

SoonerCare Dental Fee Schedule 1/01/2026								
Procedure Type	Procedure Code	Effective Date	Child (Age 0-20) Rate	Adult (Age 21+) Rate	STBS Covered	Prior Authorize	Tooth # Required	Additional Criteria
EXAMINATION	D0120	1/1/26	\$ 21.34	\$ 23.50	Yes	N		
EXAMINATION	D0140	1/1/26	\$ 30.49	\$ 33.57	Yes	N		
EXAMINATION	D0145	1/1/26	\$ 30.49			N		
EXAMINATION	D0150	1/1/26	\$ 30.49	\$ 33.57	Yes	N		
RADIOGRAPHS/TEST	D0210	1/1/26	\$ 60.98	\$ 67.14		Y		Refer to Provider Guidelines for additional criteria
RADIOGRAPHS/TEST	D0220	1/1/26	\$ 15.24	\$ 16.79	Yes	N	X	
RADIOGRAPHS/TEST	D0230	1/1/26	\$ 7.62	\$ 8.39	Yes	N	X	
RADIOGRAPHS/TEST	D0240	1/1/26	\$ 18.29			N		
RADIOGRAPHS/TEST	D0270	1/1/26	\$ 15.24			Y		
RADIOGRAPHS/TEST	D0272	1/1/26	\$ 18.29	\$ 20.14	Yes	N		
RADIOGRAPHS/TEST	D0274	1/1/26	\$ 30.49	\$ 33.57	Yes	N		
RADIOGRAPHS/TEST	D0310	1/1/26	\$ 128.05			Y		
RADIOGRAPHS/TEST	D0320	1/1/26	\$ 304.89			Y		
RADIOGRAPHS/TEST	D0321	1/1/26	\$ 94.51			Y		
RADIOGRAPHS/TEST	D0330	1/1/26	\$ 48.78	\$ 53.71		Y		Refer to Provider Guidelines for additional criteria
RADIOGRAPHS/TEST	D0340	1/1/26	\$ 60.98			N		
RADIOGRAPHS/TEST	D0350	1/1/26	\$ 30.49			N		
RADIOGRAPHS/TEST	D0396	1/1/26	\$ 60.98			Y		
RADIOGRAPHS/TEST	D0460	1/1/26	\$ 24.39			Y	01, 02	
RADIOGRAPHS/TEST	D0470	1/1/26	\$ 38.11			N		Refer to Provider Guidelines for additional criteria
RADIOGRAPHS/TEST	D0601	1/1/26	\$ 9.15			N		
RADIOGRAPHS/TEST	D0602	1/1/26	\$ 9.15			N		
RADIOGRAPHS/TEST	D0603	1/1/26	\$ 9.15			N		
PROPHYLAXIS/SEALANTS	D1110	1/1/26	\$ 45.73	\$ 50.36	Yes	N		Refer to Provider Guidelines for additional criteria
PROPHYLAXIS/SEALANTS	D1120	1/1/26	\$ 30.49			N		Refer to Provider Guidelines for additional criteria
PROPHYLAXIS/SEALANTS	D1206	1/1/26	\$ 18.29	\$ 20.14	Yes	N		Refer to Provider Guidelines for additional criteria
PROPHYLAXIS/SEALANTS	D1208	1/1/26	\$ 15.24			N		Refer to Provider Guidelines for additional criteria
PROPHYLAXIS/SEALANTS	D1320	1/1/26	\$ 33.54	\$ 36.93		N		
PROPHYLAXIS/SEALANTS	D1351	1/1/26	\$ 24.39			N	X	
PROPHYLAXIS/SEALANTS	D1354	1/1/26	\$ 76.22			N		
SPACE MAINTENANCE - PASSIVE	D1510	1/1/26	\$ 121.95			N	01, 02	Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1516	1/1/26	\$ 182.93			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1517	1/1/26	\$ 182.93			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1520	1/1/26	\$ 152.44			Y	X	Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1526	1/1/26	\$ 213.42			Y		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1527	1/1/26	\$ 213.42			Y		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1551	1/1/26	\$ 36.59			Y		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1552	1/1/26	\$ 36.59			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1553	1/1/26	\$ 36.59			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1556	1/1/26	\$ 33.54			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1557	1/1/26	\$ 33.54			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1558	1/1/26	\$ 33.54			N		Refer to Provider Guidelines for additional criteria
SPACE MAINTENANCE - PASSIVE	D1575	1/1/26	\$ 121.95			N		Refer to Provider Guidelines for additional criteria
AMALGAM RESTORATIONS	D2140	1/1/26	\$ 60.98	\$ 67.14		N	X	
AMALGAM RESTORATIONS	D2150	1/1/26	\$ 121.95	\$ 134.28		N	X	
AMALGAM RESTORATIONS	D2160	1/1/26	\$ 164.64	\$ 181.28		N	X	
