	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
							270	276	293	275	295	296	274	271	272	273	278	294	086/524	520
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	45.01	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	65.23	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	65.23	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	65.23	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	65.23	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	65.23	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	65.23	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12031	INTMD WND REPAIR S/TR/EXT	104.38	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
12032	INTMD WND REPAIR S/TR/EXT	130.01	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
12041	INTMD WND REPAIR N-HF/GENIT	104.38	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
12042	INTMD WND REPAIR N-HG/GENIT	130.01	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
12051	INTMD WND REPAIR FACE/MM	104.38	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
12052	INTMD WND REPAIR FACE/MM	104.38	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
12053	INTMD WND REPAIR FACE/MM	130.01	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
12054	INTMD WND REPAIR FACE/MM	104.38	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PA	PR	
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	521.92	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	728.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	1,043.84	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15000	SURGICAL PREPARATION OR CREATION OF RECI	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15120	SPLIT-THICKNESS AUTOGRAFT FACE SCALP	570.14	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15121	SPLIT GRAFT FACE EYELIDS MOUTH NECK	105.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15240	FULL THICKNESS GRAFT FREE INCLUDING DI	624.04	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15241	SKIN FULL GRAFT ADD-ON	105.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15260	FULL THICKNESS GRAFT FREE INCLUDING DI	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15261	SKIN FULL GRAFT ADD-ON	105.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15574	FORMATION OF DIRECT OR TUBED PEDICLE WI	416.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15576	FORMATION OF DIRECT OR TUBED PEDICLE WI	431.08	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIV	247.59	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15732	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS	897.07	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE F	1,182.04	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PR	PA	PR	PA		PA		PA	PA	
20000	INCISION OF SOFT TISSUE ABSCESS (EG SEC	30.01	NA	7/1/2005	12/31/2010		PR	PR	PR			PR				PA				
20005	INCISION OF SOFT TISSUE ABSCESS (EG SEC	75.03	NA	7/1/2005	12/31/2299		PR	PR	PR			PR				PA				
20670	REMOVAL OF IMPLANT; SUPERFICIAL (EG BU	194.74	NA	7/1/2005	12/31/2299		PR	PR	PR			PR				PA				

1/1/2013 Dental Fee Schedule

This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.

Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
20680	REMOVAL OF IMPLANT; DEEP (EG BURIED WIR	391.44	NA	7/1/2005	12/31/2299		PR	PR	PR			PR		PR		PA		PR	PR	
21025	EXCISION OF BONE (EG FOR OSTEOMYELITIS	99.18	NA	7/1/2005	12/31/2299		PR	PR	PR			PR	PR			PA				
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BO	375.13	NA	7/1/2005	12/31/2299		PA	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
21040	EXCISION OF BENIGN CYST OR TUMOR OF MAND	250.08	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	1,125.40	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
21060	MENISCECTOMY PARTIAL OR COMPLETE TEMPO	1,125.40	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21160	RECONSTRUCTION MIDFACE LEFORT III (EXTR	1,500.53	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21193	RECONSTRUCTION OF MANDIBULAR RAMI HORIZ	1,330.16	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21194	RECONSTRUCTION OF MANDIBULAR RAMI HORIZ	1,330.16	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21210	GRAFT BONE; NASAL MAXILLARY OR MALAR A	675.25	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21215	GRAFT BONE; MANDIBLE (INCLUDES OBTAININ	1,500.53	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21230	GRAFT; RIB CARTILAGE AUTOGENOUS TO FAC	1,050.36	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPE	1,500.53	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	810.30	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL	727.25	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	475.46	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE	45.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE;	75.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE;	260.96	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMP	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLI	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH C	884.06	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTUR	94.55	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE;	283.66	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE;	472.76	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID CO	472.76	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINU	555.24	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLE	465.95	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX	889.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21365	OPEN TREATMENT OF COMPLICATED (EG COMMI	975.35	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	856.82	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	1,267.84	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	1,267.84	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	1,156.93	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	756.41	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	

1/1/2013 Dental Fee Schedule

This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.

Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT E	52.50	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT E	975.35	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21406	OPEN TREATMENT OF FRACTURE OF ORBIT EXC	1,150.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21407	OPEN TREATMENT OF FRACTURE OF ORBIT EXC	1,150.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARAT	468.28	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	777.78	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRA	280.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WI	675.25	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; W	675.25	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FR	675.25	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DI	75.03	NA	7/1/2005	12/31/2299															
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DI	75.03	NA	7/1/2005	12/31/2299															
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISL	728.10	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
21501	INCISION AND DRAINAGE DEEP ABSCESS OR H	182.01	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PA		PR	PR	
30000	DRAINAGE ABSCESS OR HEMATOMA NASAL INT	30.01	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30020	DRAINAGE ABSCESS OR HEMATOMA NASAL SEPT	37.62	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30100	BIOPSY INTRANASAL	39.14	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30110	EXCISION NASAL POLYP(S) SIMPLE	105.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30115	EXCISION NASAL POLYP(S) EXTENSIVE	521.92	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE	391.44	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30300	REMOVAL FOREIGN BODY INTRANASAL; OFFICE	52.00	NA	7/1/2005	12/31/2299															
30320	REMOVAL FOREIGN BODY INTRANASAL; BY LAT	130.47	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION WITH	1,043.84	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	150.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30560	LYSIS INTRANASAL SYNECHIA	30.01	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30600	REPAIR FISTULA; ORONASAL	300.10	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PA	PR	PR		PA		PR	PR	
30801	CAUTERY AND/OR ABLATION MUCOSA OF INFER	43.86	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30802	CAUTERIZATION AND/OR ABLATION MUCOSA OF	43.86	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMP	52.19	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR		PR	PR		PR		PR	PR	
30905	CONTROL NASAL HEMORRHAGE POSTERIOR WIT	130.47	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR		PR	PR		PA		PR	PR	
30906	CONTROL NASAL HEMORRHAGE POSTERIOR WIT	30.01	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR		PR	PR		PA		PR	PR	
30915	LIGATION ARTERIES; ETHMOIDAL	450.16	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (	30.01	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
31070	SINUSOTOMY FRONTAL; EXTERNAL SIMPLE (TR	300.10	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31075	SINUSOTOMY FRONTAL; TRANSORBITAL UNILAT	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT	900.88	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31090	SINUSOTOMY COMBINED THREE OR MORE SINUS	1,200.43	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31200	ETHMOIDECTOMY; INTRANASAL ANTERIOR	416.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATI	1,500.53	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION	1,500.53	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31320	LARYNGOTOMY (THYROTOMY LARYNGOFISSURE);	525.20	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROC	105.05	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
31510	LARYNGOSCOPY INDIRECT (SEPARATE PROCEDU	78.00	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31530	LARYNGOSCOPY DIRECT OPERATIVE WITH FO	546.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31600	TRACHEOSTOMY PLANNED (SEPARATE PROCEDUR	300.10	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31601	TRACHEOSTOMY PLANNED (SEPARATE PROCEDUR	300.10	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
31830	REVISION OF TRACHEOSTOMY SCAR	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
37600	LIGATION; EXTERNAL CAROTID ARTERY	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHA	45.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	130.47	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	200.73	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	312.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38550	EXCISION OF CYSTIC HYGROMA AXILLARY OR	291.30	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38700	SUPRAHYOID LYMPHADENECTOMY	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	1,200.43	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40490	BIOPSY OF LIP	45.02	NA	7/1/2005	12/31/2299		PR		PA	PR	PR	PA	PR	PR		PA		PR	PR	
40500	VERMILIONECTOMY (LIP SHAVE) WITH MUCOSA	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISI	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40525	EXCISION OF LIP; FULL THICKNESS RECONST	567.30	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40527	EXCISION OF LIP; FULL THICKNESS RECONST	567.30	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40530	RESECTION OF LIP MORE THAN ONE-FOURTH	375.13	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40650	REPAIR LIP FULL THICKNESS; VERMILION ON	378.20	NA	7/1/2005	12/31/2299		PR	PA	PA	PR	PR	PA	PR	PR		PA		PR	PR	
