

South Dakota Medicaid Children Dental Services Fee Schedule

Effective January 1, 2025

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. ABCD add-on fees are for dentists enrolled in the ABCD program when providing services to a recipient age 0-5. Refer to the ABCD manual for information on enrolling in the ABCD program.

Diagnostic

| Code | Description | Fee | ABCD Add-On |
|-------|--|----------|-------------|
| D0120 | Periodic Oral Evaluation - Established Patient | \$ 43.32 | \$ 5.00 |
| D0140 | Limited Oral Evaluation - Problem Focused | \$ 66.16 | |
| D0145 | Oral Evaluation (Patient Under 3) | \$ 49.00 | \$ 5.00 |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient | \$ 65.96 | \$ 5.00 |
| D0160 | Detailed And Extensive Oral Evaluation - Problem Focused | \$ 45.86 | |

Radiographs

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D0210 | Intraoral - Comprehensive Series Of Radiographic Images | \$ 141.04 | |
| D0220 | Intraoral - Periapical First Radiographic Image | \$ 23.67 | |
| D0230 | Intraoral - Periapical Each Additional Radiographic Image | \$ 19.66 | |
| D0240 | Intraoral - Occlusal Radiographic Image | \$ 31.92 | |
| D0270 | Bitewing - Single Radiographic Image | \$ 22.57 | |
| D0272 | Bitewings - Two Radiographic Images | \$ 39.88 | |
| D0273 | Bitewings - Three Radiographic Images | \$ 42.24 | |
| D0274 | Bitewings - Four Radiographic Images | \$ 50.80 | |
| D0277 | Vertical Bitewings - 7 To 8 Radiographic Images | \$ 63.34 | |
| D0330 | Panoramic Radiographic Image | \$ 93.40 | |
| D0340 | 2D Cephalometric Radiographic Image | \$ 61.17 | |
| D0350 | 2D Oral/Facial Photographic Image | \$ 32.98 | |
| D0470 | Diagnostic Casts | \$ 57.64 | |

Preventive

| Code | Description | Fee | ABCD Add-On |
|-------|--|----------|-------------|
| D0601 | Caries Risk Assessment And Documentation (Low Risk) | \$ 12.46 | |
| D0602 | Caries Risk Assessment And Documentation (Moderate Risk) | \$ 12.46 | |
| D0603 | Caries Risk Assessment And Documentation (High Risk) | \$ 12.46 | |
| D1110 | Prophylaxis (12 Years Or Older) | \$ 71.95 | |
| D1120 | Prophylaxis (Under 12 Years Old) | \$ 53.51 | |

Topical Fluoride Treatment

| Code | Description | Fee | ABCD Add-On |
|-------|---|----------|-------------|
| D1206 | Topical Application Of Fluoride Varnish | \$ 32.62 | |
| D1208 | Topical Application Of Fluoride - Excluding Varnish | \$ 32.62 | |

Other Preventative Services

| Code | Description | Fee | ABCD Add-On |
|-------|---|----------|-------------|
| D1330 | Oral Hygiene Instructions (With ABCD Training And Certification) | \$ 25.00 | |
| D1351 | Sealant - Per Tooth | \$ 42.91 | |
| D1353 | Sealant Repair - Per Tooth | \$ 35.82 | |
| D1354 | Interim Caries Arresting Medicament (Silver Diamine Fluoride) - Per Tooth | \$ 20.55 | |

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Space Maintenance

| Code | Description | Fee | ABCD Add-On |
|-------|--|-----------|-------------|
| D1510 | Space Maintainer - Fixed - Unilateral - Per Quadrant | \$ 237.49 | |
| D1516 | Space Maintainer - Fixed - Bilateral, Maxillary | \$ 317.41 | |
| D1517 | Space Maintainer - Fixed - Bilateral, Mandibular | \$ 317.41 | |
| D1520 | Space Maintainer - Removable - Unilateral - Per Quadrant | \$ 190.74 | |
| D1526 | Space Maintainer - Removable - Bilateral, Maxillary | \$ 246.06 | |
| D1527 | Space Maintainer - Removable - Bilateral, Mandibular | \$ 246.06 | |
| D1551 | Re-Cement Bilateral Space Maintainer - Maxillary | \$ 61.88 | |
| D1552 | Re-Cement Bilateral Space Maintainer - Mandibular | \$ 61.88 | |
| D1553 | Re-Cement Unilateral Space Maintainer - Per Quadrant | \$ 43.31 | |
| D1575 | Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant | \$ 246.00 | |

