

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	DESCRIPTION	FEE AMT
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$45.01
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$65.23
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$65.23
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$65.23
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$65.23
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$65.23
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF F	\$65.23
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLA	\$104.38
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLA	\$130.01
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS,	\$104.38
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS,	\$130.01
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, E	\$104.38
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, E	\$104.38
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, E	\$130.01
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, E	\$104.38
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$521.92
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$750.26
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$728.05
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$900.31
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$1,043.84
15000	SURGICAL PREPARATION OR CREATION OF RECI	\$600.21
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP,	\$570.14
15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK,	\$105.05
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DI	\$624.04
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DI	\$105.05
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DI	\$750.26
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DI	\$105.05
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WI	\$416.03
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WI	\$431.08

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PROC	DESCRIPTION	FEE AMT
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIV	\$247.59
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS	\$897.07
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE F	\$1,182.04
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SEC	\$30.01
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SEC	\$75.03
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BU	\$194.74
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIR	\$391.44
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS	\$99.18
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BO	\$375.13
21040	EXCISION OF BENIGN CYST OR TUMOR OF MAND	\$250.08
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$1,125.40
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPO	\$1,125.40
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTR	\$1,500.53
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZ	\$1,330.16
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZ	\$1,330.16
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR A	\$675.25
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAININ	\$1,500.53
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FAC	\$1,050.36
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPE	\$1,500.53
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$810.30
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL	\$727.25
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$475.46
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE	\$45.02
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE;	\$75.03
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE;	\$260.96
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMP	\$375.13
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLI	\$600.21
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH C	\$884.06
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTUR	\$94.55

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PROC	DESCRIPTION	FEE AMT
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE;	\$283.66
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE;	\$472.76
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID CO	\$472.76
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINU	\$555.24
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLE	\$465.95
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX	\$750.26
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX	\$889.26
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMI	\$975.35
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	\$856.82
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	\$1,267.84
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	\$1,267.84
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	\$1,156.93
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOU	\$756.41
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, E	\$52.50
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, E	\$975.35
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXC	\$1,150.31
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXC	\$1,150.31
21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARAT	\$468.28
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	\$750.26
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	\$777.78
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATIO	\$750.26
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRA	\$280.02
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WI	\$675.25
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; W	\$675.25
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FR	\$675.25
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DI	\$75.03
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DI	\$75.03
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISL	\$728.10
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR H	\$182.01

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PROC	DESCRIPTION	FEE AMT
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INT	\$30.01
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPT	\$37.62
30100	BIOPSY, INTRANASAL	\$39.14
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$105.05
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$521.92
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE,	\$391.44
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE	\$52.00
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LAT	\$130.47
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH	\$1,043.84
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$150.05
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$900.31
30560	LYSIS INTRANASAL SYNECHIA	\$30.01
30600	REPAIR FISTULA; ORONASAL	\$300.10
30801	CAUTERY AND/OR ABLATION, MUCOSA OF INFER	\$43.86
30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF	\$43.86
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMP	\$52.19
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WIT	\$130.47
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WIT	\$30.01
30915	LIGATION ARTERIES; ETHMOIDAL	\$450.16
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (\$30.01
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TR	\$300.10
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILAT	\$600.21
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT	\$900.88
31090	SINUSOTOMY COMBINED, THREE OR MORE SINUS	\$1,200.43
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$416.03
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATI	\$1,500.53
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION	\$1,500.53
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE);	\$525.20
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROC	\$105.05

