

**ATTACHMENT A-1  
TEXAS MEDICAID FEE SCHEDULE  
SCHEDULE OF ALLOWABLE FEES**

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Code	Procedure Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$28.85
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$18.78
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$142.07
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$35.32
D0160	DETAILED AND EXTENSIVE ORAL EVAL-PROBLEM FOCUSED, BY REPORT	\$14.95
D0170	RE-EVALUATION, LIMITED PROBLEM FOCUSED	\$16.54
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$7.86
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$70.64
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$12.56
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.51
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$9.80
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	\$18.38
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$4.90
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$23.38
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$29.01
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$34.61
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$31.12
D0310	SIALOGRAPHY	\$44.10
D0320	TEMPOROMANDIBULAR JOINT ARTHOGRAM, INCLUDING INJECTION	\$73.50
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$34.30
D0322	TOMOGRAPHIC SURVEY	\$33.08
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$63.78
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$33.08
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$18.38
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM	\$226.38
D0415	BACTERIOLOGIC STUDIES	\$24.50
D0460	PULP VITALITY TESTS	\$12.25
D0470	DIAGNOSTIC CASTS	\$22.05
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$56.35
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	\$0.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	\$0.00
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS - ADULT	\$54.88
D1120	PROPHYLAXIS - CHILD	\$36.75
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$14.70
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$14.70

Code	Procedure Description	Fee
D1330	ORAL HYGIENE INSTRUCTIONS	\$12.25
D1351	SEALANT - PER TOOTH	\$28.24
D1352	PREVENTIVE RESIN RESTORATION IS A MOD. TO HIGH CARIES RISK PATIENT PERM TOOTH	\$37.44
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$14.12
D1510	SPACE MAINTAINER-FIXED, UNILATERAL - PER QUADRANT	\$156.80
D1515	SPACE MAINTAINER - FIXED - BILATERAL	\$232.75
D1516	SPACE MAINTAINER --FIXED--BILATERAL, MAXILLARY	\$232.75
D1517	SPACE MAINTAINER --FIXED--BILATERAL, MANDIBULAR	\$232.75
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$73.50
D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$104.13
D1526	SPACE MAINTAINER --REMOVABLE--BILATERAL, MAXILLARY	\$104.13
D1527	SPACE MAINTAINER --REMOVABLE--BILATERAL, MANDIBULAR	\$104.13
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	\$18.38
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MAXILLARY	\$18.38
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER- MANDIBULAR	\$18.38
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$13.79
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$36.75
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXILLARY	\$49.00
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIBULAR	\$49.00
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL - PER QUADRANT	\$200.00
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	\$0.00
D2140	AMALGAM - ONE SURFACE PERMANENT	\$62.80
D2140	AMALGAM - ONE SURFACE PRIMARY	\$60.75
D2150	AMALGAM - TWO SURFACES PERMANENT	\$83.57
D2150	AMALGAM - TWO SURFACES PRIMARY	\$81.24
D2160	AMALGAM - THREE SURFACES PERMANENT	\$106.46
D2160	AMALGAM - THREE SURFACES PRIMARY	\$88.20
D2161	AMALGAM - FOUR OR MORE SURFACES PERMANENT	\$121.88
D2161	AMALGAM - FOUR OR MORE SURFACES PRIMARY	\$90.01
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$75.81
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$100.46
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$131.17
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$162.80
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR PERMANENT	\$143.33
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR PRIMARY	\$85.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR PERMANENT	\$80.34
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR PRIMARY	\$75.45