Amalgam Restorative

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D2140 | Amalgam - One Surface, Primary Or Permanent | \$ 111.66 | \$ 10.00 |
| D2150 | Amalgam - Two Surfaces, Primary Or Permanent | \$ 140.84 | \$ 10.00 |
| D2160 | Amalgam - Three Surfaces, Primary Or Permanent | \$ 164.06 | \$ 10.00 |
| D2161 | Amalgam - Four Or More Surfaces, Primary Or Permanent | \$ 201.05 | \$ 10.00 |

Resin Restorations

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D2330 | Resin-Based Composite - One Surface, Anterior | \$ 125.27 | \$ 10.00 |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | \$ 151.79 | \$ 10.00 |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | \$ 183.71 | \$ 10.00 |
| D2335 | Resin-Based Composite - Four Or More Surfaces, Anterior | \$ 223.72 | \$ 10.00 |
| D2390 | Resin-Based Composite Crown, Anterior | \$ 271.50 | |
| D2391 | Resin-Based Composite - One Surface, Posterior | \$ 135.68 | \$ 10.00 |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | \$ 169.32 | \$ 10.00 |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | \$ 205.03 | \$ 10.00 |
| D2394 | Resin-Based Composite - Four Surfaces, Posterior | \$ 235.80 | \$ 10.00 |

Prosthetics (Crowns)

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D2721 | Crown - Resin With Predominantly Base Metal | \$ 502.32 | |
| D2740 | Crown - Porcelain/Ceramic | \$ 816.59 | |
| D2750 | Crown - Porcelain Fused To High Noble Metal | \$ 791.34 | |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | \$ 759.30 | |
| D2752 | Crown - Porcelain Fused To Noble Metal | \$ 784.78 | |
| D2753 | Crown - Porcelain Fused To Titanium Or Titanium Alloy | \$ 791.34 | |
| D2790 | Crown - Full Cast High Noble Metal | \$ 801.53 | |
| D2791 | Crown - Full Cast Predominantly Base Metal | \$ 682.14 | |
| D2792 | Crown - Full Cast Noble Metal | \$ 759.30 | |
| D2794 | Crown - Titanium Or Titanium Alloys | \$ 676.31 | |
| D2910 | Re-Cement Inlay/Onlay/Partial Coverage Restoration | \$ 72.07 | |
| D2920 | Re-Cement Crown | \$ 75.34 | |
| D2921 | Reattachment Of Tooth Fragment, Incisal Edge Or Cusp | \$ 91.73 | |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$ 219.53 | \$ 25.00 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | \$ 242.89 | |
| D2932 | Prefabricated Resin Crown | \$ 296.15 | |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | \$ 233.18 | \$ 25.00 |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | \$ 273.02 | \$ 25.00 |
| D2940 | Placement Of Interim Direct Restoration | \$ 95.01 | |
| D2950 | Core Buildup, Including Any Pins When Required | \$ 203.98 | |
| D2951 | Pin Retention | \$ 37.86 | |
| D2952 | Post And Core In Addition To Crown, Indirectly Fabricated | \$ 274.46 | |
| D2954 | Prefabricated Post And Core In Addition To Crown | \$ 217.51 | |
| D2976 | Band Stabilization - Per Tooth | \$ 60.73 | |

