

**South Dakota Medicaid
Adult Dental Services Fee Schedule**
Effective January 1, 2026

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Codes listed on this fee schedule may be subject to limitations. Limitations can be found in the Dental Provider Manuals.

Diagnostic

| Code | Description | Fee |
|-------|--|----------|
| D0120 | Periodic Oral Evaluation - Established Patient | \$ 43.86 |
| D0140 | Limited Oral Evaluation - Problem Focused | \$ 66.99 |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient | \$ 66.78 |
| D0160 | Detailed And Extensive Oral Evaluation - Problem Focused | \$ 46.44 |

Radiographs

| Code | Description | Fee |
|-------|---|-----------|
| D0210 | Intraoral - Comprehensive Series Of Radiographic Images | \$ 142.81 |
| D0220 | Intraoral - Periapical First Radiographic Image | \$ 23.97 |
| D0230 | Intraoral - Periapical Each Additional Radiographic Image | \$ 19.90 |
| D0240 | Intraoral - Occlusal Radiographic Image | \$ 32.32 |
| D0270 | Bitewing - Single Radiographic Image | \$ 22.85 |
| D0272 | Bitewings - Two Radiographic Images | \$ 40.38 |
| D0273 | Bitewings - Three Radiographic Images | \$ 42.77 |
| D0274 | Bitewings - Four Radiographic Images | \$ 51.44 |
| D0277 | Vertical Bitewings - 7 To 8 Radiographic Images | \$ 64.13 |
| D0330 | Panoramic Radiographic Image | \$ 94.57 |
| D0340 | 2D Cephalometric Radiographic Image | \$ 61.94 |
| D0350 | 2D Oral/Facial Photographic Image | \$ 33.39 |

Preventive

| Code | Description | Fee |
|-------|---------------------------------|----------|
| D1110 | Prophylaxis (12 Years Or Older) | \$ 72.85 |

Topical Fluoride Treatment

| Code | Description | Fee |
|-------|---|----------|
| D1206 | Topical Application Of Fluoride Varnish | \$ 33.03 |
| D1208 | Topical Application Of Fluoride - Excluding Varnish | \$ 33.03 |

Other Preventative Services

| Code | Description | Fee |
|-------|---|----------|
| D1351 | Sealant - Per Tooth | \$ 43.45 |
| D1353 | Sealant Repair - Per Tooth | \$ 36.27 |
| D1354 | Interim Caries Arresting Medicament (Silver Diamine Fluoride) - Per Tooth | \$ 20.81 |

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Amalgam Restorative

| Code | Description | Fee |
|-------------|---|------------|
| D2140 | Amalgam - One Surface, Primary Or Permanent | \$ 113.06 |
| D2150 | Amalgam - Two Surfaces, Primary Or Permanent | \$ 142.60 |
| D2160 | Amalgam - Three Surfaces, Primary Or Permanent | \$ 166.11 |
| D2161 | Amalgam - Four Or More Surfaces, Primary Or Permanent | \$ 203.57 |

Resin Restorations

| Code | Description | Fee |
|-------------|---|------------|
| D2330 | Resin-Based Composite - One Surface, Anterior | \$ 126.83 |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | \$ 153.69 |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | \$ 186.00 |
| D2335 | Resin-Based Composite - Four Or More Surfaces, Anterior | \$ 226.52 |
| D2391 | Resin-Based Composite - One Surface, Posterior | \$ 137.37 |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | \$ 171.44 |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | \$ 207.59 |
| D2394 | Resin-Based Composite - Four Or More Surface, Posterior | \$ 238.75 |

