# 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.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>SFY22 Rate</th>
<th>Target Reimbursement</th>
<th>SFY22 Average</th>
<th>Percent of Target</th>
<th>Percent of Average</th>
<th>Percent of Surrounding State Rates</th>
<th>Notes</th>
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<tbody>
<tr>
<td>D0120</td>
<td>Periodic Oral Evaluation - Established Patient</td>
<td>$32.84</td>
<td>70% of Billed Charges</td>
<td>$58.07</td>
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<td>57%</td>
<td>136%</td>
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<td>Intraoral- Complete Series Of Radiographic Images</td>
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<td>Intraoral - Periapical Each Additional Radiographic Image</td>
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<td>Intraoral - Occlusal Radiographic Image</td>
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<td>Bitewing - Single Radiographic Image</td>
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<td>Panoramic Radiographic Image</td>
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<td>2D Cephalometric Radiographic Image</td>
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<td>Diagnostic Casts</td>
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<td>Caries Risk Assessment And Documentation (Low Risk)</td>
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<td>Caries Risk Assessment And Documentation (Moderate Risk)</td>
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<td>Caries Risk Assessment And Documentation (High Risk)</td>
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<td>Prophylaxis (12 Years Or Older)</td>
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<td>Prophylaxis (Under 12 Years Old)</td>
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<td>D1206</td>
<td>Topical Application Of Fluoride Varnish</td>
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<td>Topical Application Of Fluoride - Excluding Varnish</td>
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<td>Oral Hygiene Instructions (With ABCD Training And Certification)</td>
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<td>$32.21</td>
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<td>Sealant - Per Tooth (To Age 15)</td>
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<td>70% of Billed Charges</td>
<td>$57.95</td>
<td>90%</td>
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<td>D1353</td>
<td>Sealant Repair - Per Tooth</td>
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<td>$45.90</td>
<td>101%</td>
<td>72%</td>
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<td>D1354</td>
<td>Interim Caries Arresting Medication (Silver Diamine Fluoride) - Per Tooth</td>
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<td>$28.58</td>
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<td>51%</td>
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<td>$319.38</td>
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<td>Percent of Average Billed Charges</td>
<td>Percent of Average Surrounding State Rates</td>
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<td>66%</td>
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<td>D1520</td>
<td>Space Maintainer - Removable - Unilateral Per Quadrant</td>
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<td>115%</td>
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<td>38%</td>
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<td>D1551</td>
<td>Re-Cement Bilateral Space Maintainer - Maxillary</td>
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<td>89%</td>
<td>$0.63</td>
<td>120% Less than 10 claims</td>
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<td>Re-Cement Bilateral Space Maintainer - Mandibular</td>
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<td>70% of Billed Charges</td>
<td>$91.44</td>
<td>73%</td>
<td>$0.46</td>
<td>120% Less than 10 claims</td>
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<td>Re-Cement Unilateral Space Maintainer - Per Quadrant</td>
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<td>70% of Billed Charges</td>
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<td>$187.36</td>
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<td>$0.56</td>
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<td>D2160</td>
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<td>Resin-Based Composite - One Surface, Posterior</td>
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<td>No Paid Claims</td>
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<td>D2753</td>
<td>Crown - Porcelain Fused To Titanium Or Titanium Alloy</td>