AMALGAM RESTORATIONS	D2161	1/1/26	\$ 100.61	\$ 110.78		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2330	1/1/26	\$ 60.98	\$ 67.14		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2331	1/1/26	\$ 91.47	\$ 100.71		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2332	1/1/26	\$ 106.71	\$ 117.50		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2335	1/1/26	\$ 121.95	\$ 134.28		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2390	1/1/26	\$ 207.32			N	X	Refer to Provider Guidelines for additional criteria
RESIN BASED COMPOSITE RESTORATIONS	D2391	1/1/26	\$ 60.98	\$ 67.14		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2392	1/1/26	\$ 121.95	\$ 134.28		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2393	1/1/26	\$ 164.64	\$ 181.28		N	X	
RESIN BASED COMPOSITE RESTORATIONS	D2394	1/1/26	\$ 173.79	\$ 191.35				
SINGLE CROWNS	D2710	1/1/26	\$ 304.89			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2721	1/1/26	\$ 457.33			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2740	1/1/26	\$ 609.77			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2750	1/1/26	\$ 670.75			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2751	1/1/26	\$ 487.82			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2752	1/1/26	\$ 548.80			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2790	1/1/26	\$ 579.29			Y	X	Refer to Provider Guidelines for additional criteria

SINGLE CROWNS	D2791	1/1/26	\$ 426.84			Y	X	Refer to Provider Guidelines for additional criteria
SINGLE CROWNS	D2792	1/1/26	\$ 487.82			Y	X	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2920	1/1/26	\$ 45.73			N	X	
OTHER RESTORATIVE	D2929	1/1/26	\$ 121.95			N	X	
OTHER RESTORATIVE	D2930	1/1/26	\$ 121.95			N	X	
OTHER RESTORATIVE	D2931	1/1/26	\$ 182.93			N	X	
OTHER RESTORATIVE	D2932	1/1/26	\$ 146.35			N	X	
OTHER RESTORATIVE	D2933	1/1/26	\$ 137.20			N	X	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2934	1/1/26	\$ 164.64			N	X	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2940	1/1/26	\$ 45.73			N	X	
OTHER RESTORATIVE	D2950	1/1/26	\$ 121.95			Y	X	
OTHER RESTORATIVE	D2951	1/1/26	\$ 30.49			N	X	
OTHER RESTORATIVE	D2952	1/1/26	\$ 243.91			Y	X	Refer to Provider Guidelines for additional criteria
OTHER RESTORATIVE	D2954	1/1/26	\$ 152.44			Y	X	
OTHER RESTORATIVE	D2960	1/1/26	\$ 182.93			Y	X	
OTHER RESTORATIVE	D2961	1/1/26	\$ 304.89			Y	X	
OTHER RESTORATIVE	D2962	1/1/26	\$ 439.04			Y	X	
OTHER RESTORATIVE	D2976	1/1/26	\$ 67.08			N	X	
OTHER RESTORATIVE	D2980	1/1/26	\$ 125.00			Y	X	
ENDODONTICS	D3110	1/1/26	\$ 38.11			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3120	1/1/26	\$ 30.49			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3220	1/1/26	\$ 91.47			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3221	1/1/26	\$ 121.95			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3230	1/1/26	\$ 100.61			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3240	1/1/26	\$ 112.81			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3310	1/1/26	\$ 310.98			N	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3320	1/1/26	\$ 350.62			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3330	1/1/26	\$ 426.84			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3346	1/1/26	\$ 335.38			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3347	1/1/26	\$ 408.55			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3351	1/1/26	\$ 152.44			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3352	1/1/26	\$ 115.86			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3353	1/1/26	\$ 243.91			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3410	1/1/26	\$ 277.45			Y	X	Refer to Provider Guidelines for additional criteria
ENDODONTICS	D3430	1/1/26	\$ 91.47			Y	X	Refer to Provider Guidelines for additional criteria
PERIODONTAL SERVICES	D4210	1/1/26	\$ 289.66			Y	Quad.	
