

SDCL 28-6-1.2 Dental Services Information

The following is an analysis of Medicaid's state fiscal year 2023 dental reimbursement rates. The rates are compared to Medicaid's target reimbursement methodology, surrounding state Medicaid agency rates, and charges billed by Medicaid providers. The billed charges analysis only includes claims that were billed by dental, were paid in state fiscal year 2022, and that Medicaid was the primary payer for.

Definitions

"Target Reimbursement"	Information regarding the current methodology used to calculate reimbursement rates.
"Percent of Target"	A comparison of the Medicaid rate to the target reimbursement rate. This is arrived at by dividing the Medicaid rate by the target rate.
"Percent of Average Billed Charges"	A comparison of the Medicaid rate to the average amount billed by providers. This is arrived at by dividing the Medicaid rate by the average amount billed by providers.
"Percent of Surrounding State Rates"	A comparison of the Medicaid rate to state Medicaid agency rates for states that border South Dakota. The is arrived at by dividing the Medicaid rate by the average of surrounding state Medicaid agency rates. In order to be included at least three states must have rates.

CPT Code	CPT Code Description	SFY23 Rate	Target Reimbursement	SFY22 Average Billed Charge to Medicaid	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rate	Notes
D0120	Periodic Oral Evaluation - Established Patient	\$ 32.84	70% of Billed Charges	\$ 58.07	81%	57%	136%	
D0140	Limited Oral Evaluation - Problem Focused	\$ 49.27	70% of Billed Charges	\$ 87.48	80%	56%	149%	
D0145	Oral Evaluation (Patient Under 3)	\$ 29.86	70% of Billed Charges	\$ 64.38	66%	46%	87%	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$ 49.27	70% of Billed Charges	\$ 88.89	79%	55%	157%	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused	\$ 39.92	70% of Billed Charges	\$ 71.37	80%	56%	82%	
D0210	Intraoral - Complete Series Of Radiographic Images	\$ 103.02	70% of Billed Charges	\$ 189.11	78%	54%	150%	
D0220	Intraoral - Periapical First Radiographic Image	\$ 19.41	70% of Billed Charges	\$ 31.97	87%	61%	146%	
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$ 13.44	70% of Billed Charges	\$ 26.44	73%	51%	134%	
D0240	Intraoral - Occlusal Radiographic Image	\$ 16.08	70% of Billed Charges	\$ 43.17	53%	37%	92%	
D0270	Bitewing - Single Radiographic Image	\$ 14.92	70% of Billed Charges	\$ 30.83	69%	48%	110%	
D0272	Bitewings - Two Radiographic Images	\$ 31.37	70% of Billed Charges	\$ 53.07	84%	59%	155%	
D0273	Bitewings - Three Radiographic Images	\$ 27.14	70% of Billed Charges	\$ 57.26	68%	47%	111%	
D0274	Bitewings - Four Radiographic Images	\$ 41.81	70% of Billed Charges	\$ 67.49	89%	62%	141%	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	\$ 37.33	70% of Billed Charges	\$ 84.74	63%	44%	103%	
D0330	Panoramic Radiographic Image	\$ 80.64	70% of Billed Charges	\$ 124.84	92%	65%	151%	
D0340	2D Cephalometric Radiographic Image	\$ 58.82	70% of Billed Charges	\$ 72.25	116%	81%	98%	
D0350	2D Oral/Facial Photographic Image	\$ 26.40	70% of Billed Charges	\$ 37.81	100%	70%	NA	Reliable comparison rate data is unavailable
D0470	Diagnostic Casts	\$ 55.42	70% of Billed Charges	\$ 74.48	106%	74%	133%	
D0601	Caries Risk Assessment And Documentation (Low Risk)	\$ 5.05	70% of Billed Charges	\$ 23.00	31%	22%	NA	Reliable comparison rate data is unavailable
D0602	Caries Risk Assessment And Documentation (Moderate Risk)	\$ 5.05	70% of Billed Charges	\$ 20.60	35%	25%	NA	Reliable comparison rate data is unavailable