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Endodontics

| Code | Description | Fee | ABCD Add-On |
|-------------|--|-------------|--------------------|
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | \$ 60.42 | |
| D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | \$ 62.58 | |
| D3220 | Therapeutic Pulpotomy | \$ 158.37 | \$ 15.00 |
| D3221 | Pulpal Debridement | \$ 147.20 | |
| D3222 | Partial Pulpotomy | \$ 146.40 | |
| D3230 | Pulpal Therapy - Anterior, Primary Tooth | \$ 155.40 | |
| D3240 | Pulpal Therapy - Posterior, Primary Tooth | \$ 154.40 | |
| D3310 | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration) | \$ 774.40 | |
| D3320 | Endodontic Therapy, Premolar Tooth (Excluding Final Restoration) | \$ 878.40 | |
| D3330 | Endodontic Therapy, Molar Tooth (Excluding Final Restoration) | \$ 995.20 | |
| D3346 | Retreatment Of Previous Root Canal Therapy - Anterior | \$ 864.00 | |
| D3347 | Retreatment Of Previous Root Canal Therapy - Premolar | \$ 961.60 | |
| D3348 | Retreatment Of Previous Root Canal Therapy - Molar | \$ 1,116.00 | |
| D3351 | Apexification/Recalcification - Initial Visit | \$ 285.60 | |
| D3352 | Apexification/Recalcification - Interim Medication Replacement | \$ 213.60 | |
| D3353 | Apexification/Recalcification - Final Visit | \$ 400.00 | |
| D3410 | Apicoectomy - Anterior | \$ 734.40 | |
| D3421 | Apicoectomy - Premolar (First Root) | \$ 738.40 | |
| D3425 | Apicoectomy - Molar (First Root) | \$ 801.60 | |
| D3426 | Apicoectomy (Each Additional Root) | \$ 288.80 | |
| D3430 | Retrograde Filling - Per Root | \$ 240.80 | |
| D3921 | Decoronation Or Submergence Of An Erupted Tooth | \$ 132.80 | |

Periodontics

| Code | Description | Fee | ABCD Add-On |
|-------------|---|------------|--------------------|
| D4210 | Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth | \$ 307.94 | |
| D4211 | Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth | \$ 162.34 | |
| D4240 | Gingival Flap Procedure - Four Or More Contiguous Teeth | \$ 501.59 | |
| D4241 | Gingival Flap Procedure - One To Three Contiguous Teeth | \$ 296.16 | |
| D4260 | Osseous Surgery - Four Or More Contiguous Teeth | \$ 658.11 | |
| D4261 | Osseous Surgery - One To Three Contiguous Teeth | \$ 396.76 | |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$ 487.76 | |
| D4277 | Free Soft Tissue Graft Procedure - First Tooth | \$ 554.74 | |
| D4278 | Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth | \$ 284.65 | |
| D4323 | Splint- Extra-Coronal; Natural Teeth or Prosthetic Crowns | \$ 199.47 | |
| D4341 | Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant | \$ 195.68 | |
| D4342 | Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant | \$ 147.67 | |
| D4346 | Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation | \$ 125.25 | |
| D4355 | Full Mouth Debridement | \$ 131.24 | |
| D4910 | Periodontal Maintenance | \$ 109.44 | |