PERIODONTAL SERVICES	D4211	1/1/26	\$ 106.71			Y	Quad.	
PERIODONTAL SERVICES	D4212	1/1/26	\$ 106.71			Y		
PERIODONTAL SERVICES	D4231	1/1/26	\$ 246.96			Y	Quad.	
PERIODONTAL SERVICES	D4240	1/1/26	\$ 332.33			Y	Quad.	
PERIODONTAL SERVICES	D4241	1/1/26	\$ 268.30			Y	Quad.	
PERIODONTAL SERVICES	D4260	1/1/26	\$ 487.82			Y	Quad.	
PERIODONTAL SERVICES	D4261	1/1/26	\$ 378.06			Y	Quad.	
PERIODONTAL SERVICES	D4265	1/1/26	\$ 201.23			Y	Quad.	
PERIODONTAL SERVICES	D4270	1/1/26	\$ 371.96			Y	X	
PERIODONTAL SERVICES	D4275	1/1/26	\$ 432.94			Y	Quad.	
PERIODONTAL SERVICES	D4276	1/1/26	\$ 487.82			Y	X	
PERIODONTAL SERVICES	D4277	1/1/26	\$ 914.66			Y		
PERIODONTAL SERVICES	D4278	1/1/26	\$ 304.89			Y		
PERIODONTAL SERVICES	D4341	1/1/26	\$ 152.44	\$ 167.85	Yes	Y	Quad.	
PERIODONTAL SERVICES	D4342	1/1/26	\$ 82.32	\$ 90.64	Yes	Y	Quad.	
PERIODONTAL SERVICES	D4346	1/1/26	\$ 274.46	\$ 302.13	Yes	Y		
PERIODONTAL SERVICES	D4910	1/1/26	\$ 60.98	\$ 67.14	Yes	Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5110	1/1/26	\$ 762.22	\$ 839.25		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5120	1/1/26	\$ 762.22	\$ 839.25		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5130	1/1/26	\$ 838.44	\$ 923.18		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5140	1/1/26	\$ 838.44	\$ 923.18		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5211	1/1/26	\$ 518.31	\$ 570.69		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5212	1/1/26	\$ 539.65	\$ 594.19		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5213	1/1/26	\$ 914.66	\$ 1,007.10		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5214	1/1/26	\$ 914.66	\$ 1,007.10		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5225	1/1/26	\$ 649.41	\$ 715.04		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5226	1/1/26	\$ 649.41	\$ 715.04		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5282	1/1/26	\$ 408.55	\$ 449.84		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5283	1/1/26	\$ 408.55	\$ 449.84		Y		Refer to Provider Guidelines for additional criteria
REMOVABLE PROSTHODONTICS	D5284	1/1/26	\$ 408.55	\$ 449.84		Y		Refer to Provider Guidelines for additional criteria

FIXED PROSTHODONTICS	D6980	1/1/26	\$ 158.54		Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7111	1/1/26	\$ 60.98	\$ 67.14	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7140	1/1/26	\$ 67.08	\$ 73.85	Yes	N	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7210	1/1/26	\$ 121.95	\$ 134.28	Yes	N	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7220	1/1/26	\$ 140.25	\$ 154.42	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7230	1/1/26	\$ 182.93	\$ 201.42	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7240	1/1/26	\$ 219.52	\$ 241.70	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7241	1/1/26	\$ 304.89	\$ 335.70	Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7250	1/1/26	\$ 121.95	\$ 134.28	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7261	1/1/26	\$ 320.13	\$ 352.49	N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7270	1/1/26	\$ 219.52		N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7280	1/1/26	\$ 182.93		Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7282	1/1/26	\$ 222.57		N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7283	1/1/26	\$ 231.71		Y	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7284	1/1/26	\$ 198.18		N	X	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7285	1/1/26	\$ 158.54		N		Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7286	1/1/26	\$ 121.95		N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7310	1/1/26	\$ 128.05	\$ 140.99	N	Quad	Refer to Provider Guidelines for additional criteria