40652	REPAIR LIP FULL THICKNESS; UP TO HALF V	378.20	NA	7/1/2005	12/31/2299		PR	PA	PA	PR	PR	PA	PR	PR		PA		PR	PR	
40654	REPAIR LIP FULL THICKNESS; OVER ONE-HAL	520.03	NA	7/1/2005	12/31/2299		PR	PA	PA	PR	PR	PA	PR	PR		PA		PR	PR	
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	1,050.36	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	1,350.48	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	1,050.36	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	1,323.72	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
40800	DRAINAGE OF ABSCESS CYST HEMATOMA VES	45.02	NA	7/1/2005	12/31/2299				PA			PA				PA				
40801	DRAINAGE OF ABSCESS CYST HEMATOMA VES	113.46	NA	7/1/2005	12/31/2299				PA			PA				PA				
40804	REMOVAL OF EMBEDDED FOREIGN BODY VESTIB	75.63	NA	7/1/2005	12/31/2299				PA			PA				PA				
40805	REMOVAL OF EMBEDDED FOREIGN BODY VESTIB	113.46	NA	7/1/2005	12/31/2299				PA			PA				PA				
40808	BIOPSY VESTIBULE OF MOUTH	45.02	NA	7/1/2005	12/31/2299				PA			PA				PA				
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCO	75.63	NA	7/1/2005	12/31/2299				PA			PA				PA				
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCO	103.17	NA	7/1/2005	12/31/2299				PA			PA				PA				
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCO	141.82	NA	7/1/2005	12/31/2299				PA			PA				PA				
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCO	170.19	NA	7/1/2005	12/31/2299				PA			PA				PA				
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH	141.82	NA	7/1/2005	12/31/2299				PA			PA				PA				
40830	CLOSURE OF LACERATION VESTIBULE OF MOUT	56.73	NA	7/1/2005	12/31/2299				PR			PR				PR				
40831	CLOSURE OF LACERATION VESTIBULE OF MOUT	94.55	NA	7/1/2005	12/31/2299				PR			PR				PR				
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	52.00	NA	7/1/2005	12/31/2299				PA			PA				PA				
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	75.03	NA	7/1/2005	12/31/2299				PA			PA				PA				
41108	BIOPSY OF FLOOR OF MOUTH	161.99	NA	7/1/2005	12/31/2299		PA	PA	PA	PR	PR	PA	PA	PA		PA		PA	PA	
41110	EXCISION OF LESION OF TONGUE WITHOUT CLO	75.63	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PA	PA	PR		PA		PR	PR	
41112	EXCISION OF LESION OF TONGUE WITH CLOSUR	450.16	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PA	PA	PA		PA		PA	PA	
41113	EXCISION OF LESION OF TONGUE WITH CLOSUR	141.82	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PA	PA	PA		PA		PA	PA	
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	113.46	NA	7/1/2005	12/31/2299		PA	PA	PA	PR	PR	PA	PR	PR		PA		PR	PR	
41116	EXCISION LESION OF FLOOR OF MOUTH	141.82	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41135	GLOSSECTOMY; PARTIAL WITH UNILATERAL RA	1,040.07	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41140	GLOSSECTOMY; COMPLETE OR TOTAL WITH OR	1,050.36	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41145	GLOSSECTOMY; COMPLETE OR TOTAL WITH OR	1,323.72	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RE	1,486.38	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RE	1,826.73	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RE	3,500.86	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLO	66.18	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PA	PR	
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POS	94.55	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
41252	REPAIR OF LACERATION OF TONGUE FLOOR OF	189.10	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
41500	FIXATION OF TONGUE MECHANICAL OTHER TH	247.96	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA	220.45	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM	203.70	NA	7/1/2005	12/31/2299		PA	PA	PA		PA	PA	PR	PR		PA		PA	PR	
41800	DRAINAGE OF ABSCESS CYST HEMATOMA FROM	30.01	NA	7/1/2005	12/31/2299		PR		PA			PR				PA				
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DE	47.27	NA	7/1/2005	12/31/2299		PR		PA			PR				PA				
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DE	113.46	NA	7/1/2005	12/31/2299		PR		PA			PR				PA				
41823	EXCISION OF OSSEOUS TUBEROSITIES DENTOA	169.00	NA	7/1/2005	12/31/2299		PA		PA							PA				
41825	EXCISION OF LESION OR TUMOR (EXCEPT LIST	86.98	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41826	EXCISION OF LESION OR TUMOR (EXCEPT LIST	170.19	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
41827	EXCISION OF LESION OR TUMOR (EXCEPT LIST	189.10	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42000	DRAINAGE OF ABSCESS OF PALATE UVULA	30.01	NA	7/1/2005	12/31/2299		PA	PR	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42100	BIOPSY OF PALATE UVULA	45.01	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42104	EXCISION LESION OF PALATE UVULA; WITHO	94.55	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42106	EXCISION LESION OF PALATE UVULA; WITH	141.82	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42120	RESECTION OF PALATE OR EXTENSIVE RESECTI	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42140	UVULECTOMY EXCISION OF UVULA	45.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42180	REPAIR LACERATION OF PALATE; UP TO 2 CM	173.76	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
42182	REPAIR LACERATION OF PALATE; OVER 2 CM	141.82	NA	7/1/2005	12/31/2299		PR	PR	PA	PR	PR	PR	PR	PR		PA		PR	PR	