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Removable Prosthodontics

| Code | Description | Fee | ABCD Add-On |
|-------------|---|-------------|--------------------|
| D5110 | Complete Denture - Maxillary | \$ 1,236.80 | |
| D5120 | Complete Denture - Mandibular | \$ 1,236.80 | |
| D5130 | Immediate Denture - Maxillary | \$ 1,431.49 | |
| D5140 | Immediate Denture - Mandibular | \$ 1,431.49 | |
| D5211 | Maxillary Partial Denture - Resin Based | \$ 920.08 | |
| D5212 | Mandibular Partial Denture - Resin Based | \$ 920.08 | |
| D5213 | Maxillary Partial Denture - Cast Metal Framework | \$ 1,303.12 | |
| D5214 | Mandibular Partial Denture - Cast Metal Framework | \$ 1,303.12 | |
| D5225 | Maxillary Partial Denture - Flexible Base | \$ 1,034.49 | |
| D5226 | Mandibular Partial Denture - Flexible Base | \$ 1,034.49 | |
| D5410 | Adjust Complete Denture - Maxillary | \$ 56.78 | |
| D5411 | Adjust Complete Denture - Mandibular | \$ 56.78 | |
| D5421 | Adjust Partial Denture - Maxillary | \$ 56.78 | |
| D5422 | Adjust Partial Denture - Mandibular | \$ 56.78 | |
| D5511 | Repair Broken Complete Denture Base, Mandibular | \$ 146.93 | |
| D5512 | Repair Broken Complete Denture Base, Maxillary | \$ 146.93 | |
| D5520 | Replace Missing Or Broken Teeth | \$ 113.57 | |
| D5611 | Repair Resin Partial Denture Base, Mandibular | \$ 125.22 | |
| D5612 | Repair Resin Partial Denture Base, Maxillary | \$ 125.22 | |
| D5621 | Repair Cast Partial Framework, Mandibular | \$ 159.07 | |
| D5622 | Repair Cast Partial Framework, Maxillary | \$ 159.07 | |
| D5630 | Repair Or Replace Broken Retentive/Clasping Materials - Per Tooth | \$ 154.34 | |
| D5640 | Replace Missing Or Broken Teeth – Partial Denture – Per tooth | \$ 123.03 | |
| D5650 | Add Tooth To Existing Partial Denture - Per Tooth | \$ 164.33 | |
| D5660 | Add Clasp To Existing Partial Denture - Per Tooth | \$ 190.01 | |
| D5710 | Rebase Complete Maxillary Denture | \$ 438.98 | |
| D5711 | Rebase Complete Mandibular Denture | \$ 438.98 | |
| D5720 | Rebase Maxillary Partial Denture | \$ 372.01 | |
| D5721 | Rebase Mandibular Partial Denture | \$ 372.01 | |
| D5730 | Reline Complete Maxillary Denture (Chairside) | \$ 235.87 | |
| D5731 | Reline Complete Mandibular Denture (Chairside) | \$ 235.87 | |
| D5740 | Reline Maxillary Partial Denture (Chairside) | \$ 208.21 | |
| D5741 | Reline Mandibular Partial Denture (Chairside) | \$ 208.21 | |
| D5750 | Reline Complete Maxillary Denture (Laboratory) | \$ 351.62 | |
| D5751 | Reline Complete Mandibular Denture (Laboratory) | \$ 351.62 | |
| D5760 | Reline Maxillary Partial Denture (Laboratory) | \$ 351.62 | |
| D5761 | Reline Mandibular Partial Denture (Laboratory) | \$ 351.62 | |
| D5765 | Soft Liner for Complete or Partial Removable Denture- Indirect | \$ 337.79 | |
| D5810 | Interim Complete Denture (Maxillary) | \$ 529.98 | |
| D5811 | Interim Complete Denture (Mandibular) | \$ 529.98 | |
| D5820 | Interim Partial Denture (Maxillary) | \$ 406.95 | |
| D5821 | Interim Partial Denture (Mandibular) | \$ 406.95 | |
| D5850 | Tissue Conditioning, Maxillary | \$ 109.93 | |
| D5851 | Tissue Conditioning, Mandibular | \$ 109.93 | |
| D5864 | Overdenture – Partial Maxillary | \$ 1,103.65 | |
| D5866 | Overdenture – Partial Mandibular | \$ 1,103.65 | |
| D5899 | Removable Prosthodontic Procedure, By Report | \$ 501.59 | |