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D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR PERMANENT	\$105.30
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR PRIMARY	\$97.01
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR PERMANENT	\$115.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR PRIMARY	\$100.25
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR PERMANENT	\$125.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR PRIMARY	\$105.75
D2510	INLAY - METALLIC -1 SURFACE	\$173.19
D2520	INLAY-METALLIC-2 SURFACES	\$252.25
D2530	INLAY-METALLIC-3+ SURFACES	\$252.25
D2542	ONLAY - METALLIC - TWO SURFACES	\$252.25
D2543	ONLAY-METALLIC-3 SURFACES	\$252.25
D2544	ONLAY-METALLIC-4+ SURFACES	\$252.25
D2650	INLAY-COMPOSITE/RESIN 1SURFACE	\$252.25
D2651	INLAY-COMPOSITE/RESIN-2 SURFACES	\$252.25
D2652	INLAY-COMPOSITE/RESIN-3+ SURFACES	\$252.25
D2662	ONLAY-COMPOSITE/RESIN-2 SURFACES	\$252.25
D2663	ONLAY-COMPOSITE/RESIN-3 SURFACES	\$252.25
D2664	ONLAY-COMPOSITE/RESIN-4+ SURFACES	\$252.25
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$252.25
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$252.25
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$252.25
D2722	CROWN - RESIN WITH NOBLE METAL	\$252.25
D2740	CROWN - PORCELAIN/CERAMIC	\$252.25
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$504.50
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$504.50
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$504.50
D2780	CROWN - ¾ CAST HIGH NOBLE METAL	\$252.25
D2781	CROWN - ¾ CAST PREDOMINANTLY BASE METAL	\$252.25
D2782	CROWN - ¾ CAST NOBLE METAL	\$252.25
D2783	CROWN - ¾PORCELAIN/CERAMIC	\$252.25
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$504.50
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$252.25
D2792	CROWN - FULL CAST NOBLE METAL	\$252.25
D2794	CROWN- TITANIUM AND TITANIUM ALLOYS	\$252.25
D2799	PROVISIONAL CROWN	\$0.00

Code	Procedure Description	Fee
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$17.92
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$17.92
D2920	RE-CEMENT OR RE-BOND CROWN	\$19.11
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$149.12
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$155.27
D2932	PREFABRICATED RESIN CROWN	\$65.70
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$149.12
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$149.12
D2940	PROTECTIVE RESTORATION	\$34.95
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	\$43.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$11.94
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$83.61
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$41.81
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$71.66
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$71.66
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$35.83
D2960	LABIAL VENEER(LAMINATE)-CHAIR	\$107.49
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$173.19
D2962	LABIAL VENEER (PORC LAMINATE) - LABORATORY	\$203.04
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER PARTIAL DENTURE FRAMEWORK	\$107.49
D2975	COPING	\$0.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$0.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$15.53
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$28.67
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$84.05
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$37.03
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$42.02
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$340.14
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$394.14
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$596.48
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- ANTERIOR	\$149.30
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY -PREMOLAR	\$197.08
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR	\$262.76
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$71.66

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D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$47.78
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	\$95.55
D3410	APICOECTOMY - ANTERIOR	\$125.41
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$155.27
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$155.27
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$71.66
D3430	RETROGRADE FILLING - PER ROOT	\$47.78
D3450	ROOT AMPUTATION - PER ROOT	\$71.66
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$203.04
D3470	INTENTIONAL REIMPLANTATION	\$119.44
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$17.92
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCL ROOT CANAL THERAPY	\$77.64
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$47.78
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$155.27
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$47.78
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	\$0.00
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$155.27
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$93.16
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$173.19
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$52.55
D4245	APICALLY POSITIONED FLAP	\$173.19
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$155.27
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$214.99
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$64.02
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$0.00

Code	Procedure Description	Fee
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$0.00
D4265	BIOLOGICAL MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$0.00
D4266	GUIDED TISSUE REGENERATE-RESORBABLE BARRIER, PER SITE, PER TOOTH	\$262.76
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, PER TOOTH	\$310.54
D4268	SURGICAL REVISION PROCEDURE	\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$185.13
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$214.99
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$119.44
D4275	SOFT TISSUE ALLOGRAFT	\$214.99
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$214.99
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	\$65.70
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$65.70
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$65.70
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	\$65.70
D4320	PROVISION SPLINTING - INTRACORONAL	\$59.72
D4321	PROVISION SPLINTING - EXTRACORONAL	\$95.55
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$53.75
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$6.69
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$71.66
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	\$28.67
D4910	PERIODONTAL MAINTENANCE PROCEDURES	\$35.83
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	\$23.89
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$358.31
D5120	COMPLETE DENTURE - MANDIBULAR	\$358.31
D5130	IMMEDIATE DENTURE - MAXILLARY	\$370.26