D0603	Caries Risk Assessment And Documentation (High Risk)	\$ 5.05	70% of Billed Charges	\$ 28.12	26%	18%	NA	Reliable comparison rate data is unavailable
D1110	Prophylaxis (12 Years Or Older)	\$ 62.74	70% of Billed Charges	\$ 96.25	93%	65%	147%	
D1120	Prophylaxis (Under 12 Years Old)	\$ 44.80	70% of Billed Charges	\$ 71.68	89%	63%	150%	
D1206	Topical Application Of Fluoride Varnish	\$ 26.89	70% of Billed Charges	\$ 42.62	90%	63%	123%	
D1208	Topical Application Of Fluoride - Excluding Varnish	\$ 26.89	70% of Billed Charges	\$ 45.17	85%	60%	145%	
D1330	Oral Hygiene Instructions (With ABCD Training And Certification)	\$ 25.00	70% of Billed Charges	\$ 32.21	111%	78%	151%	
D1351	Sealant - Per Tooth (To Age 15)	\$ 35.84	70% of Billed Charges	\$ 57.95	88%	62%	142%	
D1353	Sealant Repair - Per Tooth	\$ 33.07	70% of Billed Charges	\$ 45.90	103%	72%	111%	
D1354	Interim Caries Arresting Medicament (Silver Diamine Fluoride) - Per Tooth	\$ 14.48	70% of Billed Charges	\$ 28.58	72%	51%	97%	
D1510	Space Maintainer - Fixed - Unilateral - Per Quadrant	\$ 202.02	70% of Billed Charges	\$ 319.38	90%	63%	150%	
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$ 284.99	70% of Billed Charges	\$ 435.12	94%	65%	130%	

CPT Code	CPT Code Description	SFY23 Rate	Target Reimbursement	SFY22 Average Billed Charge to Medicaid	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rate	Notes
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$ 284.99	70% of Billed Charges	\$ 430.96	94%	66%	130%	
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant	\$ 119.31	70% of Billed Charges	\$ 104.00	164%	115%	125%	Less than 10 claims
D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$ 221.74	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$ 221.74	70% of Billed Charges	\$ 579.00	55%	38%	NA	Reliable comparison rate data is unavailable
D1551	Re-Cement Bilateral Space Maintainer - Maxillary	\$ 41.64	70% of Billed Charges	\$ 66.50	89%	63%	120%	Less than 10 claims
D1552	Re-Cement Bilateral Space Maintainer - Mandibular	\$ 41.64	70% of Billed Charges	\$ 91.44	65%	46%	120%	Less than 10 claims
D1553	Re-Cement Unilateral Space Maintainer - Per Quadrant	\$ 41.64	70% of Billed Charges	\$ 82.44	72%	51%	120%	
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$ 186.39	70% of Billed Charges	\$ 335.41	79%	56%	131%	
D2140	Amalgam - One Surface, Primary Or Permanent	\$ 84.90	70% of Billed Charges	\$ 146.80	83%	58%	142%	
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$ 105.39	70% of Billed Charges	\$ 187.36	80%	56%	147%	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$ 117.51	70% of Billed Charges	\$ 216.83	77%	54%	135%	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$ 140.47	70% of Billed Charges	\$ 270.66	74%	52%	133%	
D2330	Resin-Based Composite - One Surface, Anterior	\$ 96.62	70% of Billed Charges	\$ 164.15	84%	59%	145%	
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$ 124.43	70% of Billed Charges	\$ 203.30	87%	61%	146%	
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$ 153.72	70% of Billed Charges	\$ 244.45	90%	63%	148%	
D2335	Resin-Based Composite - Four Or More Surfaces, Anterior	\$ 181.51	70% of Billed Charges	\$ 298.28	87%	61%	154%	
D2390	Resin-Based Composite Crown, Anterior	\$ 208.01	70% of Billed Charges	\$ 374.68	79%	56%	118%	
D2391	Resin-Based Composite - One Surface, Posterior	\$ 84.90	70% of Billed Charges	\$ 182.14	67%	47%	130%	
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$ 105.39	70% of Billed Charges	\$ 226.89	66%	46%	115%	
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$ 127.36	70% of Billed Charges	\$ 277.10	66%	46%	112%	
D2394	Resin-Based Composite - Three Surfaces, Posterior	\$ 152.24	70% of Billed Charges	\$ 329.44	66%	46%	117%	
