

**South Dakota Medicaid  
Adult Dental Services Fee Schedule**

Effective July 1, 2020

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 must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

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.

**Diagnostic**

Code	Description	Fee
D0120	Periodic Oral Evaluation - Established Patient	\$ 29.01
D0140	Limited Oral Evaluation - Problem Focused	\$ 43.52
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$ 43.52
D0160	Detailed And Extensive Oral Evaluation - Problem Focused	\$ 38.98

**Radiographs**

Code	Description	Fee
D0210	Intraoral - Complete Series Of Radiographic Images	\$ 91.00
D0220	Intraoral - Periapical First Radiographic Image	\$ 17.15
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$ 11.87
D0240	Intraoral - Occlusal Radiographic Image	\$ 15.39
D0270	Bitewing - Single Radiographic Image	\$ 14.29
D0272	Bitewings - Two Radiographic Images	\$ 27.70
D0273	Bitewings - Three Radiographic Images	\$ 25.99
D0274	Bitewings - Four Radiographic Images	\$ 36.93
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$ 35.74
D0330	Panoramic Radiographic Image	\$ 71.24
D0340	2D Cephalometric Radiographic Image	\$ 56.31
D0350	2D Oral/Facial Photographic Image	\$ 25.28

**Preventive**

Code	Description	Fee
D1110	Prophylaxis (12 Years Or Older)	\$ 55.42

**Topical Fluoride Treatment**

Code	Description	Fee
D1206	Topical Application Of Fluoride Varnish (For Patients With Developmental Disabilities Only)	\$ 23.75
D1208	Topical Application Of Fluoride - Excluding Varnish (For Patients With Developmental Disabilities Only)	\$ 23.75

**Other Preventative Services**

Code	Description	Fee
D1354	Interim Caries Arresting Medicament (Silver Diamine Fluoride) - Per Tooth	\$ 13.05

**Amalgam Restorative**

Code	Description	Fee
D2140	Amalgam - One Surface, Primary Or Permanent	\$ 76.50
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$ 94.96
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$ 114.76
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$ 137.18

**Resin Restorations**

Code	Description	Fee
D2330	Resin-Based Composite - One Surface, Anterior	\$ 87.06
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$ 112.12
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$ 138.51
D2335	Resin-Based Composite - Four Or More Surfaces, Anterior	\$ 163.56
D2391	Resin-Based Composite - One Surface, Posterior	\$ 76.50
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$ 94.96
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$ 114.76

Code	Description	Fee
D2394	Resin-Based Composite - Four Or More Surface, Posterior	\$ 137.18

#### Prosthetics (Crowns)

Code	Description	Fee
D2721	Crown - Resin With Predominantly Base Metal	\$ 400.11
D2740	Crown - Porcelain/Ceramic	\$ 505.62
D2750	Crown - Porcelain Fused To High Noble Metal	\$ 505.62
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$ 505.62
D2752	Crown - Porcelain Fused To Noble Metal	\$ 505.62
D2753	Crown - Porcelain Fused To Titanium Or Titanium Alloy	\$ 505.62
D2790	Crown - Full Cast High Noble Metal	\$ 505.62
D2791	Crown - Full Cast Predominantly Base Metal	\$ 505.62
D2792	Crown - Full Cast Noble Metal	\$ 505.62
D2794	Crown - Titanium Or Titanium Alloys	\$ 505.62
D2910	Recement Inlay/Onlay/Partial Coverage Restoration	\$ 25.99
D2920	Recement Crown	\$ 47.27
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$ 136.29
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$ 175.43
D2940	Protective Restoration	\$ 49.47
D2950	Core Buildup, Including Any Pins When Required	\$ 137.18
D2951	Pin Retention	\$ 20.89
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$ 181.37
D2954	Prefabricated Post And Core In Addition To Crown	\$ 162.68

#### Endodontics

Code	Description	Fee
D3221	Pulpal Debridement	\$ 61.56
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$ 415.50
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$ 346.25