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Code	Procedure Description	Fee
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$370.26
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$262.76
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$262.76
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$382.20
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$382.20
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$17.92
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$17.92
D5421	ADJUST PARTIAL DENTURE-MAXILLARY	\$17.92
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$17.92
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$68.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$68.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	\$41.81
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$68.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$68.00
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH	\$47.78
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$41.81
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$47.78
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$59.72
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$167.21
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$167.21
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$131.38
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$131.38
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$131.38
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$131.38
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$77.64
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$77.64
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$71.66
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$71.66
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$113.47
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$113.47
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$113.47
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$113.47
D5810	INTERIM COMPLETE DENTURE-MAXILLARY	\$191.10
D5811	INTERIM COMPLETE DENTURE-MANDIBULAR	\$191.10
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$155.27
D5821	INTERIM PARTIAL DENTURE-MANDIBULAR	\$155.27
D5850	TISSUE CONDITIONING, MAXILLARY	\$35.83
D5851	TISSUE CONDITIONING, MANDIBULAR	\$35.83
D5862	PRECISION ATTACHMENT, BY REPORT	\$155.27
D5863	OVERDENTURE - COMPLETE MAXILLARY	\$370.26

Code	Procedure Description	Fee
D5864	OVERDENTURE - PARTIAL MAXILLARY	\$370.26
D5865	OVERDENTURE - COMPLETE MANDIBULAR	\$370.26
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	\$0.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$47.78
D5912	FACIAL MOULAGE (COMPLETE)	\$86.00
D5913	NASAL PROSTHESIS	\$836.06
D5914	AURICULAR PROSTHESIS	\$836.06
D5915	ORBITAL PROSTHESIS	\$836.06
D5916	OCULAR PROSTHESIS	\$537.47
D5919	FACIAL PROSTHESIS	\$1074.94
D5922	NASAL SEPTAL PROSTHESIS	\$133.77
D5923	OCULAR PROSTHESIS, INTERIM	\$322.48
D5924	CRANIAL PROSTHESIS	\$418.03
D5925	FACIAL AUGMENT IMPLANT PROSTHESIS	\$358.31
D5926	NASAL PROSTHESIS, REPLACEMENT	\$429.98
D5927	AURICULAR PROSTHESIS, REPLACE	\$429.98
D5928	ORBITAL PROSTHESIS, REPLACE	\$429.98
D5929	FACIAL PROSTHESIS, REPLACEMENT	\$859.95
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$358.31
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1242.15
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$268.74
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$537.47
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$537.47
D5936	OBTURATOR PROSTHESIS, INTERIM	\$597.19
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	\$250.82
D5951	FEEDING AID	\$133.77
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$806.21
D5953	SPEECH AID PROSTHESIS, ADULT	\$806.21
D5954	PALATAL AUGMENT PROSTHESIS	\$424.01
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$214.99
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$214.99
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$95.55
D5960	SPEECH AID PROSTHESIS, MODIFICATION	\$95.55
D5982	SURGICAL STENT	\$107.49
D5983	RADIATION CARRIER	\$155.27
D5984	RADIATION SHIELD	\$155.27
D5985	RADIATION CONE LOCATOR	\$155.27
D5986	FLUORIDE GEL CARRIER	\$47.78
D5987	COMMISSURE SPLINT	\$125.41
D5988	SURGICAL SPLINT	\$107.49

**ATTACHMENT A-1  
TEXAS MEDICAID FEE SCHEDULE  
SCHEDULE OF ALLOWABLE FEES**

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Procedure Description	Fee
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	\$268.74
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS.	\$1979.16
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D6210	PONTIC - CAST HIGH NOBLE METAL	\$252.25
D6211	PONTIC-CAST BASE METAL	\$252.25
D6212	PONTIC - CAST NOBLE METAL	\$252.25
D6240	PONTIC-PORCELAIN FUSED-HIGH NOBLE	\$252.25
D6241	PONTIC-PORCELAIN FUSED TO BASE METAL	\$252.25
D6242	PONTIC-PORCELAIN FUSED-NOBLE METAL	\$252.25
D6245	PROSTHODONTICS FIXED, PONTIC - PORCELAIN/CERAMIC	\$252.25
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$252.25
D6251	PONTIC-RESIN WITH BASE METAL	\$252.25
D6252	PONTIC-RESIN WITH NOBLE METAL	\$252.25
D6545	RETAINER - CAST METAL FIXED	\$257.40
D6548	PROSTHODONTICS FIXED, RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHODONTIC	\$258.72
D6549	RESIN RETAINER-FOR RESIN BONDED FIXED PROSTHESIS	\$252.25
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$252.25
D6721	CROWN-RESIN WITH BASE METAL	\$252.25
D6722	CROWN-RESIN WITH NOBLE METAL	\$252.25
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	\$252.25
D6750	CROWN-PORCELAIN FUSED HIGH NOBLE	\$252.25
D6751	CROWN-PORCELAIN FUSED TO BASE METAL	\$252.25
D6752	CROWN-PORCELAIN FUSED NOBLE METAL	\$252.25
D6780	CROWN-3/4 CST HIGH NOBLE METAL	\$252.25
D6781	PROSTHODONTICS FIXED, CROWN ¾ CAST PREDOMINANTLY BASED METAL	\$252.25
D6782	PROSTHODONTICS FIXED, CROWN ¾ CAST NOBLE METAL	\$252.25
D6783	PROSTHODONTICS FIXED, CROWN ¾ PORCELAIN/CERAMIC	\$252.25
D6790	CROWN-FULL CAST HIGH NOBLE	\$252.25
D6791	CROWN - FULL CAST BASE METAL	\$252.25
D6792	CROWN - FULL CAST NOBLE METAL	\$252.25
D6920	CONNECTOR BAR	\$128.99
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$35.83