Prosthetics (Crowns)

| Code | Description | Fee |
|-------------|---|------------|
| D2721 | Crown - Resin With Predominantly Base Metal | \$ 508.60 |
| D2740 | Crown - Porcelain/Ceramic | \$ 826.79 |
| D2750 | Crown - Porcelain Fused To High Noble Metal | \$ 801.23 |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | \$ 768.80 |
| D2752 | Crown - Porcelain Fused To Noble Metal | \$ 794.59 |
| D2753 | Crown - Porcelain Fused To Titanium Or Titanium Alloy | \$ 801.23 |
| D2790 | Crown - Full Cast High Noble Metal | \$ 811.55 |
| D2791 | Crown - Full Cast Predominantly Base Metal | \$ 690.66 |
| D2792 | Crown - Full Cast Noble Metal | \$ 768.80 |
| D2794 | Crown - Titanium Or Titanium Alloys | \$ 684.77 |
| D2910 | Recement Inlay/Onlay/Partial Coverage Restoration | \$ 72.97 |
| D2920 | Recement Crown | \$ 76.28 |
| D2921 | Reattachment Of Tooth Fragment, Incisal Edge Or Cusp | \$ 92.87 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | \$ 245.93 |
| D2940 | Protective Restoration | \$ 96.20 |
| D2950 | Core Buildup, Including Any Pins When Required | \$ 206.52 |
| D2951 | Pin Retention | \$ 38.33 |
| D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | \$ 277.89 |
| D2954 | Prefabricated Post And Core In Addition To Crown | \$ 220.22 |
| D2976 | Band Stabilization - Per Tooth | \$ 61.48 |

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Endodontics

| Code | Description | Fee |
|-------------|--|------------|
| D3221 | Pulpal Debridement | \$ 149.04 |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | \$ 784.08 |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | \$ 874.80 |
| D3921 | Decoronation or Submergence of an Erupted Tooth | \$ 134.46 |

Periodontics

| Code | Description | Fee |
|-------------|---|------------|
| D4210 | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth | \$ 311.79 |
| D4211 | Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth | \$ 164.37 |
| D4240 | Gingival Flap Procedure - Four Or More Contiguous Teeth | \$ 507.86 |
| D4241 | Gingival Flap Procedure - One To Three Contiguous Teeth | \$ 299.86 |
| D4260 | Osseous Surgery - Four Or More Contiguous Teeth | \$ 666.34 |
| D4261 | Osseous Surgery - One To Three Contiguous Teeth | \$ 401.72 |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$ 493.86 |
| D4277 | Free Soft Tissue Graft Procedure - First Tooth | \$ 561.67 |
| D4278 | Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth | \$ 288.21 |
| D4323 | Splint-Extra-Coronal; Natural Teeth or Prosthetic Crowns | \$ 201.97 |
| D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | \$ 198.12 |
| D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | \$ 149.52 |
| D4346 | Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation | \$ 126.82 |
| D4355 | Full Mouth Debridement | \$ 132.88 |
| D4910 | Periodontal Maintenance | \$ 110.81 |