#### Periodontics

Code	Description	Fee
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	\$ 231.93
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	\$ 89.04
D4240	Gingival Flap Procedure - Four Or More Contiguous Teeth	\$ 449.57
D4241	Gingival Flap Procedure - One To Three Contiguous Teeth	\$ 278.09
D4260	Osseous Surgery - Four Or More Contiguous Teeth	\$ 585.87
D4261	Osseous Surgery - One To Three Contiguous Teeth	\$ 571.58
D4270	Pedicle Soft Tissue Graft Procedure	\$ 441.87
D4277	Free Soft Tissue Graft Procedure - First Tooth	\$ 426.48
D4278	Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth	\$ 383.85
D4321	Provisional Splinting - Extracoronary	\$ 88.80
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$ 166.20
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$ 83.54
D4355	Full Mouth Debridement	\$ 93.14
D4910	Periodontal Maintenance	\$ 72.54

#### Prosthodontics

Code	Description	Fee
D5110	Complete Denture - Maxillary	\$ 890.34
D5120	Complete Denture - Mandibular	\$ 890.34
D5130	Immediate Denture - Maxillary	\$ 948.39
D5140	Immediate Denture - Mandibular	\$ 948.39
D5211	Maxillary Partial Denture - Resin Based	\$ 863.96
D5212	Mandibular Partial Denture - Resin Based	\$ 863.96
D5213	Maxillary Partial Denture - Cast Metal Framework	\$ 863.96
D5214	Mandibular Partial Denture - Cast Metal Framework	\$ 863.96
D5225	Maxillary Partial Denture - Flexible Base	\$ 719.97
D5226	Mandibular Partial Denture - Flexible Base	\$ 719.97
D5410	Adjust Complete Denture - Maxillary	\$ 30.77
D5411	Adjust Complete Denture - Mandibular	\$ 30.77
D5421	Adjust Partial Denture - Maxillary	\$ 30.77
D5422	Adjust Partial Denture - Mandibular	\$ 30.77

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D5511	Repair Broken Complete Denture Base, Mandibular	\$ 79.14
D5512	Repair Broken Complete Denture Base, Maxillary	\$ 79.14
D5520	Replace Missing Or Broken Teeth	\$ 65.95
D5611	Repair Resin Partial Denture Base, Mandibular	\$ 82.44
D5612	Repair Resin Partial Denture Base, Maxillary	\$ 82.44
D5621	Repair Cast Partial Framework, Mandibular	\$ 128.60
D5622	Repair Cast Partial Framework, Maxillary	\$ 128.60
D5630	Repair Or Replace Broken Clasp - Per Tooth	\$ 139.60
D5640	Replace Broken Teeth - Per Tooth	\$ 75.85
D5650	Add Tooth To Existing Partial Denture	\$ 118.71
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$ 115.41
D5710	Rebase Complete Maxillary Denture	\$ 278.09
D5711	Rebase Complete Mandibular Denture	\$ 278.09
D5720	Rebase Maxillary Partial Denture	\$ 223.08
D5721	Rebase Mandibular Partial Denture	\$ 223.08
D5730	Reline Complete Maxillary Denture (Chairside)	\$ 153.89
D5731	Reline Complete Mandibular Denture (Chairside)	\$ 153.89
D5740	Reline Maxillary Partial Denture (Chairside)	\$ 153.89
D5741	Reline Mandibular Partial Denture (Chairside)	\$ 153.89
D5750	Reline Complete Maxillary Denture (Laboratory)	\$ 247.32
D5751	Reline Complete Mandibular Denture (Laboratory)	\$ 247.32
D5760	Reline Maxillary Partial Denture (Laboratory)	\$ 247.32
D5761	Reline Mandibular Partial Denture (Laboratory)	\$ 247.32
D5810	Interim Complete Denture (Maxillary)	\$ 382.52
D5811	Interim Complete Denture (Mandibular)	\$ 382.52
D5820	Interim Partial Denture (Maxillary)	\$ 295.68
D5821	Interim Partial Denture (Mandibular)	\$ 295.68
D5850	Tissue Conditioning, Maxillary	\$ 57.16
D5851	Tissue Conditioning, Mandibular	\$ 57.16
D5864	Overdenture – Partial Maxillary	\$ 741.95
D5866	Overdenture – Partial Mandibular	\$ 741.95
D5899	Removable Prosthodontic Procedure, By Report	\$ 458.08
D6930	Re-Cement Fixed Partial Denture	\$ 72.55