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PROC	DESCRIPTION	FEE AMT
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDU	\$78.00
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FO	\$546.03
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDUR	\$300.10
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDUR	\$300.10
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	\$375.13
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	\$375.13
31830	REVISION OF TRACHEOSTOMY SCAR	\$375.13
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$600.21
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHA	\$45.02
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$130.47
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$200.73
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$312.02
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR	\$291.30
38700	SUPRAHYOID LYMPHADENECTOMY	\$750.26
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$1,200.43
40490	BIOPSY OF LIP	\$45.02
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSA	\$600.21
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISI	\$375.13
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY	\$375.13
40525	EXCISION OF LIP; FULL THICKNESS, RECONST	\$567.30
40527	EXCISION OF LIP; FULL THICKNESS, RECONST	\$567.30
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH,	\$375.13
40650	REPAIR LIP, FULL THICKNESS; VERMILION ON	\$378.20
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF V	\$378.20
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HAL	\$520.03
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	\$1,050.36
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	\$1,350.48
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	\$900.31
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	\$1,050.36

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PROC	DESCRIPTION	FEE AMT
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORM	\$1,323.72
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VES	\$45.02
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VES	\$113.46
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIB	\$75.63
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIB	\$113.46
40808	BIOPSY, VESTIBULE OF MOUTH	\$45.02
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCO	\$75.63
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCO	\$103.17
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCO	\$141.82
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCO	\$170.19
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH	\$141.82
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUT	\$56.73
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUT	\$94.55
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$52.00
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$75.03
41108	BIOPSY OF FLOOR OF MOUTH	\$161.99
41110	EXCISION OF LESION OF TONGUE WITHOUT CLO	\$75.63
41112	EXCISION OF LESION OF TONGUE WITH CLOSUR	\$450.16
41113	EXCISION OF LESION OF TONGUE WITH CLOSUR	\$141.82
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$113.46
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$141.82
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$600.21
41130	GLOSSECTOMY; HEMIGLOSSECTOMY	\$600.21
41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RA	\$1,040.07
41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR	\$1,050.36
41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR	\$1,323.72
41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RE	\$1,486.38
41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RE	\$1,826.73
41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RE	\$3,500.86

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PROC	DESCRIPTION	FEE AMT
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLO	\$66.18
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POS	\$94.55
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF	\$189.10
41500	FIXATION OF TONGUE, MECHANICAL, OTHER TH	\$247.96
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA	\$220.45
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM	\$203.70
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM	\$30.01
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DE	\$47.27
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DE	\$113.46
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOA	\$169.00
41825	EXCISION OF LESION OR TUMOR (EXCEPT LIST	\$86.98
41826	EXCISION OF LESION OR TUMOR (EXCEPT LIST	\$170.19
41827	EXCISION OF LESION OR TUMOR (EXCEPT LIST	\$189.10
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$30.01
42100	BIOPSY OF PALATE, UVULA	\$45.01
42104	EXCISION, LESION OF PALATE, UVULA; WITHO	\$94.55
42106	EXCISION, LESION OF PALATE, UVULA; WITH	\$141.82
42120	RESECTION OF PALATE OR EXTENSIVE RESECTI	\$600.21
42140	UVULECTOMY, EXCISION OF UVULA	\$45.02
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$173.76
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM	\$141.82
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/	\$900.31
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOS	\$1,200.43
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOS	\$1,418.27
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REV	\$900.31
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY	\$1,050.36
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMEN	\$900.31
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FL	\$945.51
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$585.63

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PROC	DESCRIPTION	FEE AMT
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOM	\$450.16
42260	REPAIR OF NASOLABIAL FISTULA	\$661.86
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHE	\$128.87
42281	INSERTION OF PIN-RETAINED PALATAL PROSTH	\$118.59
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYS	\$75.63
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYS	\$94.55
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$75.03
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$75.03
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RA	\$189.10
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY	\$521.92
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLA	\$1,050.36
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLA	\$900.31
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLA	\$1,144.00
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY)	\$486.20
42450	EXCISION OF SUBLINGUAL GLAND	\$468.00
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODO	\$525.20
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODO	\$750.26
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE	\$395.56
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE	\$603.59
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE	\$686.21
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE	\$570.06
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$15.01
42600	CLOSURE SALIVARY FISTULA	\$600.21
42650	DILATION SALIVARY DUCT	\$15.01
42660	DILATION AND CATHETERIZATION OF SALIVARY	\$53.04
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$75.63
42700	INCISION AND DRAINAGE ABSCESS; PERITONSI	\$78.29
42720	INCISION AND DRAINAGE ABSCESS; RETROPHAR	\$150.05
42725	INCISION AND DRAINAGE ABSCESS; RETROPHAR	\$312.02