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Fixed Prosthodontics

See Children Dental Services Manual for Requirements

UCR = Usual and Customary Rate

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D6205 | Pontic-Indirect Resin Based | 70% UCC | |
| D6210 | Pontic, Cast High Noble Metal | 70% UCC | |
| D6211 | Pontic, Cast Predominantly Base Metal | 70% UCC | |
| D6212 | Pontic, Cast Noble Metal | 70% UCC | |
| D6214 | Pontic-Indirect Resin Based | 70% UCC | |
| D6240 | Pontic, Porcelain Fused to High Noble Me | 70% UCC | |
| D6241 | Pontic, Porcelain Fused to Predominantly | 70% UCC | |
| D6242 | Pontic, Porcelain Fused to Noble Metal | 70% UCC | |
| D6245 | Pontic, Porcelain/Ceramic | 70% UCC | |
| D6250 | Pontic, Resin with High Noble Metal | 70% UCC | |
| D6251 | Pontic Resin with Predominantly Base Metal | 70% UCC | |
| D6252 | Pontic Resin with Noble Metal | 70% UCC | |
| D6545 | Cast Metal Retainer, Resin Banded Fixed | 70% UCC | |
| D6548 | Retainer, Porc/Ceramic For Resin Bonded Fixed Prosthesis | 70% UCC | |
| D6710 | Crown-Indirect Resin Based Composite | 70% UCC | |
| D6720 | Crown, Resin with High Noble Metal | 70% UCC | |
| D6721 | Crown, Resin with Predominantly Base Metal | 70% UCC | |
| D6722 | Crown, Resin with Noble Metal | 70% UCC | |
| D6740 | Retainer- Crown- Porcelain/Ceramic | 70% UCC | |
| D6750 | Crown, Porcelain Fused to High Noble Metal | 70% UCC | |
| D6751 | Crown, Porcelain Fused to Predominately Base Metal | 70% UCC | |
| D6752 | Crown, Porcelain Fused to Noble Metal | 70% UCC | |
| D6780 | Three Fourth Cast Gold Crown | 70% UCC | |
| D6781 | Crown, 3/4 Cast Predominantly Base Metal | 70% UCC | |
| D6782 | Crown, 3/4 Cast Noble Metal | 70% UCC | |
| D6783 | Crown, 3/4 Porcelain/Ceramic | 70% UCC | |
| D6790 | Crown, Full Cast High Noble Metal | 70% UCC | |
| D6791 | Crown, Full Cast Predominantly Base Metal | 70% UCC | |
| D6792 | Crown, Full Cast Noble Metal | 70% UCC | |
| D6794 | Crown (Titanium) | 70% UCC | |
| D6980 | Fixed Partial Denture Repair Necessitated by Restorative Material Failure | 70% UCC | |
| D6930 | Re-Cement Fixed Partial Denture | \$ 112.84 | |

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Extractions

| Code | Description | Fee | ABCD Add-On |
|-------------|--|------------|--------------------|
| D7111 | Extraction, Coronal Remnants - Primary Tooth | \$ 101.89 | |
| D7140 | Extraction, Erupted Tooth | \$ 137.83 | |
| D7210 | Extraction, Erupted Tooth Requiring Removal Of Bone | \$ 238.11 | |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | \$ 265.44 | |
| D7230 | Removal Of Impacted Tooth - Partially Bony | \$ 374.13 | |
| D7240 | Removal Of Impacted Tooth - Completely Bony | \$ 441.74 | |
| D7241 | Removal Of Impacted Tooth - Completely Bony, With Complications | \$ 392.39 | |
| D7250 | Removal Of Residual Tooth Roots | \$ 219.92 | |
| D7251 | Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only | \$ 295.57 | |

Other Surgical Procedures

| Code | Description | Fee | ABCD Add-On |
|-------------|--|------------|--------------------|
| D7260 | Oroantral Fistula Closure | \$ 404.04 | |
| D7270 | Tooth Re-Implantation And/Or Stabilization | \$ 295.57 | |
| D7280 | Exposure Of An Unerupted Tooth | \$ 445.46 | |
| D7283 | Placement Of Device To Facilitate Eruption Of Impacted Tooth | \$ 192.23 | |
| D7285 | Incisional Biopsy Of Oral Tissue – Hard | \$ 186.12 | |
| D7286 | Incisional Biopsy Of Oral Tissue – Soft | \$ 208.94 | |
| D7288 | Brush Biopsy - Transepithelial Sample Collection | \$ 113.57 | |
| D7290 | Surgical Repositioning Of Teeth | \$ 299.21 | |
| D7291 | Transseptal Fiberotomy, By Report | \$ 139.05 | |