ORAL AND MAXILLOFACIAL SURGERY	D7321	1/1/26	\$ 234.76		N	Quad	Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7410	1/1/26	\$ 152.44		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7411	1/1/26	\$ 253.06		Y		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7412	1/1/26	\$ 332.33		Y		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7413	1/1/26	\$ 304.89	\$ 335.70	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7414	1/1/26	\$ 429.89	\$ 473.34	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7415	1/1/26	\$ 432.94	\$ 476.69	N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7440	1/1/26	\$ 240.86		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7441	1/1/26	\$ 487.82		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7450	1/1/26	\$ 207.32		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7451	1/1/26	\$ 268.30		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7460	1/1/26	\$ 204.27		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7461	1/1/26	\$ 289.64		N		Refer to Provider Guidelines for additional criteria
EXCISION/REMOVAL OF LESIONS	D7465	1/1/26	\$ 160.07		N		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7471	1/1/26	\$ 259.15	\$ 285.35	Y	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7472	1/1/26	\$ 320.13	\$ 352.49	Y		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7473	1/1/26	\$ 219.52	\$ 241.70	Y	L, R	Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7485	1/1/26	\$ 240.86		Y		Refer to Provider Guidelines for additional criteria
EXCISION OF BONE TISSUE	D7490	1/1/26	\$ 3,780.60		Y	01, 02	Refer to Provider Guidelines for additional criteria
SURGICAL INCISION	D7510	1/1/26	\$ 82.32		N	X	
SURGICAL INCISION	D7511	1/1/26	\$ 134.15		N	X	
SURGICAL INCISION	D7520	1/1/26	\$ 182.93		N	X	
SURGICAL INCISION	D7521	1/1/26	\$ 228.67		N	X	
SURGICAL INCISION	D7530	1/1/26	\$ 128.05		N		
SURGICAL INCISION	D7540	1/1/26	\$ 259.15		N		
SURGICAL INCISION	D7550	1/1/26	\$ 213.42		N	Quad	
SURGICAL INCISION	D7560	1/1/26	\$ 396.35		N		
FRACTURE TREATMENTS	D7610	1/1/26	\$ 1,768.34		N		
FRACTURE TREATMENTS	D7620	1/1/26	\$ 1,463.44		N		
FRACTURE TREATMENTS	D7630	1/1/26	\$ 2,012.25		N		
FRACTURE TREATMENTS	D7640	1/1/26	\$ 1,219.55		N		
FRACTURE TREATMENTS	D7650	1/1/26	\$ 1,920.79		N		
FRACTURE TREATMENTS	D7660	1/1/26	\$ 1,158.57		N		
FRACTURE TREATMENTS	D7670	1/1/26	\$ 609.77		N		
FRACTURE TREATMENTS	D7671	1/1/26	\$ 365.88		N		
FRACTURE TREATMENTS	D7710	1/1/26	\$ 2,103.72		N		
FRACTURE TREATMENTS	D7720	1/1/26	\$ 1,341.50		N		
FRACTURE TREATMENTS	D7730	1/1/26	\$ 2,347.63		N		
FRACTURE TREATMENTS	D7740	1/1/26	\$ 1,371.99		N		
FRACTURE TREATMENTS	D7750	1/1/26	\$ 1,981.77		N		
FRACTURE TREATMENTS	D7760	1/1/26	\$ 1,829.32		N		
FRACTURE TREATMENTS	D7770	1/1/26	\$ 1,158.57		N	X	
FRACTURE TREATMENTS	D7771	1/1/26	\$ 716.48		N	X	
FRACTURE TREATMENTS	D7780	1/1/26	\$ 3,719.62		N		
SURGICAL TMJ	D7820	1/1/26	\$ 274.40		N	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7830	1/1/26	\$ 277.45		N		Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7840	1/1/26	\$ 2,622.03		Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7850	1/1/26	\$ 2,500.07		Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7858	1/1/26	\$ 3,414.73		Y	L, R	Refer to Provider Guidelines for additional criteria

SURGICAL TMJ	D7860	1/1/26	\$ 914.66			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7865	1/1/26	\$ 2,561.05			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7870	1/1/26	\$ 121.95			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7872	1/1/26	\$ 792.71			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7873	1/1/26	\$ 868.93			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7874	1/1/26	\$ 1,097.50			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7875	1/1/26	\$ 1,173.81			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7876	1/1/26	\$ 1,219.55			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7877	1/1/26	\$ 1,128.08			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL TMJ	D7880	1/1/26	\$ 432.94			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7910	1/1/26	\$ 128.05			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7911	1/1/26	\$ 164.64			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7912	1/1/26	\$ 243.91			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7920	