Code	Procedure Description	Fee
D6940	STRESS BREAKER	\$83.61
D6950	PRECISION ATTACHMENT	\$131.38
D6980	FIXED PARTIAL DENTURE REPAIR	\$65.70
D6999	FIXED PROSTHODONTIC PROCEDURE	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$11.47
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$64.06
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$98.23
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$150.49
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$171.99
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$286.65
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$149.30
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$88.38
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL IS PERFORMED WHEN A NEUROVASCULAR COMPLICATION IS LIKELY IF THE ENTIRE IMPACTED TOOTH IS REMOVED.	\$0.00
D7260	OROANTRAL FISTULA CLOSURE	\$131.38
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$131.38
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$105.11
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER)	\$143.33
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$59.72
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$59.72
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$23.89
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	\$71.66
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	\$59.72
D7290	SURGICAL REPOSITIONING OF TEETH	\$131.38
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$47.78
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$53.75
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$71.66
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	\$0.00
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	\$119.44
D7350	VESTIBULOPLASTY - RIDGE EXTENSION	\$238.88
D7410	RADICAL EXCISION - LESION DIAMETER UP TO 1.25CM	\$95.55
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$143.33
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$95.55

**ATTACHMENT A-1  
TEXAS MEDICAID FEE SCHEDULE  
SCHEDULE OF ALLOWABLE FEES**

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Code	Procedure Description	Fee
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$143.33
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$113.47
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25CM	\$226.93
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25CM	\$173.19
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$155.27
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25CM	\$113.47
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION GREATER THAN 1.25CM	\$155.27
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	\$65.70
D7472	REMOVAL OF TORUS PALATINUS	\$152.88
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$35.83
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$119.44
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$47.78
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	\$95.55
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$101.53
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$119.44
D7670	ALVEOLUS STABILIZATION OF TEETH, CLOSED REDUCTION SPLINTING	\$77.64
D7820	CLOSED REDUCTION DISLOCATION	\$77.64
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$133.77
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$0.00
D7910	SUTURE SMALL WOUNDS UP TO 5 CM	\$71.66
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$77.64
D7912	COMPLEX SUTURE - GREATER THAN 5CM	\$155.27
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$0.00
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$100.33
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$100.33
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$107.49
D7971	EXCISION OF PERICORONAL GINGIVA	\$41.81
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$41.81
D7980	SURGICAL SIALOLITHOTOMY	\$185.13
D7983	CLOSURE OF SALIVARY FISTULA	\$155.27
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	\$47.78
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00

Code	Procedure Description	Fee
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$435.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$435.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$435.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$435.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$697.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$697.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$697.00
D8210	REMOVABLE APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$250.00
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCES FOR THUMB SUCKING AND TONGUE THRUSTING)	\$250.00
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$14.70
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$66.74
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$697.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$115.24
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	\$17.92
D9120	FIXED PARTIAL DENTURE SECTIONING	\$19.11
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$11.94
D9211	REGIONAL BLOCK ANESTHESIA	\$17.92
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$29.86
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	\$125.00
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	\$58.50
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$43.88
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$27.11
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$57.04
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$42.78
D9248	NON-INTRAVENOUS MODERATE (CONSCIOUS) SEDATION	\$121.88
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	\$14.58
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$23.89
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$36.31
D9430	OFFICE VISIT FOR OBSERVATION - NO OTHER SERVICES PERFORMED	\$14.33
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$29.86
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$17.92
D9612	THERAPEUTIC DRUG INJECTION - 2 OR MORE MEDICATIONS BY REPORT	\$35.83