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<td>No Paid Claims</td>
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<td>No Paid Claims</td>
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<td>100% of Surrounding States</td>
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<td>No Paid Claims</td>
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<td>No Paid Claims</td>
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<td>72%</td>
<td>No Paid Claims</td>
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<td>66%</td>
<td>$0.46</td>
<td>130%</td>
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<td>Reattachment Of Tooth Fragment, Incisal Edge Or Cusp</td>
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<td>70% of Billed Charges</td>
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<td>CPT Code Description</td>
<td>SFY23 Rate</td>
<td>Target Reimbursement</td>
<td>SFY22 Average Billed Charge to Medicaid</td>
<td>Percent of Target</td>
<td>Percent of Average Billed Charges</td>
<td>Percent of Average Surrounding State Rates</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
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<td>------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated Stainless Steel Crown - Primary Tooth</td>
<td>$181.51</td>
<td>70% of Billed Charges</td>
<td>$296.82</td>
<td>87%</td>
<td>$0.61</td>
<td>148%</td>
<td></td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated Stainless Steel Crown - Permanent Tooth</td>
<td>$179.64</td>
<td>70% of Billed Charges</td>
<td>$332.50</td>
<td>77%</td>
<td>$0.54</td>
<td>121%</td>
<td></td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated Resin Crown</td>
<td>$146.32</td>
<td>70% of Billed Charges</td>
<td>$390.16</td>
<td>54%</td>
<td>$0.38</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated Stainless Steel Crown With Resin Window</td>
<td>$224.21</td>
<td>70% of Billed Charges</td>
<td>$386.00</td>
<td>83%</td>
<td>$0.58</td>
<td>150%</td>
<td>Less than 10 claims</td>
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<tr>
<td>D2934</td>
<td>Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth</td>
<td>$186.84</td>
<td>70% of Billed Charges</td>
<td>$370.14</td>
<td>72%</td>
<td>$0.50</td>
<td>136%</td>
<td></td>
</tr>
<tr>
<td>D2940</td>
<td>Protective Restoration</td>
<td>$50.66</td>
<td>70% of Billed Charges</td>
<td>$124.35</td>
<td>57%</td>
<td>$0.41</td>
<td>121%</td>
<td></td>
</tr>
<tr>
<td>D2941</td>
<td>Interim Therapeutic Restoration - Primary Dentition</td>
<td>$50.66</td>
<td>70% of Billed Charges</td>
<td>$147.00</td>
<td>49%</td>
<td>$0.34</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D2950</td>
<td>Core Buildup, Including Any Pins When Required</td>
<td>$140.47</td>
<td>70% of Billed Charges</td>
<td>$267.57</td>
<td>75%</td>
<td>$0.52</td>
<td>119%</td>
<td></td>
</tr>
<tr>
<td>D2951</td>
<td>Pin Retention</td>
<td>$21.39</td>
<td>70% of Billed Charges</td>
<td>$60.54</td>
<td>51%</td>
<td>$0.35</td>
<td>95%</td>
<td></td>
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<tr>
<td>D2952</td>
<td>Post And Core In Addition To Crown, Indirectly Fabricated</td>
<td>$185.72</td>
<td>70% of Billed Charges</td>
<td>$376.50</td>
<td>92%</td>
<td>$0.49</td>
<td>99%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated Post And Core In Addition To Crown</td>
<td>$166.58</td>
<td>70% of Billed Charges</td>
<td>$290.27</td>
<td>81%</td>
<td>$0.57</td>
<td>123%</td>
<td></td>
</tr>
<tr>
<td>D3110</td>
<td>Pulp Cap - Direct (Excluding Final Restoration)</td>
<td>$40.52</td>
<td>70% of Billed Charges</td>
<td>$77.14</td>
<td>71%</td>
<td>$0.53</td>
<td>107%</td>
<td></td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp Cap - Indirect (Excluding Final Restoration)</td>
<td>$37.14</td>
<td>70% of Billed Charges</td>
<td>$85.02</td>
<td>62%</td>
<td>$0.44</td>
<td>NA</td>
<td></td>
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<tr>
<td>D3220</td>
<td>Therapeutic Pulpotomy</td>
<td>$96.62</td>
<td>70% of Billed Charges</td>
<td>$216.43</td>
<td>64%</td>
<td>$0.45</td>
<td>125%</td>
<td></td>
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<tr>
<td>D3221</td>
<td>Pulpal Debromination</td>
<td>$63.03</td>
<td>70% of Billed Charges</td>
<td>$195.65</td>
<td>44%</td>
<td>$0.32</td>
<td>64%</td>
<td></td>
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<tr>
<td>D3222</td>
<td>Partial Pulpotomy</td>
<td>$86.69</td>
<td>70% of Billed Charges</td>
<td>$256.36</td>
<td>41%</td>
<td>$0.34</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>D3330</td>
<td>Pulpal Therapy - Anterior, Primary Tooth</td>
<td>$82.40</td>
<td>70% of Billed Charges</td>
<td>$209.53</td>
<td>56%</td>
<td>$0.39</td>
<td>101%</td>