D2721	Crown - Resin With Predominantly Base Metal	\$ 409.71	100% of Surrounding States	No Paid Claims	0.90	No Paid Claims	90%	
D2740	Crown - Porcelain/Ceramic	\$ 517.76	70% of Billed Charges	\$ 1,085.17	68%	48%	90%	
D2750	Crown - Porcelain Fused To High Noble Metal	\$ 517.76	70% of Billed Charges	\$ 1,034.25	72%	50%	88%	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$ 517.76	70% of Billed Charges	\$ 1,261.63	59%	41%	100%	
D2752	Crown - Porcelain Fused To Noble Metal	\$ 517.76	70% of Billed Charges	\$ 875.25	85%	59%	93%	Less than 10 claims
D2753	Crown - Porcelain Fused To Titanium Or Titanium Alloy	\$ 517.76	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D2790	Crown - Full Cast High Noble Metal	\$ 517.76	100% of Surrounding States	No Paid Claims	0.91	No Paid Claims	91%	
D2791	Crown - Full Cast Predominantly Base Metal	\$ 517.76	100% of Surrounding States	No Paid Claims	1.16	No Paid Claims	116%	
D2792	Crown - Full Cast Noble Metal	\$ 517.76	100% of Surrounding States	No Paid Claims	1.02	No Paid Claims	102%	
D2794	Crown - Titanium Or Titanium Alloys	\$ 517.76	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D2910	Re-Cement Inlay/Onlay/Partial Coverage Restoration	\$ 26.61	100% of Surrounding States	No Paid Claims	0.72	No Paid Claims	72%	
D2920	Re-Cement Crown	\$ 48.40	70% of Billed Charges	\$ 105.61	65%	46%	130%	
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$ 139.56	70% of Billed Charges	\$ 284.29	70%	49%	158%	Less than 10 claims
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$ 181.51	70% of Billed Charges	\$ 296.82	87%	61%	148%	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$ 179.64	70% of Billed Charges	\$ 332.50	77%	54%	121%	

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D2932	Prefabricated Resin Crown	\$ 146.32	70% of Billed Charges	\$ 390.18	54%	38%	96%	
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$ 224.21	70% of Billed Charges	\$ 386.00	83%	58%	150%	Less than 10 claims
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$ 186.84	70% of Billed Charges	\$ 370.14	72%	50%	136%	
D2940	Protective Restoration	\$ 50.66	70% of Billed Charges	\$ 124.35	58%	41%	121%	
D2941	Interim Therapeutic Restoration - Primary Dentition	\$ 50.66	70% of Billed Charges	\$ 147.00	49%	34%	NA	Less than 10 claims
D2950	Core Buildup, Including Any Pins When Required	\$ 140.47	70% of Billed Charges	\$ 267.57	75%	52%	119%	
D2951	Pin Retention	\$ 21.39	70% of Billed Charges	\$ 60.54	50%	35%	95%	
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$ 185.72	70% of Billed Charges	\$ 376.50	70%	49%	99%	Less than 10 claims
D2954	Prefabricated Post And Core In Addition To Crown	\$ 166.58	70% of Billed Charges	\$ 290.27	82%	57%	123%	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$ 40.52	70% of Billed Charges	\$ 77.14	75%	53%	107%	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$ 37.14	70% of Billed Charges	\$ 85.02	62%	44%	NA	Reliable comparison rate data is unavailable
D3220	Therapeutic Pulpotomy	\$ 96.62	70% of Billed Charges	\$ 216.43	64%	45%	125%	
D3221	Pulpal Debridement	\$ 63.03	70% of Billed Charges	\$ 195.65	46%	32%	64%	
D3222	Partial Pulpotomy	\$ 86.69	70% of Billed Charges	\$ 256.36	48%	34%	NA	Reliable comparison rate data is unavailable
D3230	Pulpal Therapy - Anterior, Primary Tooth	\$ 82.40	70% of Billed Charges	\$ 209.53	56%	39%	101%	
D3240	Pulpal Therapy - Posterior, Primary Tooth	\$ 74.28	70% of Billed Charges	\$ 231.43	46%	32%	80%	
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$ 425.47	70% of Billed Charges	\$ 848.13	72%	50%	128%	