Alveoloplasty

| Code | Description | Fee | ABCD Add-On |
|-------------|---|------------|--------------------|
| D7310 | In Conjunction With Extractions - Four Or More Teeth Per Quadrant | \$ 227.76 | |
| D7311 | In Conjunction With Extractions - One To Three Teeth Per Quadrant | \$ 201.85 | |
| D7320 | Not In Conjunction With Extractions - Four Or More Teeth/Quadrant | \$ 211.85 | |
| D7321 | Not In Conjunction With Extractions - One To Three Teeth/Quadrant | \$ 171.08 | |

Vestibuloplasty

| Code | Description | Fee | ABCD Add-On |
|-------------|--------------------------|------------|--------------------|
| D7340 | Uncomplicated (Per Arch) | \$ 423.70 | |
| D7350 | Complicated (Per Arch) | \$ 721.45 | |

Excision Of Soft Tissue Lesions

| Code | Description | Fee | ABCD Add-On |
|-------------|--|------------|--------------------|
| D7410 | Excision Of Benign Lesion Up To 1.25 Cm | \$ 216.94 | |
| D7411 | Excision Of Benign Lesion Greater Than 1.25 Cm | \$ 283.92 | |

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Excision Of Intra-Osseus Lesions

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D7450 | Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm | \$ 289.74 | |
| D7451 | Removal Of Benign Odontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm | \$ 443.35 | |
| D7460 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm | \$ 272.75 | |
| D7461 | Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm | \$ 574.76 | |

Excision Of Bone Tissue

| Code | Description | Fee | ABCD Add-On |
|-------|--|-----------|-------------|
| D7471 | Removal Of Lateral Exostosis (Maxilla Or Mandible) | \$ 295.57 | |
| D7472 | Removal Of Torus Palatinus | \$ 311.38 | |
| D7473 | Removal Of Torus Mandibularis | \$ 398.94 | |
| D7485 | Reduction Of Osseous Tuberosity | \$ 283.92 | |

Surgical Incision

| Code | Description | Fee | ABCD Add-On |
|-------|--|-----------|-------------|
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | \$ 144.14 | |
| D7511 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | \$ 144.87 | |
| D7520 | Incision And Drainage Of Abscess - Extraoral Soft Tissue | \$ 167.44 | |
| D7521 | Incision And Drainage Of Abscess - Extraoral Soft Tissue | \$ 143.42 | |
| D7530 | Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Tissue | \$ 168.57 | |
| D7540 | Removal Of Reaction Producing Foreign Bodies, Musculoskeletal | \$ 428.43 | |
| D7550 | Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone | \$ 287.56 | |

Treatment Of Fractures

| Code | Description | Fee | ABCD Add-On |
|-------|---|-----------|-------------|
| D7771 | Alveolus, Closed Reduction Stabilization Of Teeth | \$ 985.71 | |
| D7880 | Occlusal Orthotic Device, By Report | \$ 562.74 | |
| D7881 | Occlusal Orthotic Device Adjustment | \$ 51.69 | |
| D7899 | Unspecified Tmd Therapy, By Report | \$ 364.00 | |
| D7910 | Suture Of Recent Small Wounds Up To 5 Cm | \$ 157.25 | |