<td></td>
</tr>
<tr>
<td>D3340</td>
<td>Pulpal Therapy - Posterior, Primary Tooth</td>
<td>$74.28</td>
<td>70% of Billed Charges</td>
<td>$231.43</td>
<td>46%</td>
<td>$0.32</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>D3341</td>
<td>Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)</td>
<td>$425.47</td>
<td>70% of Billed Charges</td>
<td>$848.13</td>
<td>73%</td>
<td>$0.50</td>
<td>128%</td>
<td></td>
</tr>
<tr>
<td>D3342</td>
<td>Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)</td>
<td>$420.96</td>
<td>70% of Billed Charges</td>
<td>$960.53</td>
<td>63%</td>
<td>$0.44</td>
<td>108%</td>
<td></td>
</tr>
<tr>
<td>D3343</td>
<td>Endodontic Therapy, Molar Tooth (Excluding Final Restoration)</td>
<td>$664.54</td>
<td>70% of Billed Charges</td>
<td>$1,206.17</td>
<td>80%</td>
<td>$0.55</td>
<td>139%</td>
<td></td>
</tr>
<tr>
<td>D3346</td>
<td>Retreatment Of Previous Root Canal Therapy - Anterior</td>
<td>$354.56</td>
<td>70% of Billed Charges</td>
<td>$1,063.25</td>
<td>53%</td>
<td>$0.33</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment Of Previous Root Canal Therapy - Premolar</td>
<td>$420.96</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>99%</td>
<td>No Paid Claims</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>D3348</td>
<td>Retreatment Of Previous Root Canal Therapy - Molar</td>
<td>$553.78</td>
<td>70% of Billed Charges</td>
<td>$1,536.87</td>
<td>51%</td>
<td>$0.36</td>
<td>103%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D3351</td>
<td>Apexification/Recalcification - Initial Visit</td>
<td>$112.55</td>
<td>70% of Billed Charges</td>
<td>$425.00</td>
<td>35%</td>
<td>$0.28</td>
<td>92%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D3352</td>
<td>Apexification/Recalcification - Interim Medication Replacement</td>
<td>$112.55</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>169%</td>
<td>No Paid Claims</td>
<td>169%</td>
<td></td>
</tr>
<tr>
<td>D3353</td>
<td>Apexification/Recalcification - Final Visit</td>
<td>$160.95</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>92%</td>
<td>No Paid Claims</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>D3410</td>
<td>Apicoectomy - Molar (First Root)</td>
<td>$292.64</td>
<td>70% of Billed Charges</td>
<td>$718.50</td>
<td>59%</td>
<td>$0.41</td>
<td>110%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D3421</td>
<td>Apicoectomy - Premolar (First Root)</td>
<td>$304.20</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>118%</td>
<td>No Paid Claims</td>
<td>118%</td>
<td></td>
</tr>
<tr>
<td>D3425</td>
<td>Apicoectomy - Molar (First Root)</td>
<td>$333.17</td>
<td>70% of Billed Charges</td>
<td>$1,277.00</td>
<td>37%</td>
<td>$0.26</td>
<td>144%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D3426</td>
<td>Apicoectomy - Each Additional Root</td>
<td>$119.31</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>158%</td>
<td>No Paid Claims</td>
<td>158%</td>
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<tr>
<td>D3430</td>
<td>Retrograde Filling - Per Root</td>
<td>$93.42</td>
<td>70% of Billed Charges</td>
<td>$247.50</td>
<td>54%</td>
<td>$0.38</td>
<td>84%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D4210</td>
<td>Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth</td>
<td>$237.49</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>97%</td>
<td>No Paid Claims</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>D4211</td>
<td>Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth</td>
<td>$91.17</td>
<td>70% of Billed Charges</td>
<td>$256.75</td>
<td>46%</td>
<td>$0.36</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>D4240</td>
<td>Gingival Flap Procedure - Four Or More Contiguous Teeth</td>
<td>$460.35</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
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<tr>
<td>D4241</td>
<td>Gingival Flap Procedure - One To Three Contiguous Teeth</td>
<td>$284.77</td>
<td>70% of Billed Charges</td>
<td>$502.00</td>
<td>75%</td>
<td>$0.57</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D4260</td>
<td>Osseous Surgery - Four Or More Contiguous Teeth</td>
<td>$599.93</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>106%</td>
<td>No Paid Claims</td>
<td>106%</td>
<td></td>
</tr>
<tr>
<td>D4261</td>
<td>Osseous Surgery - One To Three Contiguous Teeth</td>
<td>$585.30</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>180%</td>
<td>No Paid Claims</td>
<td>180%</td>
<td></td>
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<tr>
<td>D4270</td>
<td>Pedicle Soft Tissue Graft Procedure</td>
<td>$452.48</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>127%</td>
<td>No Paid Claims</td>
<td>127%</td>
<td></td>