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$ 420.96	70% of Billed Charges	\$ 960.53	63%	44%	108%	
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$ 664.54	70% of Billed Charges	\$ 1,206.17	79%	55%	139%	
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$ 354.56	70% of Billed Charges	\$ 1,063.25	48%	33%	100%	
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	\$ 420.96	100% of Surrounding States	No Paid Claims	0.99	No Paid Claims	99%	
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$ 553.78	70% of Billed Charges	\$ 1,536.67	51%	36%	103%	Less than 10 claims
D3351	Apexification/Recalcification - Initial Visit	\$ 112.55	70% of Billed Charges	\$ 425.00	38%	26%	92%	Less than 10 claims
D3352	Apexification/Recalcification - Interim Medication Replacement	\$ 112.55	100% of Surrounding States	No Paid Claims	1.69	No Paid Claims	169%	
D3353	Apexification/Recalcification - Final Visit	\$ 160.95	100% of Surrounding States	No Paid Claims	0.92	No Paid Claims	92%	
D3410	Apicoectomy - Anterior	\$ 292.64	70% of Billed Charges	\$ 718.50	58%	41%	110%	Less than 10 claims
D3421	Apicoectomy - Premolar (First Root)	\$ 304.20	100% of Surrounding States	No Paid Claims	1.18	No Paid Claims	118%	
D3425	Apicoectomy - Molar (First Root)	\$ 333.17	70% of Billed Charges	\$ 1,277.00	37%	26%	144%	Less than 10 claims
D3426	Apicoectomy (Each Additional Root)	\$ 119.31	100% of Surrounding States	No Paid Claims	1.58	No Paid Claims	158%	
D3430	Retrograde Filling - Per Root	\$ 93.42	70% of Billed Charges	\$ 247.50	54%	38%	84%	Less than 10 claims
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	\$ 237.49	100% of Surrounding States	No Paid Claims	0.97	No Paid Claims	97%	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	\$ 91.17	70% of Billed Charges	\$ 256.75	51%	36%	91%	
D4240	Gingival Flap Procedure - Four Or More Contiguous Teeth	\$ 460.35	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D4241	Gingival Flap Procedure - One To Three Contiguous Teeth	\$ 284.77	70% of Billed Charges	\$ 502.00	81%	57%	NA	Less than 10 claims
D4260	Osseous Surgery - Four Or More Contiguous Teeth	\$ 599.93	100% of Surrounding States	No Paid Claims	1.06	No Paid Claims	106%	
D4261	Osseous Surgery - One To Three Contiguous Teeth	\$ 585.30	100% of Surrounding States	No Paid Claims	1.80	No Paid Claims	180%	
D4270	Pedicle Soft Tissue Graft Procedure	\$ 452.48	100% of Surrounding States	No Paid Claims	1.27	No Paid Claims	127%	
D4277	Free Soft Tissue Graft Procedure - First Tooth	\$ 436.72	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D4278	Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth	\$ 393.06	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$ 173.59	70% of Billed Charges	\$ 258.72	96%	67%	136%	

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D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$ 87.25	70% of Billed Charges	\$ 183.48	68%	48%	116%	
D4355	Full Mouth Debridement	\$ 97.28	70% of Billed Charges	\$ 166.82	83%	58%	135%	
D4910	Periodontal Maintenance	\$ 75.77	70% of Billed Charges	\$ 145.17	75%	52%	131%	
D5110	Complete Denture - Maxillary	\$ 911.71	70% of Billed Charges	\$ 1,639.49	79%	56%	126%	
D5120	Complete Denture - Mandibular	\$ 911.71	70% of Billed Charges	\$ 1,656.14	79%	55%	126%	
D5130	Immediate Denture - Maxillary	\$ 971.15	70% of Billed Charges	\$ 1,886.29	74%	51%	126%	
D5140	Immediate Denture - Mandibular	\$ 971.15	70% of Billed Charges	\$ 1,874.06	74%	52%	135%	
D5211	Maxillary Partial Denture - Resin Based	\$ 884.70	70% of Billed Charges	\$ 1,343.97	94%	66%	162%	
D5212	Mandibular Partial Denture - Resin Based	\$ 884.70	70% of Billed Charges	\$ 1,300.58	97%	68%	145%	
