Cyst or Tumor over 1.25cm	199.60	199.60
D7510	Incision and Drainage – Abscess	36.70	36.70
D7511	Incision & drainage – intraoral - complicated	36.70	36.70
D7610	Maxilla Open Reduction, Teeth Immobilized	657.95	657.95
D7620	Maxilla Closed Reduction, Teeth Immobilized	471.50	471.50
D7630	Mandible-Open Reduction, Teeth Immobilized	824.65	824.65
D7640	Mandible-Closed Reduction, Teeth Immobilized	706.95	706.95
D7710	Maxilla-Open Reduction	1059.35	1059.35
D7720	Maxilla-Closed Reduction	706.35	706.35
D7730	Mandible-Open Reduction	1059.35	1059.35
D7740	Mandible-Closed Reduction	706.20	706.20
D7810	Open Reduction of Dislocation	438.60	438.60
D7820	Closed Reduction of Dislocation	177.65	177.65
D7960	Frenulectomy-Separate Procedure (frenectomy or frenotomy)	77.15	N/A
D7963	Frenuloplasty	77.15	N/A
D7999	Unspecified Oral Surgery Procedure	By Report	By Report
D8080	Initial Orthodontic Appliance Placement	900.00	N/A
D8660	Initial Examination, Records, Radiographs & Facial Photographs	100.00	N/A
D8670	Monthly Adjustments	110.00	N/A
D8680	Removal of Appliances, Construction, and Placement of Retainers	150.00	N/A
D8999	Initial Orthodontic Evaluation/Study Models	47.05	N/A

<b>Procedure Code</b>	<b>Procedure</b>	<b>Maximum Allowance Children</b>	<b>Maximum Allowance Adults</b>
D9110	Palliative (emergency) Treatment of Dental Pain-Minor Procedures	55.00	55.00
D9220	General Anesthesia – Require Dental Sedation Permit B to bill	76.70	76.70
D9221	General Anesthesia – each additional 15 minutes	38.35	38.35
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	26.00	26.00
D9241	Intravenous Sedation – Require Dental Sedation Permit A to bill	76.70	76.70
D9242	Intravenous Sedation – Each additional 15 minutes	38.35	38.35
D9248	Non-intravenous conscious sedation – Require Dental Sedation Permit A to bill	48.00	48.00
D9310	Consultation	17.10	17.10
D9610	Therapeutic Drug Injection	By Report	By Report
D9630	Other Drugs and Medicaments	23.50	23.50
D9999	Unspecified Procedure, By Report	By Report	By Report