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Removable Prosthodontics

| Code | Description | Fee |
|-------------|--|-------------|
| D5110 | Complete Denture - Maxillary | \$ 1,252.26 |
| D5120 | Complete Denture - Mandibular | \$ 1,252.26 |
| D5130 | Immediate Denture - Maxillary | \$ 1,449.38 |
| D5140 | Immediate Denture - Mandibular | \$ 1,449.38 |
| D5211 | Maxillary Partial Denture - Resin Based | \$ 931.58 |
| D5212 | Mandibular Partial Denture - Resin Based | \$ 931.58 |
| D5213 | Maxillary Partial Denture - Cast Metal Framework | \$ 1,319.41 |
| D5214 | Mandibular Partial Denture - Cast Metal Framework | \$ 1,319.41 |
| D5225 | Maxillary Partial Denture - Flexible Base | \$ 1,047.42 |
| D5226 | Mandibular Partial Denture - Flexible Base | \$ 1,047.42 |
| D5410 | Adjust Complete Denture - Maxillary | \$ 57.49 |
| D5411 | Adjust Complete Denture - Mandibular | \$ 57.49 |
| D5421 | Adjust Partial Denture - Maxillary | \$ 57.49 |
| D5422 | Adjust Partial Denture - Mandibular | \$ 57.49 |
| D5511 | Repair Broken Complete Denture Base, Mandibular | \$ 148.77 |
| D5512 | Repair Broken Complete Denture Base, Maxillary | \$ 148.77 |
| D5520 | Replace Missing Or Broken Teeth | \$ 114.99 |
| D5611 | Repair Resin Partial Denture Base, Mandibular | \$ 126.78 |
| D5612 | Repair Resin Partial Denture Base, Maxillary | \$ 126.78 |
| D5621 | Repair Cast Partial Framework, Mandibular | \$ 161.06 |
| D5622 | Repair Cast Partial Framework, Maxillary | \$ 161.06 |
| D5630 | Repair Or Replace Broken Clasp - Per Tooth | \$ 156.27 |
| D5640 | Replace Broken Teeth - Per Tooth | \$ 124.57 |
| D5650 | Add Tooth To Existing Partial Denture | \$ 166.38 |
| D5660 | Add Clasp To Existing Partial Denture - Per Tooth | \$ 192.38 |
| D5710 | Rebase Complete Maxillary Denture | \$ 444.47 |
| D5711 | Rebase Complete Mandibular Denture | \$ 444.47 |
| D5720 | Rebase Maxillary Partial Denture | \$ 376.66 |
| D5721 | Rebase Mandibular Partial Denture | \$ 376.66 |
| D5730 | Reline Complete Maxillary Denture (Chairside) | \$ 238.82 |
| D5731 | Reline Complete Mandibular Denture (Chairside) | \$ 238.82 |
| D5740 | Reline Maxillary Partial Denture (Chairside) | \$ 210.81 |
| D5741 | Reline Mandibular Partial Denture (Chairside) | \$ 210.81 |
| D5750 | Reline Complete Maxillary Denture (Laboratory) | \$ 356.02 |
| D5751 | Reline Complete Mandibular Denture (Laboratory) | \$ 356.02 |
| D5760 | Reline Maxillary Partial Denture (Laboratory) | \$ 356.02 |
| D5761 | Reline Mandibular Partial Denture (Laboratory) | \$ 356.02 |
| D5765 | Soft Liner for Complete or Partial Removable Denture- Indirect | \$ 342.01 |
| D5810 | Interim Complete Denture (Maxillary) | \$ 536.61 |
| D5811 | Interim Complete Denture (Mandibular) | \$ 536.61 |
| D5820 | Interim Partial Denture (Maxillary) | \$ 412.04 |
| D5821 | Interim Partial Denture (Mandibular) | \$ 412.04 |
| D5850 | Tissue Conditioning, Maxillary | \$ 111.30 |
| D5851 | Tissue Conditioning, Mandibular | \$ 111.30 |
| D5864 | Overdenture – Partial Maxillary - natural tooth borne | \$ 1,117.44 |
| D5866 | Overdenture – Partial Mandibular - natural tooth borne | \$ 1,117.44 |
| D5899 | Removable Prosthodontic Procedure, By Report | \$ 507.86 |

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Fixed Prosthodontics (See Adult Dental Services Manual for Requirements)

See Adult Dental Services Manual for Requirements

| Code | Description | Fee |
|-------------|---|------------|
| D6205 | Pontic-Indirect Resin Based | \$ 508.90 |
| D6210 | Pontic, Cast High Noble Metal | \$ 773.50 |
| D6211 | Pontic, Cast Predominantly Base Metal | \$ 625.80 |
| D6212 | Pontic, Cast Noble Metal | \$ 716.80 |
| D6214 | Pontic-Indirect Resin Based | \$ 616.00 |
| D6240 | Pontic, Porcelain Fused to High Noble Me | \$ 800.10 |
| D6241 | Pontic, Porcelain Fused to Predominantly | \$ 756.00 |
| D6242 | Pontic, Porcelain Fused to Noble Metal | \$ 781.90 |
| D6245 | Pontic, Porcelain/Ceramic | \$ 845.60 |
| D6250 | Pontic, Resin with High Noble Metal | \$ 554.40 |
| D6251 | Pontic Resin with Predominantly Base Metal | \$ 497.00 |
| D6252 | Pontic Resin with Noble Metal | \$ 533.40 |
| D6545 | Cast Metal Retainer, Resin Banded Fixed | \$ 501.90 |
| D6548 | Retainer, Porc/Ceramic For Resin Bonded Fixed Prosthesis | \$ 522.20 |
| D6710 | Crown-Indirect Resin Based Composite | \$ 508.90 |
| D6720 | Crown, Resin with High Noble Metal | \$ 554.40 |
| D6721 | Crown, Resin with Predominantly Base Metal | \$ 497.00 |
| D6722 | Crown, Resin with Noble Metal | \$ 533.40 |
| D6740 | Retainer- Crown- Porcelain/Ceramic | \$ 845.60 |
| D6750 | Crown, Porcelain Fused to High Noble Metal | \$ 800.10 |
| D6751 | Crown, Porcelain Fused to Predominately Base Metal | \$ 756.00 |
| D6752 | Crown, Porcelain Fused to Noble Metal | \$ 781.90 |
| D6780 | Three Fourth Cast Gold Crown | \$ 714.70 |
| D6781 | Crown, 3/4 Cast Predominantly Base Metal | \$ 546.00 |
| D6782 | Crown, 3/4 Cast Noble Metal | \$ 590.80 |
| D6783 | Crown, 3/4 Porcelain/Ceramic | \$ 718.20 |
| D6790 | Crown, Full Cast High Noble Metal | \$ 773.50 |
| D6791 | Crown, Full Cast Predominantly Base Metal | \$ 625.80 |
| D6792 | Crown, Full Cast Noble Metal | \$ 716.80 |
| D6794 | Crown (Titanium) | \$ 616.00 |
| D6980 | Fixed Partial Denture Repair Necessitated by Restorative Material Failure | \$ 176.40 |
| D6930 | Re-Cement Fixed Partial Denture | \$ 114.25 |