42200	PALATOPLASTY FOR CLEFT PALATE SOFT AND/	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42205	PALATOPLASTY FOR CLEFT PALATE WITH CLOS	1,200.43	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42210	PALATOPLASTY FOR CLEFT PALATE WITH CLOS	1,418.27	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REV	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY	1,050.36	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMEN	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42226	LENGTHENING OF PALATE AND PHARYNGEAL FL	945.51	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42227	LENGTHENING OF PALATE WITH ISLAND FLAP	585.63	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42235	REPAIR OF ANTERIOR PALATE INCLUDING VOM	450.16	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42260	REPAIR OF NASOLABIAL FISTULA	661.86	NA	7/1/2005	12/31/2299		PR	PA	PA	PA	PR	PA	PR	PR		PA		PR	PR	
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHE	128.87	NA	7/1/2005	12/31/2299		PA	PA	PA	PA		PA	PA	PA		PA		PA	PA	
42281	INSERTION OF PIN-RETAINED PALATAL PROSTH	118.59	NA	7/1/2005	12/31/2299		PA	PA	PA	PA		PA	PA	PA		PA		PA	PA	
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYS	75.63	NA	7/1/2005	12/31/2299		PA			PA	PA	PA	PA	PA		PA		PA	PA	
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYS	94.55	NA	7/1/2005	12/31/2299		PA			PA	PA	PA	PA	PA		PA		PA	PA	
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	75.03	NA	7/1/2005	12/31/2299		PA			PA	PA	PA	PA	PA		PA		PA	PA	
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	75.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RA	189.10	NA	7/1/2005	12/31/2299		PA	PR	PR	PA	PR	PA	PR	PR		PA		PR	PR	
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY	521.92	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLA	1,050.36	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLA	900.31	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLA	1,144.00	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY)	486.20	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42450	EXCISION OF SUBLINGUAL GLAND	468.00	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42500	PLASTIC REPAIR OF SALIVARY DUCT SIALODO	525.20	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42505	PLASTIC REPAIR OF SALIVARY DUCT SIALODO	750.26	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42507	PAROTID DUCT DIVERSION BILATERAL (WILKE	395.56	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42508	PAROTID DUCT DIVERSION BILATERAL (WILKE	603.59	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42509	PAROTID DUCT DIVERSION BILATERAL (WILKE	686.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42510	PAROTID DUCT DIVERSION BILATERAL (WILKE	570.06	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	15.01	NA	7/1/2005	12/31/2299		PA			PA	PA	PA	PA	PA		PA		PA	PA	
42600	CLOSURE SALIVARY FISTULA	600.21	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42650	DILATION SALIVARY DUCT	15.01	NA	7/1/2005	12/31/2299		PA			PA	PA	PA	PA	PA		PA		PA	PA	
42660	DILATION AND CATHETERIZATION OF SALIVARY	53.04	NA	7/1/2005	12/31/2299		PA			PA	PA	PA	PA	PA		PA		PA	PA	
42665	LIGATION SALIVARY DUCT INTRAORAL	75.63	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42700	INCISION AND DRAINAGE ABSCESS; PERITONSI	78.29	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PR	PA	PA		PA		PA	PA	
42720	INCISION AND DRAINAGE ABSCESS; RETROPHAR	150.05	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PR	PA	PA		PA		PA	PA	
42800	BIOPSY; OROPHARYNX	45.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42802	BIOPSY; HYPOPHARYNX	75.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42804	BIOPSY; NASOPHARYNX VISIBLE LESION SIM	75.03	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42806	BIOPSY; NASOPHARYNX SURVEY FOR UNKNOWN	113.46	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42808	EXCISION OR DESTRUCTION OF LESION OF PHA	100.89	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	130.10	NA	7/1/2005	12/31/2299															
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE	225.08	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42815	EXCISION BRANCHIAL CLEFT CYST VESTIGE	260.02	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42900	SUTURE PHARYNX FOR WOUND OR INJURY	300.10	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE PR	105.05	NA	7/1/2005	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	
61586	BICORONAL TRANSZYGOMATIC AND/OR LEFORT	450.16	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL	406.98	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	352.20	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
64738	TRANSECTION OR AVULSION OF; INFERIOR ALV	441.84	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
64740	TRANSECTION OR AVULSION OF; LINGUAL NERV	423.73	NA	7/1/2005	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
99221	INITIAL HOSPITAL CARE PER DAY FOR THE	58.28	NA	7/1/2005	12/31/2299		PA	PR	PR	PA	PR	PR	PR	PR		PA		PR	PR	
99231	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	28.98	NA	7/1/2005	12/31/2299		PA	PR	PR	PA	PR	PR	PR	PR		PA		PR	PR	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLI	42.88	NA	7/1/2005	12/31/2299		PR			PR			PR	PA		PA		PA	PA	
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED P	35.00	NA	4/1/2008	12/31/2299	^	PA					PA			PA	PA				
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	48.00	NA	4/1/2008	12/31/2299	^						PA				PA				