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42800	BIOPSY; OROPHARYNX	\$45.02
42802	BIOPSY; HYPOPHARYNX	\$75.03
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIM	\$75.03
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN	\$113.46
42808	EXCISION OR DESTRUCTION OF LESION OF PHA	\$100.89
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$130.10
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE	\$225.08
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE,	\$260.02
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$300.10
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PR	\$105.05
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT	\$450.16
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL	\$406.98
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$352.20
64738	TRANSECTION OR AVULSION OF; INFERIOR ALV	\$441.84
64740	TRANSECTION OR AVULSION OF; LINGUAL NERV	\$423.73
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE	\$58.28
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$28.98
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLI	\$42.88
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED P	\$35.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$48.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR E	\$65.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -	\$50.00
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	\$101.00
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$19.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	\$17.00
D0240	INTRAORAL-OCCLUSAL FILM	\$19.00
D0270	BITEWING-SINGLE FILM	\$14.00
D0272	BITEWINGS-TWO FILMS	\$32.00
D0274	BITEWINGS-FOUR FILMS	\$48.00

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Dental Fee Schedule

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	PROC	DESCRIPTION	FEE AMT
	D0310	SIALOGRAPHY	\$92.00
	D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY	\$350.00
	D0330	PANORAMIC FILM	\$87.00
	D0470	DIAGNOSTIC CASTS	\$98.00
	D0999	Unspecified Diagnostic, By Report	M.P.
#	D1110	PROPHYLAXIS-ADULT	\$64.00
	D1120	PROPHYLAXIS-CHILD	\$46.00
	D1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYL	\$29.00
*#	D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYL	\$28.00
	D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC AP	\$29.00
	D1351	SEALANT-PER TOOTH	\$40.00
	D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$215.00
	D1515	SPACE MAINTAINER-FIXED BILATERAL	\$328.00
	D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$350.00
	D1550	RECEMENTATION OF SPACE MAINTAINER	\$61.00
	D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANEN	\$95.00
	D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANE	\$114.00
	D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMA	\$145.00
	D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY O	\$200.00
	D2330	RESIN-ONE SURFACE, ANTERIOR	\$100.00
	D2331	RESIN-TWO SURFACES, ANTERIOR	\$136.00
	D2332	RESIN-THREE SURFACES, ANTERIOR	\$170.00
	D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING	\$210.00
	D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POS	\$130.00
	D2392	RESIN-BASED COMPOSITE - TWO SURFACES, PO	\$160.00
	D2393	RESIN-BASED COMPOSITE - THREE SURFACES,	\$200.00
	D2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURF	\$250.00
	D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY B	\$805.00
	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$700.00

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Dental Fee Schedule

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PROC	DESCRIPTION	FEE AMT
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAG	\$26.00
D2920	RECEMENT CROWN	\$42.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIM	\$230.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERM	\$233.00
D2940	SEDATIVE FILLING	\$50.00
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$124.00
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO	\$35.00
D2954	PREFABRICATED POST AND CORE IN ADDITION	\$230.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REP	M.P.
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	\$104.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL R	\$133.00
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$589.00
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$758.00
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$875.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERA	\$440.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERA	\$712.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERA	\$875.00
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	\$253.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERI	\$400.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSP	\$450.00
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	\$500.00
D3950	CANAL PREPARATION AND FITTING OF PREFORM	\$136.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REP	M.P.
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR	\$401.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO T	\$105.00
D5110	COMPLETE DENTURE - MAXILLARY	\$504.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$504.00
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	\$999.00
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	\$970.00