Extractions

| Code | Description | Fee |
|-------------|--|------------|
| D7140 | Extraction, Erupted Tooth | \$ 139.55 |
| D7210 | Extraction, Erupted Tooth Requiring Removal Of Bone | \$ 241.08 |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | \$ 268.76 |
| D7230 | Removal Of Impacted Tooth - Partially Bony | \$ 378.81 |
| D7240 | Removal Of Impacted Tooth - Completely Bony | \$ 447.26 |
| D7241 | Removal Of Impacted Tooth - Completely Bony, With Complications | \$ 397.30 |
| D7250 | Removal Of Residual Tooth Roots | \$ 222.67 |
| D7251 | Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only | \$ 299.26 |

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Other Surgical Procedures

| Code | Description | Fee |
|-------------|--|------------|
| D7260 | Oroantral Fistula Closure | \$ 409.09 |
| D7270 | Tooth Re-Implantation And/Or Stabilization | \$ 299.26 |
| D7285 | Incisional Biopsy Of Oral Tissue – Hard | \$ 188.44 |
| D7286 | Incisional Biopsy Of Oral Tissue – Soft | \$ 211.55 |
| D7288 | Brush Biopsy - Transepithelial Sample Collection | \$ 114.99 |
| D7290 | Surgical Repositioning Of Teeth | \$ 302.95 |
| D7291 | Transseptal Fiberotomy, By Report | \$ 140.79 |

Alveoloplasty

| Code | Description | Fee |
|-------------|---|------------|
| D7310 | In Conjunction With Extractions - Four Or More Teeth Per Quadrant | \$ 230.61 |
| D7311 | In Conjunction With Extractions - One To Three Teeth Per Quadrant | \$ 204.38 |
| D7320 | Not In Conjunction With Extractions - Four Or More Teeth/Quadrant | \$ 214.50 |
| D7321 | Not In Conjunction With Extractions - One To Three Teeth/Quadrant | \$ 173.22 |

Vestibuloplasty

| Code | Description | Fee |
|-------------|--------------------------|------------|
| D7340 | Uncomplicated (Per Arch) | \$ 428.99 |
| D7350 | Complicated (Per Arch) | \$ 730.47 |

Excision Of Soft Tissue Lesions

| Code | Description | Fee |
|-------------|--|------------|
| D7410 | Excision Of Benign Lesion Up To 1.25 Cm | \$ 219.66 |
| D7411 | Excision Of Benign Lesion Greater Than 1.25 Cm | \$ 287.47 |

Excision Of Intra-Osseus Lesions

| Code | Description | Fee |
|-------------|---|------------|
| D7450 | Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm | \$ 293.37 |
| D7451 | Removal Of Benign Odontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm | \$ 448.89 |
| D7460 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm | \$ 276.16 |
| D7461 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm | \$ 581.95 |