1/1/2013 Dental Fee Schedule

This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.

Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR E	65.00	NA	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA		PA		
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -	50.00	NA	4/1/2008	12/31/2299	^					PA	PA	PA	PA					PA	
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	101.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA			PA	PA		PA		PA
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	19.00	NA	4/1/2008	12/31/2299	^						PA								
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	17.00	NA	4/1/2008	12/31/2299	^						PA								
D0240	INTRAORAL-0CCLUSAL FILM	19.00	NA	4/1/2008	12/31/2299	^						PA								
D0270	BITEWING-SINGLE FILM	14.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA				PA				
D0272	BITEWINGS-TWO FILMS	32.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA				PA				
D0274	BITEWINGS-FOUR FILMS	48.00	NA	4/1/2008	12/31/2299	^	PA	PA				PA				PA				
D0310	SIALOGRAPHY	97.00	NA	4/1/2008	12/31/2299		PA	PA		PA	PA	PA	PA	PA		PA		PA	PA	
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS BY	350.00	NA	4/1/2008	12/31/2299		PA			PA		PA	PA			PA				PA
D0330	PANORAMIC FILM	87.00	NA	4/1/2008	12/31/2299	^	>21			>21	>21	>21	>21	>21				>21		
D0470	DIAGNOSTIC CASTS	98.00	NA	4/1/2008	12/31/2299	^	PA	PA	PA			PA								
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REP	MP	NA	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PR	PA		PA
D1110	PROPHYLAXIS-ADULT	64.00	NA	4/1/2008	12/31/2299	^														
D1120	PROPHYLAXIS-CHILD	46.00	NA	4/1/2008	12/31/2299	^														
D1203	TOPICAL APPLICATION OF FLUORIDECHILD	29.00	NA	4/1/2008	12/31/2012	^														
D1204	TOPICAL APPLICATION OF FLUORIDE ADULT	28.00	NA	4/1/2008	12/31/2012	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC AP	29.00	NA	4/1/2008	12/31/2012	^	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21
D1208	TOPICAL APP OF FLUORIDE	29.00	NA	1/1/2013	12/31/2299	^	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21	>21
D1351	SEALANT-PER TOOTH	40.00	NA	4/1/2008	12/31/2299	^														
D1510	SPACE MAINTAINER-FIXED UNILATERAL	215.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA			<21					PA
D1515	SPACE MAINTAINER-FIXED BILATERAL	328.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			<21					PA
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	350.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			<21					PA
D1550	RECEMENTATION OF SPACE MAINTAINER	61.00	20%	4/1/2008	12/31/2299		<21	<21	PA	<21		PA			<21					
D1555	REMOVAL OF FIXED SPACE MAINTAINER	75.00	33%	2/1/2010	12/31/2299			PA	PA			PA								
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANEN	95.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANE	114.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMA	145.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2161	AMALGAM-FOUR OR MORE SURFACES PRIMARY O	200.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2330	RESIN-ONE SURFACE ANTERIOR	100.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2331	RESIN-TWO SURFACES ANTERIOR	136.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2332	RESIN-THREE SURFACES ANTERIOR	170.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING	210.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POS	95.00	20%	11/1/2012	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2392	RESIN-BASED COMPOSITE - TWO SURFACES PO	114.00	20%	11/1/2012	12/31/2299	^		PA	PA	PA		PA			PA	PA				

1/1/2013 Dental Fee Schedule

This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.

Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D2393	RESIN-BASED COMPOSITE - THREE SURFACES	145.00	20%	11/1/2012	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURF	200.00	20%	11/1/2012	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY B	805.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA			PA	PA
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	700.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	>21	PA	PA	PA	PA	PA		PA	PA	PA
D2910	RECEMENT INLAY ONLAY OR PARTIAL COVERAGE	28.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				
D2920	RECEMENT CROWN	42.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIM	230.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA		PA	PA	PA		PA		
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERM	233.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	>21	>21	PA	PA		>21	>21	>21
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH	339.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	>21	PA	PA	PA		PA		
D2940	SEDATIVE FILLING	50.00	20%	4/1/2008	12/31/2299	^		PA	PA			PA			PA	PA				
D2950	CORE BUILD-UP INCLUDING ANY PINS	124.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA	PA	PA	PA		PA	PA	PA
D2951	PIN RETENTION-PER TOOTH IN ADDITION TO	35.00	33%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D2954	PREFABRICATED POST AND CORE IN ADDITION	230.00	33%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA	PA	PA	PA		PA	PA	PA
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY RE	MP	33%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	104.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA		PA			PA	PA				
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL R	133.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA	PA	PA		PR	PA	PA		PR		
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	589.00	20%	4/1/2008	12/31/2299	^	>21	PA	PA	PA	>21	PA	>21	>21	PA	PA		>21	>21	>21
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	758.00	20%	4/1/2008	12/31/2299	^	>21	PA	PA	PA	>21	PA	>21	>21	PA	PA		>21	>21	>21
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	875.00	20%	4/1/2008	12/31/2299	^	>21	PA	PA	PA	>21	PA	>21	>21	PA	PA		>21	>21	>21
D3346	RETREATMENT OF PREVIOUS RCT ANTERIOR	440.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D3347	RETREATMENT OF PREVIOUS RCT BICUSPID	712.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D3348	RETREATMENT OF PREVIOUS RCT MOLAR	875.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	253.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERI	400.00	20%	4/1/2008	12/31/2299	^		PA	PA	PA	<21	PA	<21	<21	<21	PA		<21	<21	<21
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSP	450.00	20%	4/1/2008	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA		<21	<21	<21
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	500.00	20%	4/1/2008	12/31/2299	^		PA	PA	<21	<21	PA	<21	<21	<21	PA		<21	<21	<21
D3950	CANAL PREPARATION AND FITTING OF PREFORM	136.00	20%	4/1/2008	12/31/2299			PA	PA	PA		PA			PA	PA				
D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REP	MP	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR	401.00	50%	4/1/2008	12/31/2299		PA	PA	PA		>21	PA		>21	>21	PA		>21	>21	>21
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO T	105.00	50%	4/1/2008	12/31/2299		PA	PA	PA		<21	PA		>21	>21	PA		>21	>21	>21
D4999	UNSPECIFIED PERIODONTAL PROCEDURE , BY R	MP	50%	2/1/2010	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5110	COMPLETE DENTURE - MAXILLARY	1,066.00	50%	11/1/2012	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5120	COMPLETE DENTURE - MANDIBULAR	1,066.00	50%	11/1/2012	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	999.00	50%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	970.00	50%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL F	1,197.00	50%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL	1,176.00	50%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	193.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	66.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5610	REPAIR RESIN DENTURE BASE	150.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5620	REPAIR CAST FRAMEWORK	60.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5630	REPAIR OR REPLACE BROKEN CLASP	143.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5640	REPLACE BROKEN TEETH-PER TOOTH	124.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	96.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	127.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA			PA	PA				
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIR	110.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE	110.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRS	110.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIR	110.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABOR	199.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABO	199.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORA	191.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABOR	191.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA			PA	PA				PA
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC	MP	50%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D5931	OBTURATOR PROSTHESIS SURGICAL	1,140.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA								
D5932	OBTURATOR PROSTHESIS DEFINITIVE	2,189.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA								
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY	MP	50%	2/1/2011	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D6930	RECEMENT BRIDGE	28.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA		PA	PA				
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDU	MP	50%	2/1/2011	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D7111	EXTRACTION, CORONAL REMANTS - DECIDUOUS	90.00	20%	2/1/2010	12/31/2299	^	PA	PA	PA	PA						PA				
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROO	115.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA			PA				PA				
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	200.00	33%	4/1/2008	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA		PR	PR	
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	228.00	33%	4/1/2008	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA		PR	PR	
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	288.00	33%	4/1/2008	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA		PR	PR	
D7240	REMOVAL OF AN IMPACTED TOOTH-COMPLETE B	375.00	33%	4/1/2008	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA		PR	PR	
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY	419.00	33%	4/1/2008	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR	PR	PA		PR	PR	
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	286.00	33%	4/1/2008	12/31/2299	^	PA	PA	PR	PR	PR	PR	PR	PR		PA		PR	PR	
D7260	ORAL ANTRAL FISTULA CLOSURE	635.00	20%	4/1/2008	12/31/2299			PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATIO	744.00	20%	4/1/2008	12/31/2299	^		PA	PA			PA								
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLAN	159.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	352.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PR	PR		PA		PR	PR	
D7286	BIOPSY OF ORAL TISSUE - SOFT	131.00	20%	4/1/2008	12/31/2299		PA					PA				PA				