D5213	Maxillary Partial Denture - Cast Metal Framework	\$ 884.70	70% of Billed Charges	\$ 1,587.55	80%	56%	116%	
D5214	Mandibular Partial Denture - Cast Metal Framework	\$ 884.70	70% of Billed Charges	\$ 1,752.51	72%	50%	116%	
D5225	Maxillary Partial Denture - Flexible Base	\$ 737.25	70% of Billed Charges	\$ 1,381.77	76%	53%	110%	
D5226	Mandibular Partial Denture - Flexible Base	\$ 737.25	70% of Billed Charges	\$ 1,318.15	80%	56%	110%	
D5410	Adjust Complete Denture - Maxillary	\$ 31.51	70% of Billed Charges	\$ 72.94	62%	43%	94%	
D5411	Adjust Complete Denture - Mandibular	\$ 31.51	70% of Billed Charges	\$ 78.86	57%	40%	93%	
D5421	Adjust Partial Denture - Maxillary	\$ 31.51	70% of Billed Charges	\$ 88.40	51%	36%	111%	
D5422	Adjust Partial Denture - Mandibular	\$ 31.51	70% of Billed Charges	\$ 69.83	64%	45%	110%	
D5511	Repair Broken Complete Denture Base, Mandibular	\$ 81.04	70% of Billed Charges	\$ 185.15	63%	44%	97%	
D5512	Repair Broken Complete Denture Base, Maxillary	\$ 81.04	70% of Billed Charges	\$ 153.05	76%	53%	96%	
D5520	Replace Missing Or Broken Teeth	\$ 67.54	70% of Billed Charges	\$ 167.54	58%	40%	105%	
D5611	Repair Resin Partial Denture Base, Mandibular	\$ 84.41	70% of Billed Charges	\$ 200.57	60%	42%	97%	Less than 10 claims
D5612	Repair Resin Partial Denture Base, Maxillary	\$ 84.41	70% of Billed Charges	\$ 193.60	62%	44%	96%	
D5621	Repair Cast Partial Framework, Mandibular	\$ 131.69	70% of Billed Charges	\$ 250.00	75%	53%	110%	Less than 10 claims
D5622	Repair Cast Partial Framework, Maxillary	\$ 131.69	70% of Billed Charges	\$ 331.67	57%	40%	110%	Less than 10 claims
D5630	Repair Or Replace Broken Retentive/Clasping Materials - Per Tooth	\$ 142.95	70% of Billed Charges	\$ 174.80	117%	82%	140%	Less than 10 claims
D5640	Replace Broken Teeth - Per Tooth	\$ 77.67	70% of Billed Charges	\$ 171.95	65%	45%	102%	
D5650	Add Tooth To Existing Partial Denture	\$ 121.56	70% of Billed Charges	\$ 215.68	81%	56%	122%	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$ 118.18	70% of Billed Charges	\$ 239.77	70%	49%	110%	
D5710	Rebase Complete Maxillary Denture	\$ 284.77	100% of Surrounding States	No Paid Claims	1.09	No Paid Claims	109%	
D5711	Rebase Complete Mandibular Denture	\$ 284.77	100% of Surrounding States	No Paid Claims	1.10	No Paid Claims	110%	
D5720	Rebase Maxillary Partial Denture	\$ 228.44	100% of Surrounding States	No Paid Claims	1.04	No Paid Claims	104%	
D5721	Rebase Mandibular Partial Denture	\$ 228.44	70% of Billed Charges	\$ 696.00	47%	33%	103%	Less than 10 claims
D5730	Reline Complete Maxillary Denture (Chairside)	\$ 157.58	70% of Billed Charges	\$ 361.98	62%	44%	98%	
D5731	Reline Complete Mandibular Denture (Chairside)	\$ 157.58	70% of Billed Charges	\$ 320.50	70%	49%	100%	
D5740	Reline Maxillary Partial Denture (Chairside)	\$ 157.58	100% of Surrounding States	No Paid Claims	1.21	No Paid Claims	121%	
D5741	Reline Mandibular Partial Denture (Chairside)	\$ 157.58	70% of Billed Charges	\$ 127.00	177%	124%	118%	
D5750	Reline Complete Maxillary Denture (Laboratory)	\$ 253.26	70% of Billed Charges	\$ 494.38	73%	51%	108%	
D5751	Reline Complete Mandibular Denture (Laboratory)	\$ 253.26	70% of Billed Charges	\$ 482.96	75%	52%	93%	
D5760	Reline Maxillary Partial Denture (Laboratory)	\$ 253.26	100% of Surrounding States	No Paid Claims	1.23	No Paid Claims	123%	
D5761	Reline Mandibular Partial Denture (Laboratory)	\$ 253.26	70% of Billed Charges	\$ 535.00	68%	47%	123%	Less than 10 claims
D5810	Interim Complete Denture (Maxillary)	\$ 391.70	70% of Billed Charges	\$ 527.26	106%	74%	157%	Less than 10 claims