Excision Of Bone Tissue

| Code | Description | Fee |
|-------------|--|------------|
| D7471 | Removal Of Lateral Exostosis (Maxilla Or Mandible) | \$ 299.26 |
| D7472 | Removal Of Torus Palatinus | \$ 315.27 |
| D7473 | Removal Of Torus Mandibularis | \$ 403.93 |
| D7485 | Reduction Of Osseous Tuberosity | \$ 287.47 |

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Surgical Incision

| Code | Description | Fee |
|-------|--|-----------|
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | \$ 145.95 |
| D7511 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | \$ 146.68 |
| D7520 | Incision And Drainage Of Abscess - Extraoral Soft Tissue | \$ 169.53 |
| D7521 | Incision And Drainage Of Abscess - Extraoral Soft Tissue | \$ 145.21 |
| D7530 | Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Tissue | \$ 170.67 |
| D7540 | Removal Of Reaction Producing Foreign Bodies, Musculoskeletal | \$ 433.79 |
| D7550 | Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone | \$ 291.15 |

Treatment Of Fractures

| Code | Description | Fee |
|-------|---|-----------|
| D7771 | Alveolus, Closed Reduction Stabilization Of Teeth | \$ 998.03 |
| D7880 | Occlusal Orthotic Device, By Report | \$ 569.78 |
| D7881 | Occlusal Orthotic Device Adjustment | \$ 52.33 |
| D7899 | Unspecified Tmd Therapy, By Report | \$ 368.55 |
| D7910 | Suture Of Recent Small Wounds Up To 5 Cm | \$ 159.21 |

Other Repair Procedures

UCC = Usual and Customary Charge

| Code | Description | Fee |
|-------|---|-------------|
| D7961 | Buccal/Labial Frenectomy (Frenulectomy) | \$ 263.42 |
| D7962 | Lingual Frenectomy (Frenulectomy) | \$ 343.27 |
| D7970 | Excision Of Hyperplastic Tissue - Per Arch | \$ 228.50 |
| D7971 | Excision Of Pericoronal Gingiva | \$ 128.26 |
| D7979 | Non-Surgical Sialolithotomy | \$ 72.24 |
| D7981 | Excision Of Salivary Gland | \$ 1,027.59 |
| D7999 | Unspecified Oral Surgery Procedure, By Report | 70% UCC |

Adjunctive General Services

| Code | Description | Fee |
|-------|--|-----------|
| D9110 | Palliative Treatment Of Dental Pain - Minor Procedure | \$ 90.66 |
| D9222 | Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof | \$ 268.21 |
| D9223 | Administration of Deep sedation/general anesthesia – each subsequent 15 minute increment or any portion thereof | \$ 206.08 |
| D9224 | Administration of general anesthesia with advanced airway – first 15 minute increment or any portion thereof | \$ 268.21 |
| D9225 | Administration of general anesthesia with advanced airway – each subsequent 15 minute increment or any increment thereof | \$ 206.08 |
| D9230 | Administration of Nitrous Oxide | \$ 44.71 |
| D9239 | Administration of moderate sedation intravenous – first 15 minute increment or any portion thereof | \$ 196.67 |
| D9243 | Administration of moderate sedation intravenous – each subsequent 15 minute increment or any portion thereof | \$ 147.80 |
| D9410 | House / Extended Care Facility Call | \$ 116.46 |
| D9420 | Hospital Or Ambulatory Surgical Center Call | \$ 226.10 |
| D9430 | Office Visit For Observation - No Other Services | \$ 46.44 |
| D9930 | Treatment Of Complications (Post-Surgical) | \$ 56.76 |
| D9943 | Occlusal Guard Adjustment | \$ 55.28 |
| D9944 | Occlusal Guard - Hard Appliance, Full Arch | \$ 535.87 |
| D9945 | Occlusal Guard - Soft Appliance, Full Arch | \$ 134.15 |
| D9946 | Occlusal Guard - Hard Appliance, Partial Arch | \$ 283.78 |

Behavior Management

| Code | Description | Fee |
|-------|---|-----------|
| D9920 | Behavior Management (For Patients With Developmental Disabilities Only) | \$ 119.46 |