Other Repair Procedures

| Code | Description | Fee | ABCD Add-On |
|-------|---|-------------|-------------|
| D7961 | Buccal/labial frenectomy (frenulectomy) | \$ 260.17 | |
| D7962 | Lingual frenectomy (frenulectomy) | \$ 339.03 | |
| D7963 | Frenuloplasty | \$ 269.24 | |
| D7970 | Excision Of Hyperplastic Tissue - Per Arch | \$ 225.68 | |
| D7971 | Excision Of Pericoronal Gingiva | \$ 126.67 | |
| D7979 | Non-Surgical Sialolithotomy | \$ 71.34 | |
| D7981 | Excision Of Salivary Gland | \$ 1,014.90 | |
| D7999 | Unspecified Oral Surgery Procedure, By Report | 70% UCC | |

Limited Orthodontics (Requires Special Authorization)

| Code | Description | Fee | ABCD Add-On |
|-------|---|-------------|-------------|
| D8020 | Limited Treatment Of The Transitional Dentition | \$ 2,393.56 | |
| D8030 | Limited Treatment Of The Adolescent Dentition | \$ 1,744.29 | |
| D8040 | Limited Treatment Of The Adult Dentition | \$ 2,007.82 | |
| D8070 | Comprehensive Treatment Of The Transitional Dentition | \$ 4,435.08 | |
| D8080 | Comprehensive Treatment Of The Adolescent Dentition | \$ 5,069.97 | |
| D8090 | Comprehensive Treatment Of The Adult Dentition | \$ 5,491.22 | |
| D8091 | Comprehensive Orthodontic Rreatment With Orthognathic Surgery | \$ 6,314.90 | |
| D8210 | Removable Appliance Therapy | \$ 595.50 | |
| D8220 | Fixed Appliance Therapy | \$ 851.76 | |
| D8695 | Removal Of Fixed Orthodontic Appliance | \$ 58.17 | |
| D8696 | Repair Of Orthodontic Appliance - Maxillary | \$ 74.98 | |
| D8697 | Repair Of Orthodontic Appliance - Mandibular | \$ 74.98 | |
| D8698 | Re-cement or re-bond fixed retainer - maxillary | \$ 101.49 | |
| D8699 | Re-cement or re-bond fixed retainer - mandibular | \$ 101.49 | |
| D8703 | Replacement Of Lost Or Broken Retainer - Maxillary | \$ 195.10 | |

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| Code | Description | Fee | ABCD Add-On |
|-------------|---|------------|--------------------|
| D8704 | Replacement Of Lost Or Broken Retainer - Mandibular | \$ 195.10 | |
| D8999 | Unspecified Orthodontic Procedure, By Report | \$ 364.00 | |

Adjunctive General Services

| Code | Description | Fee | ABCD Add-On |
|-------------|---|------------|--------------------|
| D9110 | Palliative Treatment Of Dental Pain - Minor Procedure | \$ 89.54 | |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | \$ 264.90 | |
| D9223 | Deep Sedation/General Anesthesia - Each Subsequent 15 Minutes | \$ 203.54 | |
| D9230 | Inhalation Of Nitrous Oxide/Analgesia | \$ 44.16 | |
| D9239 | Iv Moderate (Conscious) Sedation - First 15 Minutes | \$ 194.24 | |
| D9243 | Iv Moderate (Conscious) Sedation - Each Subsequent 15 Minutes | \$ 145.97 | |
| D9410 | House / Extended Care Facility Call | \$ 115.02 | |
| D9420 | Hospital Or Ambulatory Surgical Center Call | \$ 223.31 | |
| D9430 | Office Visit For Observation - No Other Services | \$ 45.86 | |
| D9930 | Treatment Of Complications (Post-Surgical) | \$ 56.06 | |
| D9943 | Occlusal Guard Adjustment | \$ 54.60 | |
| D9944 | Occlusal Guard - Hard Appliance, Full Arch | \$ 529.26 | |
| D9945 | Occlusal Guard - Soft Appliance, Full Arch | \$ 132.50 | |
| D9946 | Occlusal Guard - Hard Appliance, Partial Arch | \$ 280.28 | |

Behavior Management

| Code | Description | Fee | ABCD Add-On |
|-------------|---|------------|--------------------|
| D9920 | Behavior Management (For Patients With Developmental Disabilities Only) | \$ 117.99 | |