D5811	Interim Complete Denture (Mandibular)	\$ 391.70	100% of Surrounding States	No Paid Claims	1.65	No Paid Claims	165%	
D5820	Interim Partial Denture (Maxillary)	\$ 302.77	70% of Billed Charges	\$ 558.03	78%	54%	97%	
D5821	Interim Partial Denture (Mandibular)	\$ 302.77	70% of Billed Charges	\$ 657.67	66%	46%	127%	

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D5850	Tissue Conditioning, Maxillary	\$ 58.53	70% of Billed Charges	\$ 139.18	60%	42%	116%	
D5851	Tissue Conditioning, Mandibular	\$ 58.53	70% of Billed Charges	\$ 120.71	69%	48%	121%	
D5864	Overdenture – Partial Maxillary	\$ 759.75	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D5866	Overdenture – Partial Mandibular	\$ 759.75	70% of Billed Charges	\$ 741.95	146%	102%	NA	Less than 10 claims
D5899	Removable Prosthodontic Procedure, By Report	\$ 469.08	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D6930	Re-Cement Fixed Partial Denture	\$ 74.29	70% of Billed Charges	\$ 138.25	77%	54%	129%	Less than 10 claims
D7111	Extraction, Coronal Remnants - Primary Tooth	\$ 66.19	70% of Billed Charges	\$ 114.60	83%	58%	119%	
D7140	Extraction, Erupted Tooth	\$ 95.16	70% of Billed Charges	\$ 178.48	76%	53%	143%	
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone	\$ 171.27	70% of Billed Charges	\$ 316.93	77%	54%	143%	
D7220	Removal Of Impacted Tooth - Soft Tissue	\$ 167.48	70% of Billed Charges	\$ 348.38	69%	48%	112%	
D7230	Removal Of Impacted Tooth - Partially Bony	\$ 266.43	70% of Billed Charges	\$ 492.69	77%	54%	139%	
D7240	Removal Of Impacted Tooth - Completely Bony	\$ 298.50	70% of Billed Charges	\$ 593.88	72%	50%	132%	
D7241	Removal Of Impacted Tooth - Completely Bony, With Complications	\$ 355.23	70% of Billed Charges	\$ 706.87	72%	50%	137%	
D7250	Removal Of Residual Tooth Roots	\$ 136.19	70% of Billed Charges	\$ 311.16	63%	44%	114%	
D7260	Oroantral Fistula Closure	\$ 575.16	100% of Surrounding States	No Paid Claims	1.56	No Paid Claims	156%	
D7270	Tooth Re-Implantation And/Or Stabilization	\$ 195.85	70% of Billed Charges	\$ 469.13	60%	42%	84%	
D7280	Exposure Of An Unerupted Tooth	\$ 227.36	70% of Billed Charges	\$ 641.54	51%	35%	110%	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$ 153.08	70% of Billed Charges	\$ 274.30	80%	56%	109%	
D7285	Incisional Biopsy Of Oral Tissue – Hard	\$ 178.96	70% of Billed Charges	\$ 1,006.00	25%	18%	98%	Less than 10 claims
D7286	Incisional Biopsy Of Oral Tissue – Soft	\$ 157.58	70% of Billed Charges	\$ 434.06	52%	36%	101%	
D7288	Brush Biopsy - Transepithelial Sample Collection	\$ 25.51	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7290	Surgical Repositioning Of Teeth	\$ 243.12	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7291	Transseptal Fiberotomy, By Report	\$ 124.94	70% of Billed Charges	\$ 139.25	128%	90%	NA	Less than 10 claims
D7310	In Conjunction With Extractions - Four Or More Teeth Per Quadrant	\$ 141.83	70% of Billed Charges	\$ 288.44	70%	49%	109%	
D7311	In Conjunction With Extractions - One To Three Teeth Per Quadrant	\$ 77.67	70% of Billed Charges	\$ 202.80	55%	38%	56%	
D7320	Not In Conjunction With Extractions - Four Or More Teeth/Quadrant	\$ 139.57	70% of Billed Charges	\$ 471.08	42%	30%	92%	
D7321	Not In Conjunction With Extractions - One To Three Teeth/Quadrant	\$ 97.92	70% of Billed Charges	\$ 333.06	42%	29%	55%	
D7340	Uncomplicated (Per Arch)	\$ 151.95	100% of Surrounding States	No Paid Claims	0.37	No Paid Claims	37%	
D7350	Complicated (Per Arch)	\$ 294.90	100% of Surrounding States	No Paid Claims	0.57	No Paid Claims	57%	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$ 159.83	70% of Billed Charges	\$ 447.47	51%	36%	83%	