#### Extractions

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D7140	Extraction, Erupted Tooth	\$ 85.74
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone	\$ 154.33
D7220	Removal Of Impacted Tooth - Soft Tissue	\$ 163.56
D7230	Removal Of Impacted Tooth - Partially Bony	\$ 240.07
D7240	Removal Of Impacted Tooth - Completely Bony	\$ 291.51
D7241	Removal Of Impacted Tooth - Completely Bony, With Complications	\$ 346.90
D7250	Removal Of Residual Tooth Roots	\$ 133.00

#### Other Surgical Procedures

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D7260	Oroantral Fistula Closure	\$ 561.68
D7270	Tooth Re-Implantation And/Or Stabilization	\$ 191.26
D7285	Incisional Biopsy Of Oral Tissue – Hard	\$ 174.77
D7286	Incisional Biopsy Of Oral Tissue – Soft	\$ 153.89
D7288	Brush Biopsy - Transepithelial Sample Collection	\$ 24.91
D7290	Surgical Repositioning Of Teeth	\$ 237.43
D7291	Transseptal Fiberotomy, By Report	\$ 122.01

#### Alveoloplasty

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D7310	In Conjunction With Extractions - Four Or More Teeth Per Quadrant	\$ 138.51
D7311	In Conjunction With Extractions - One To Three Teeth Per Quadrant	\$ 75.85
D7320	Not In Conjunction With Extractions - Four Or More Teeth/Quadrant	\$ 136.30
D7321	Not In Conjunction With Extractions - One To Three Teeth/Quadrant	\$ 95.63

**Vestibuloplasty**

Code	Description	Fee
D7340	Uncomplicated (Per Arch)	\$ 148.39
D7350	Complicated (Per Arch)	\$ 287.99

**Excision Of Soft Tissue Lesions**

Code	Description	Fee
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$ 156.08
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$ 192.36

**Excision Of Intra-Osseus Lesions**

Code	Description	Fee
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	\$ 256.11
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm	\$ 256.11
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	\$ 256.11
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm	\$ 539.70

**Excision Of Bone Tissue**

Code	Description	Fee
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$ 212.14
D7472	Removal Of Torus Palatinus	\$ 292.38
D7473	Removal Of Torus Mandibularis	\$ 283.59
D7485	Reduction Of Osseous Tuberosity	\$ 224.24

**Surgical Incision**

Code	Description	Fee
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$ 107.72
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$ 236.32
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$ 147.29
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$ 327.55
D7530	Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Tissue	\$ 158.28
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal	\$ 402.30
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	\$ 943.10

**Treatment Of Fractures**

Code	Description	Fee
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	\$ 725.46
D7880	Occlusal Orthotic Device, By Report	\$ 329.76
D7881	Occlusal Orthotic Device Adjustment	\$ 30.77
D7899	Unspecified Tmd Therapy, By Report	\$ 270.74
D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$ 92.33

**Other Repair Procedures**

Code	Description	Fee
D7960	Frenulectomy, Separate Procedure	\$ 181.37
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$ 189.06
D7971	Excision Of Pericoronal Gingiva	\$ 82.44
D7979	Non-Surgical Sialolithotomy	\$ 402.30
D7981	Excision Of Salivary Gland	\$ 953.00
D7999	Unspecified Oral Surgery Procedure, By Report	\$ 0.53

**Adjunctive General Services**

Code	Description	Fee
D9110	Emergency Treatment Pain	\$ 57.16
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$ 102.89
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minutes	\$ 102.89
D9230	Inhalation Of Nitrous Oxide/Analgesia	\$ 38.26
D9239	Iv Moderate (Conscious) Sedation - First 15 Minutes	\$ 78.70
D9243	Iv Moderate (Conscious) Sedation - Each Subsequent 15 Minutes	\$ 78.70
D9410	House / Extended Care Facility Call	\$ 39.57
D9420	Hospital Or Ambulatory Surgical Center Call	\$ 154.33
D9430	Office Visit For Observation - No Other Services	\$ 24.18
D9930	Treatment Of Complications (Post-Surgical)	\$ 25.99
D9943	Occlusal Guard Adjustment	\$ 30.77

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D9944	Occlusal Guard - Hard Appliance, Full Arch	\$ 154.99
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$ 38.75
D9946	Occlusal Guard - Hard Appliance, Partial Arch	\$ 77.49

**Behavior Management**

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D9920	Behavior Management (For Patients With Developmental Disabilities Only)	\$ 110.79