1/1/26	\$ 1,006.13			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7940	1/1/26	\$ 1,615.90			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7941	1/1/26	\$ 4,268.42			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7943	1/1/26	\$ 4,329.40			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7944	1/1/26	\$ 3,414.73			Y	Quad	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7945	1/1/26	\$ 3,445.22			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7946	1/1/26	\$ 3,811.09			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7947	1/1/26	\$ 3,811.09			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7948	1/1/26	\$ 4,268.42			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7949	1/1/26	\$ 6,219.69			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7950	1/1/26	\$ 1,311.01			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7961	1/1/26	\$ 182.93			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7962	1/1/26	\$ 213.42			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7970	1/1/26	\$ 243.91			Y		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7971	1/1/26	\$ 103.66			N	X	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7972	1/1/26	\$ 314.03			N	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7980	1/1/26	\$ 253.00			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7981	1/1/26	\$ 1,219.55			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7982	1/1/26	\$ 746.97			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7983	1/1/26	\$ 518.31			N	Quad	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7990	1/1/26	\$ 506.11			N		Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7991	1/1/26	\$ 1,890.30			Y	L, R	Refer to Provider Guidelines for additional criteria
SURGICAL REPAIRS	D7999	1/1/26	MANUAL			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8020	1/1/26	\$ 429.38			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8080	1/1/26	MANUAL			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8220	1/1/26	\$ 435.99			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8695	1/1/26	\$ 121.95			Y		Refer to Provider Guidelines for additional criteria
ORTHODONTICS	D8999	1/1/26	MANUAL			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9110	1/1/26	\$ 60.98			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9130	1/1/26	\$ 18.29			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9222	1/1/26	\$ 79.27	\$ 87.28	Yes	N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9223	1/1/26	\$ 79.27	\$ 87.28	Yes	N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9230	1/1/26	\$ 27.44			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9244	1/1/26	\$ 15.24			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9245	1/1/26	\$ 15.24			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9246	1/1/26	\$ 60.98			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9247	1/1/26	\$ 60.98			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9310	1/1/26	\$ 48.78			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9610	1/1/26	\$ 30.49			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9930	1/1/26	\$ 51.83			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9938	1/1/26	MANUAL			N		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9944	1/1/26	\$ 262.20			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9945	1/1/26	\$ 216.47			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9946	1/1/26	\$ 198.18			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9950	1/1/26	\$ 137.20			Y		Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9951	1/1/26	\$ 70.12			Y	X	Refer to Provider Guidelines for additional criteria
ADJUNCTIVE GENERAL SERVICES	D9999	1/1/26	MANUAL			Y		Refer to Provider Guidelines for additional criteria

WAIVER ONLY CODES

D0322	\$ 170.74	\$ 187.99
D1330	\$ 21.34	\$ 23.50
D3348	\$ 503.06	\$ 553.91
D7260	\$ 365.86	\$ 402.84
D7272	\$ 304.89	\$ 335.70
D9215	\$ 24.39	\$ 26.86

D9420

\$ 91.47 \$ 100.71