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	200.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA				
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	94.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7411	EXCISION OF BENIGN LESION GREATER THAN 1	225.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7412	EXCISION OF BENIGN LESION COMPLICATED	288.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	205.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7414	EXCISION OF MALIGNANT LESION GREATER THA	272.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7415	EXCISION OF MALIGNANT LESION COMPLICATE	345.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAME	274.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAME	344.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TU	438.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TU	110.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR	456.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR	1,300.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR	133.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PA			PA				
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR	105.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA				
D7472	REMOVAL OF TORUS PALATINUS	520.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA				
D7473	REMOVAL OF TORUS MANDIBULARIS	526.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA				
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	179.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA		PA	PA			PA				
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	72.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRA	99.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	99.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRA	100.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA SKI	43.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	66.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REM	105.00	20%	4/1/2008	12/31/2299				PR			PR				PR				
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOT	715.00	20%	4/1/2008	12/31/2299		PA	PA	PA			PA	PA			PA				
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZ	715.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBIL	880.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA		PA	PR			PA				
D7670	ALVEOLUS - CLOSED REDUCTION MAY INCLUDE	420.00	20%	4/1/2008	12/31/2299		PR	PA	PA	PA		PA								
D7671	ALVEOLUS - OPEN REDUCTION MAY INCLUDE S	440.00	20%	4/1/2008	12/31/2299		PR	PA	PA	PR	PR	PA	PR	PR		PA		PR	PR	PR
D7710	MAXILLA-OPEN REDUCTION	470.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7720	MAXILLA-CLOSED REDUCTION	134.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7730	MANDIBLE-OPEN REDUCTION	1,032.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7740	MANDIBLE-CLOSED REDUCTION	714.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	476.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	79.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR