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Dental Fee Schedule

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PROC	DESCRIPTION	FEE AMT
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL F	\$1,197.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL	\$1,176.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$184.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	\$57.00
D5610	REPAIR RESIN DENTURE BASE	\$150.00
D5620	REPAIR CAST FRAMEWORK	\$62.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$135.00
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$124.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$91.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$120.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIR	\$104.00
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE	\$104.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRS	\$104.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIR	\$104.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABOR	\$188.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABO	\$188.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORA	\$180.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABOR	\$180.00
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC	M.P.
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,078.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$2,069.00
D6930	RECEMENT BRIDGE	\$26.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$115.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$200.00
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$228.00
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$288.00
D7240	REMOVAL OF AN IMPACTED TOOTH-COMPLETE B	\$375.00
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY,	\$419.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$286.00

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Dental Fee Schedule

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PROC	DESCRIPTION	FEE AMT
D7260	ORAL ANTRAL FISTULA CLOSURE	\$600.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATIO	\$744.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLAN	\$150.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$352.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$131.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	\$189.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$88.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1	\$225.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$288.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	\$194.00
D7414	EXCISION OF MALIGNANT LESION GREATER THA	\$259.00
D7415	EXCISION OF MALIGNANT LESION, COMPLICATE	\$326.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAME	\$259.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAME	\$325.00
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TU	\$438.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TU	\$110.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR	\$456.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR	\$1,300.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR	\$126.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR	\$99.00
D7472	REMOVAL OF TORUS PALATINUS	\$497.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$497.00
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$169.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	\$69.00
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRA	\$94.00
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	\$214.00
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRA	\$95.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKI	\$41.00
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	\$62.00

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Dental Fee Schedule

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PROC	DESCRIPTION	FEE AMT
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REM	\$99.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOT	\$676.00
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZ	\$675.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBIL	\$880.00
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE	\$420.00
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE S	\$416.00
D7710	MAXILLA-OPEN REDUCTION	\$450.00
D7720	MAXILLA-CLOSED REDUCTION	\$127.00
D7730	MANDIBLE-OPEN REDUCTION	\$975.00
D7740	MANDIBLE-CLOSED REDUCTION	\$675.00
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	\$450.00
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	\$75.00
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH	\$975.00
D7810	OPEN REDUCTION OF DISLOCATION	\$728.00
D7820	CLOSED REDUCTION OF DISLOCATION	\$75.00
D7840	CONDYLECTOMY	\$1,125.00
D7865	ARTHROPLASTY	\$123.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$138.00
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$389.00
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$104.00
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$1,330.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$1,330.00
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GR	\$1,330.00
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	\$1,330.00
D7945	OSTEOTOMY-BODY OF MANDIBLE	\$1,200.00
D7946	LEFORT I (MAXILLA-TOTAL)	\$1,389.00
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$1,389.00
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF	\$1,389.00
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$1,389.00

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	PROC	DESCRIPTION	FEE AMT
	D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	\$266.00
	D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$149.00
	D7971	EXCISION OF PERICORONAL GINGIVA	\$284.00
	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$127.00
	D7980	SIALOLITHOTOMY	\$311.00
	D7983	CLOSURE OF SALIVARY FISTULA	\$600.00
	D7990	EMERGENCY TRACHEOTOMY	\$421.00
	D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PL	\$600.00
	D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY RE	M.P.
*	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF T	\$596.23
	D8660	PRE-ORTHODONTIC VISIT	\$34.32
*	D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS	\$93.80
*	D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$101.03
	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY RE	\$197.08
	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	\$90.00
	D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 3	\$255.00
	D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH AD	\$123.00
	D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA	\$255.00
	D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA	\$123.00
	D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVID	\$34.00
	D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$23.00
	D9420	HOSPITAL CALL	\$95.00
	D9920	BEHAVIOR MANAGEMENT, BY REPORT	M.P.
	D9940	OCCLUSAL GUARDS, BY REPORT	\$342.00
	D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$342.00
	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REP	M.P.
@	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	PSR

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