

CHILDREN'S DENTAL HEALTH PLAN**Payment Schedule for Dental Hygienists****High
Freq.****Code Code Description Rate**

DIAGNOSTIC SECTION**EXAMINATIONS**

86353	Prophy: Children 1-12 years inclusive	41.18
86354	Fluoride: Children 1-12 years inclusive	24.68
87182	Sealant: Children 1-12 years inclusive	37.83
87184	Each additional tooth same quad.: Children 1-12 years inclusive	28.40