**ATTACHMENT A-1  
TEXAS MEDICAID FEE SCHEDULE  
SCHEDULE OF ALLOWABLE FEES**

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<b>Code</b>	<b>Procedure Description</b>	<b>Fee</b>
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$8.60
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$11.94
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$47.78
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$23.89
D9944	OCCLUSAL GUARD--HARD APPLIANCE, FULL ARCH	\$113.47
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$53.75
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$35.83
D9970	ENAMEL MICROABRASION	\$53.75
D9974	INTERNAL BLEACHING - PER TOOTH	\$53.75
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$0.00

**ATTACHMENT A-2  
TEXAS CHIP FEE SCHEDULE  
SCHEDULE OF ALLOWABLE FEES**

\*\* PLEASE REFER TO OFFICE REFERENCE MANUAL ON DENTAQUEST'S WEBSITE FOR COVERED SERVICES\*\*

Code	Procedure Description	Fee
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$28.85
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$18.78
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$35.32
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$70.64
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$12.56
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.51
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$4.90
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$23.38
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$34.61
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$63.78
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	\$0.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	\$0.00
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS - ADULT	\$54.88
D1120	PROPHYLAXIS - CHILD	\$36.75
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$14.70
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$14.70
D1351	SEALANT - PER TOOTH	\$28.24
D1352	PREVENTIVE RESIN RESTORATION IS A MOD. TO HIGH CARIES RISK PATIENT PERM TOOTH	\$0.00
D1353	SEALANT REPAIR - PER TOOTH	\$0.00
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$14.12
D1510	SPACE MAINTAINER-FIXED, UNILATERAL - PER QUADRANT	\$156.80
D1516	SPACE MAINTAINER --FIXED--BILATERAL, MAXILLARY	\$232.75
D1517	SPACE MAINTAINER --FIXED--BILATERAL, MANDIBULAR	\$232.75
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$73.50
D1526	SPACE MAINTAINER --REMOVABLE--BILATERAL, MAXILLARY	\$104.13
D1527	SPACE MAINTAINER --REMOVABLE--BILATERAL, MANDIBULAR	\$104.13
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL - PER QUADRANT	\$200.00
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	\$0.00
D2140	AMALGAM - ONE SURFACE PERMANENT	\$62.80
D2140	AMALGAM - ONE SURFACE PRIMARY	\$61.25
D2150	AMALGAM - TWO SURFACES PERMANENT	\$83.57
D2150	AMALGAM - TWO SURFACES PRIMARY	\$81.75
D2160	AMALGAM - THREE SURFACES PERMANENT	\$106.46
D2160	AMALGAM - THREE SURFACES PRIMARY	\$88.75

Code	Procedure Description	Fee
D2161	AMALGAM - FOUR OR MORE SURFACES PERMANENT	\$121.88
D2161	AMALGAM - FOUR OR MORE SURFACES PRIMARY	\$90.01
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$75.81
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$100.46
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$131.17
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$162.80
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR PERMANENT	\$80.34
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR PRIMARY	\$76.25
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR PERMANENT	\$105.30
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR PRIMARY	\$97.75
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR PRIMARY OR PERMANENT	\$117.98
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR PRIMARY OR PERMANENT	\$121.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$131.63
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$252.25
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$252.25
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$252.25
D2722	CROWN - RESIN WITH NOBLE METAL	\$252.25
D2740	CROWN - PORCELAIN/CERAMIC	\$252.25
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$504.50
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$504.50
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$504.50
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$504.50
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$252.25
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$149.12
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$155.27
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$149.12
D2940	PROTECTIVERESTORATION	\$0.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$84.05
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$37.03
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$42.02
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$340.14
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$394.14
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	\$155.27
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$53.75



**ATTACHMENT A-2  
TEXAS CHIP FEE SCHEDULE  
SCHEDULE OF ALLOWABLE FEES**

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Code	Procedure Description	Fee
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$71.66
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$358.31
D5120	COMPLETE DENTURE - MANDIBULAR	\$358.31
D5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$262.76
D5212	MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$262.76
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$382.20
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	\$382.20
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$64.06
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$98.23
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$150.49
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$171.99
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$286.65
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$435.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$435.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$435.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$435.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$697.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$697.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$697.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$66.74
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)	\$697.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$115.24