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	\$ 196.98	70% of Billed Charges	\$ 390.50	72%	50%	67%	Less than 10 claims
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	\$ 262.26	70% of Billed Charges	\$ 977.50	38%	27%	81%	Less than 10 claims
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm	\$ 262.26	70% of Billed Charges	\$ 1,062.33	35%	25%	71%	Less than 10 claims
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	\$ 262.26	70% of Billed Charges	\$ 200.00	187%	131%	207%	
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm	\$ 552.66	100% of Surrounding States	No Paid Claims	2.62	No Paid Claims	262%	
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$ 217.23	70% of Billed Charges	\$ 780.50	40%	28%	142%	Less than 10 claims
D7472	Removal Of Torus Palatinus	\$ 299.40	70% of Billed Charges	\$ 1,381.50	31%	22%	NA	Less than 10 claims
D7473	Removal Of Torus Mandibularis	\$ 290.40	70% of Billed Charges	\$ 977.97	42%	30%	NA	Reliable comparison rate data is unavailable
D7485	Reduction Of Osseous Tuberosity	\$ 229.62	70% of Billed Charges	\$ 1,080.00	30%	21%	52%	Less than 10 claims
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$ 110.31	70% of Billed Charges	\$ 417.61	38%	26%	142%	

CPT Code	CPT Code Description	SFY23 Rate	Target Reimbursement	SFY22 Average Billed Charge to Medicaid	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rate	Notes
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$ 242.00	70% of Billed Charges	\$ 494.00	70%	49%	NA	Less than 10 claims
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$ 150.82	100% of Surrounding States	No Paid Claims	0.73	No Paid Claims	73%	
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$ 335.41	70% of Billed Charges	\$ 2,080.00	23%	16%	NA	Less than 10 claims
D7530	Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Tissue	\$ 162.08	70% of Billed Charges	\$ 380.00	61%	43%	132%	Less than 10 claims
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal	\$ 411.95	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	\$ 965.74	70% of Billed Charges	\$ 741.23	186%	130%	NA	Less than 10 claims
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	\$ 742.88	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7880	Occlusal Orthotic Device, By Report	\$ 337.67	70% of Billed Charges	\$ 1,000.00	48%	34%	100%	Less than 10 claims
D7881	Occlusal Orthotic Device Adjustment	\$ 31.51	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7899	Unspecified Tmd Therapy, By Report	\$ 277.24	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$ 94.55	70% of Billed Charges	\$ 274.00	49%	35%	99%	Less than 10 claims
D7961	Buccal/labial frenectomy (frenulectomy)	\$ 185.72	70% of Billed Charges	\$ 368.35	72%	50%	104%	
D7962	Lingual frenectomy (frenulectomy)	\$ 185.72	70% of Billed Charges	\$ 461.55	57%	40%	104%	
D7963	Frenuloplasty	\$ 258.88	70% of Billed Charges	\$ 337.50	110%	77%	NA	Less than 10 claims
D7970	Excision Of Hyperplastic Tissue - Per Arch	\$ 193.59	100% of Surrounding States	No Paid Claims	0.80	No Paid Claims	80%	
D7971	Excision Of Pericoronal Gingiva	\$ 84.41	70% of Billed Charges	\$ 205.54	59%	41%	NA	Reliable comparison rate data is unavailable
D7979	Non-Surgical Sialolithotomy	\$ 411.95	70% of Billed Charges	\$ 500.00	118%	82%	NA	Less than 10 claims
D7981	Excision Of Salivary Gland	\$ 975.87	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D7999	Unspecified Oral Surgery Procedure, By Report	Price by Report	70% of Billed Charges	\$ 50.00	NA	NA	NA	Less than 10 claims
D8010	Limited Treatment Of The Primary Dentition	\$ 1,826.60	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D8020	Limited Treatment Of The Transitional Dentition	\$ 2,191.90	70% of Billed Charges	\$ 1,886.70	166%	116%	513%	