	1/1/2013 Dental Fee Schedule																				
	This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.																				
Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH	1,032.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7810	OPEN REDUCTION OF DISLOCATION	770.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PR		PA		PR	PR	PR
D7820	CLOSED REDUCTION OF DISLOCATION	79.00	20%	4/1/2008	12/31/2299															
D7840	CONDYLECTOMY	1,190.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PR	PA	PR		PA		PA	PR	PR
D7865	ARTHROPLASTY	130.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PR	PA	PR		PA		PA	PR	PR
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	138.00	20%	4/1/2008	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	PR
D7911	COMPLICATED SUTURE-UP TO 5 CM	411.00	20%	4/1/2008	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	PR
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	110.00	20%	4/1/2008	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR		PR		PR	PR	PR
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	1,407.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7941	OSTEOTOMY - MANDIBULAR RAMI	1,407.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	1,407.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7945	OSTEOTOMY-BODY OF MANDIBLE	1,270.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7946	LEFORT I (MAXILLA-TOTAL)	1,409.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7947	LEFORT I (MAXILLA-SEGMENTED)	1,409.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF	1,409.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	1,409.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	266.00	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA		PA		PA	PA	PA
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	157.00	20%	4/1/2008	12/31/2299		PA	PA	PA			PA				PA				
D7971	EXCISION OF PERICORONAL GINGIVA	284.00	20%	4/1/2008	12/31/2299		PA	PA	PA			PA				PA				
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	134.00	20%	4/1/2008	12/31/2299		PA	PA	PA			PA		PA		PA		PA		
D7980	SIALOLITHOTOMY	329.00	20%	4/1/2008	12/31/2299		PA	PA	PA			PA				PA				
D7983	CLOSURE OF SALIVARY FISTULA	635.00	20%	4/1/2008	12/31/2299		PA	PA	PA			PA				PA				
D7990	EMERGENCY TRACHEOTOMY	445.00	20%	4/1/2008	12/31/2299															
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PL	600.00	20%	4/1/2008	12/31/2299		PR	PA	PA	PR		PA	PR							
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY R	MP	20%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF T	596.23	NA	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D8660	PRE-ORTHODONTIC VISIT	34.32	NA	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA			PA	PA	PA
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS	93.80	100%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	101.03	100%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY RE	MP	100%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA		PA
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	90.00	NA	4/1/2008	12/31/2299		PR	PR	PR	PR	PR	PR	PR	PR	PR	PR		PR	PR	PR
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 3	255.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA		PA	PA	PA
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH AD	123.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA		PA	PA	PA
D9230	ANALGESIA, ANXIOLYSIS, INHALA	60.00	20%	2/1/2010	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA		PA	PA	
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA, FIF	255.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA		PA	PA	PA
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA	123.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA			PA		PA		PA	PA	PA

1/1/2013 Dental Fee Schedule

This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule.

Proc Code	Proc description	Max Fee	Husky B Copay Effective 7/1/2010	Effective Date	End Date	PGM Limits	Endodontist	Oral & Maxillofacial Pathologist	Oral & Maxillofacial Radiologist	Periodontist	Prosthodontist	Dental Anesthesiologist	Pediatric Dentist	General Dentist	Oral Surgeon	Orthodontist	Dental Hygienist	Public Health Dentist	Hospital and Free Standing Clinics Effective 11/1/2010	FQHC Effective 7/1/2011
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVID	34.00	NA	4/1/2008	12/31/2299															PA
D9410	HOUSE/EXTENDED CARE FACILITY CALL	25.00	NA	4/1/2008	12/31/2299	#	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA
D9420	HOSPITAL CALL	95.00	NA	4/1/2008	12/31/2299															
D9920	BEHAVIOR MANAGEMENT BY REPORT	MP	20%	4/1/2008	12/31/2299	^														
D9940	OCCLUSAL GUARDS BY REPORT	342.00	20%	4/1/2008	12/31/2299	^	>21	>21	PA	>21	>21	>21	>21	>21	>21	>21		>21	>21	>21
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	342.00	20%	4/1/2008	12/31/2299	^	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REP	MP	33%	4/1/2008	12/31/2299		PA	PA	PA	PA	PA	PA	PA	PA	PA	PA		PA	PA	PA

Max Fee column - **MP** means MANUALLY PRICED

Note: T1015 MAY BE BILLED ONLY BY FQHCS - PROVIDER SPECIFIC RATE

Pgm Limits Column - ^ indicates program limitations apply. See Provider Manual Chapter 7 and also the following policy transmittals PB 06-103, PB09-25, PB 09-57, PB11-07, and PB 11-61.

Pgm Limits Column - # indicates service is limited to private practice (non-group related) dentists and public health hygienists. See policy transmittal PB 11-61.

PA TYPE designates:

PR means Authorization Review is required to be obtained from Connecticut Dental Health Partnership **after** the service has been performed

PA means Prior Authorization is required to be obtained from Connecticut Dental Health Partnership **before** the service is performed

Provider Type / specialty Column Designates:

PA means Prior Authorization (PA) is required for all ages

<21 means Prior Authorization is required for patients under the age of 21

>21 means Prior Authorization is required for patients 21 years of age and older

An empty box means that prior authorization is **NOT** required

A "blacked out" box means that the Dental Hygienist cannot bill for these codes