D8030	Limited Treatment Of The Adolescent Dentition	\$ 1,090.40	70% of Billed Charges	\$ 2,064.14	75%	53%	NA	Reliable comparison rate data is unavailable
D8040	Limited Treatment Of The Adult Dentition	\$ 1,133.37	70% of Billed Charges	\$ 2,028.18	80%	56%	NA	Reliable comparison rate data is unavailable
D8070	Comprehensive Treatment Of The Transitional Dentition	\$ 4,061.43	70% of Billed Charges	\$ 4,745.99	122%	86%	189%	
D8080	Comprehensive Treatment Of The Adolescent Dentition	\$ 4,642.83	70% of Billed Charges	\$ 5,829.54	114%	80%	307%	
D8090	Comprehensive Treatment Of The Adult Dentition	\$ 5,028.59	70% of Billed Charges	\$ 5,629.59	128%	89%	230%	
D8210	Removable Appliance Therapy	\$ 425.83	70% of Billed Charges	\$ 487.81	125%	87%	165%	
D8220	Fixed Appliance Therapy	\$ 571.10	70% of Billed Charges	\$ 498.53	164%	115%	168%	
D8695	Removal Of Fixed Orthodontic Appliance	\$ 53.27	70% of Billed Charges	\$ 62.00	123%	86%	NA	Reliable comparison rate data is unavailable
D8696	Repair Of Orthodontic Appliance - Maxillary	\$ 62.10	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D8697	Repair Of Orthodontic Appliance - Mandibular	\$ 62.10	70% of Billed Charges	\$ 95.00	93%	65%	NA	Reliable comparison rate data is unavailable
D8703	Replacement Of Lost Or Broken Retainer - Maxillary	\$ 97.59	70% of Billed Charges	\$ 198.20	70%	49%	64%	
D8704	Replacement Of Lost Or Broken Retainer - Mandibular	\$ 97.59	70% of Billed Charges	\$ 136.56	102%	71%	64%	
D8999	Unspecified Orthodontic Procedure, By Report	\$ 39.92	70% of Billed Charges	\$ 183.80	31%	22%	NA	Reliable comparison rate data is unavailable
D9110	Emergency Treatment Of Dental Pain - Minor Procedure	\$ 58.53	70% of Billed Charges	\$ 126.46	66%	46%	123%	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$ 114.19	70% of Billed Charges	\$ 357.24	46%	32%	114%	
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minutes	\$ 114.19	70% of Billed Charges	\$ 272.26	60%	42%	146%	
D9230	Inhalation Of Nitrous Oxide/Analgesia	\$ 42.46	70% of Billed Charges	\$ 58.35	104%	73%	126%	

CPT Code	CPT Code Description	SFY23 Rate	Target Reimbursement	SFY22 Average Billed Charge to Medicaid	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rate	Notes
D9239	Iv Moderate (Conscious) Sedation - First 15 Minutes	\$ 80.59	70% of Billed Charges	\$ 264.23	44%	31%	97%	
D9243	Iv Moderate (Conscious) Sedation - Each Subsequent 15 Minutes	\$ 80.59	70% of Billed Charges	\$ 180.73	64%	45%	110%	
D9410	House / Extended Care Facility Call	\$ 40.52	70% of Billed Charges	\$ 134.84	43%	30%	105%	
D9420	Hospital Or Ambulatory Surgical Center Call	\$ 171.27	70% of Billed Charges	\$ 303.22	81%	56%	179%	
D9430	Office Visit For Observation - No Other Services	\$ 24.76	70% of Billed Charges	\$ 71.33	50%	35%	NA	Reliable comparison rate data is unavailable
D9930	Treatment Of Complications (Post-Surgical)	\$ 26.61	70% of Billed Charges	\$ 93.00	41%	29%	74%	
D9943	Occlusal Guard Adjustment	\$ 31.51	100% of Surrounding States	No Paid Claims	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
D9944	Occlusal Guard - Hard Appliance, Full Arch	\$ 158.71	70% of Billed Charges	\$ 359.68	63%	44%	65%	
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$ 39.68	70% of Billed Charges	\$ 154.57	37%	26%	17%	
D9946	Occlusal Guard - Hard Appliance, Partial Arch	\$ 79.35	100% of Surrounding States	No Paid Claims	0.36	No Paid Claims	36%	
D9920	Behavior Management (For Patients With Developmental Disabilities Only)	\$ 113.45	70% of Billed Charges	\$ 117.56	138%	97%	NA	Reliable comparison rate data is unavailable