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<tr>
<td>CPT Code</td>
<td>CPT Code Description</td>
<td>SFY23 Rate</td>
<td>Target Reimbursement</td>
<td>SFY22 Average Billed Charge to Medicaid</td>
<td>Percent of Target</td>
<td>Percent of Average Billed Charges</td>
<td>Percent of Average Surrounding State Rates</td>
<td>Notes</td>
</tr>
<tr>
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<tr>
<td>04277</td>
<td>Free Soft Tissue Graft Procedure - First Tooth</td>
<td>$436.72</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
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<tr>
<td>04278</td>
<td>Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth</td>
<td>$393.06</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
</tr>
<tr>
<td>04341</td>
<td>Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant</td>
<td>$173.59</td>
<td>70% of Billed Charges</td>
<td>$258.72</td>
<td>95%</td>
<td>$0.67</td>
<td>136%</td>
<td></td>
</tr>
<tr>
<td>04342</td>
<td>Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant</td>
<td>$87.25</td>
<td>70% of Billed Charges</td>
<td>$183.48</td>
<td>65%</td>
<td>$0.48</td>
<td>116%</td>
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<tr>
<td>04355</td>
<td>Full Mouth Debridement</td>
<td>$97.28</td>
<td>70% of Billed Charges</td>
<td>$166.82</td>
<td>85%</td>
<td>$0.58</td>
<td>135%</td>
<td></td>
</tr>
<tr>
<td>04510</td>
<td>Periodontal Maintenance</td>
<td>$75.77</td>
<td>70% of Billed Charges</td>
<td>$145.17</td>
<td>73%</td>
<td>$0.52</td>
<td>131%</td>
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<tr>
<td>05110</td>
<td>Complete Denture - Maxillary</td>
<td>$911.71</td>
<td>70% of Billed Charges</td>
<td>$1,639.49</td>
<td>79%</td>
<td>$0.56</td>
<td>126%</td>
<td></td>
</tr>
<tr>
<td>05120</td>
<td>Complete Denture - Mandibular</td>
<td>$911.71</td>
<td>70% of Billed Charges</td>
<td>$1,656.14</td>
<td>76%</td>
<td>$0.55</td>
<td>126%</td>
<td></td>
</tr>
<tr>
<td>05130</td>
<td>Immediate Denture - Maxillary</td>
<td>$971.15</td>
<td>70% of Billed Charges</td>
<td>$1,874.06</td>
<td>75%</td>
<td>$0.52</td>
<td>135%</td>
<td></td>
</tr>
<tr>
<td>05140</td>
<td>Immediate Denture - Mandibular</td>
<td>$971.15</td>
<td>70% of Billed Charges</td>
<td>$1,874.06</td>
<td>75%</td>
<td>$0.52</td>
<td>135%</td>
<td></td>
</tr>
<tr>
<td>05211</td>
<td>Maxillary Partial Denture - Resin Based</td>
<td>$884.70</td>
<td>70% of Billed Charges</td>
<td>$1,343.97</td>
<td>102%</td>
<td>$0.66</td>
<td>162%</td>
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</tr>
<tr>
<td>05212</td>
<td>Mandibular Partial Denture - Resin Based</td>
<td>$884.70</td>
<td>70% of Billed Charges</td>
<td>$1,300.58</td>
<td>96%</td>
<td>$0.68</td>
<td>145%</td>
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<tr>
<td>05213</td>
<td>Maxillary Partial Denture - Cast Metal Framework</td>
<td>$884.70</td>
<td>70% of Billed Charges</td>
<td>$1,587.55</td>
<td>76%</td>
<td>$0.56</td>
<td>116%</td>
<td></td>
</tr>
<tr>
<td>05214</td>
<td>Mandibular Partial Denture - Cast Metal Framework</td>
<td>$884.70</td>
<td>70% of Billed Charges</td>
<td>$1,722.51</td>
<td>73%</td>
<td>$0.50</td>
<td>116%</td>
<td></td>
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<tr>
<td>05225</td>
<td>Maxillary Partial Denture - Flexible Base</td>
<td>$737.25</td>
<td>70% of Billed Charges</td>
<td>$1,381.77</td>
<td>75%</td>
<td>$0.53</td>
<td>110%</td>
<td></td>
</tr>
<tr>
<td>05226</td>
<td>Mandibular Partial Denture - Flexible Base</td>
<td>$737.25</td>
<td>70% of Billed Charges</td>
<td>$1,381.77</td>
<td>75%</td>
<td>$0.53</td>
<td>110%</td>
<td></td>
</tr>
<tr>
<td>05410</td>
<td>Adjust Complete Denture - Maxillary</td>
<td>$31.51</td>
<td>70% of Billed Charges</td>
<td>$72.94</td>
<td>64%</td>
<td>$0.43</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>05411</td>
<td>Adjust Complete Denture - Mandibular</td>
<td>$31.51</td>
<td>70% of Billed Charges</td>
<td>$78.86</td>
<td>62%</td>
<td>$0.40</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>05421</td>
<td>Adjust Partial Denture - Maxillary</td>
<td>$31.51</td>
<td>70% of Billed Charges</td>
<td>$88.40</td>
<td>52%</td>
<td>$0.36</td>
<td>111%</td>
<td></td>
</tr>
<tr>
<td>05422</td>
<td>Adjust Partial Denture - Mandibular</td>
<td>$31.51</td>
<td>70% of Billed Charges</td>
<td>$89.83</td>
<td>68%</td>
<td>$0.45</td>
<td>110%</td>
<td></td>
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<tr>
<td>05511</td>
<td>Repair Broken Complete Denture Base, Mandibular</td>
<td>$81.04</td>
<td>70% of Billed Charges</td>
<td>$185.15</td>
<td>63%</td>
<td>$0.44</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>05512</td>
<td>Repair Broken Complete Denture Base, Maxillary</td>
<td>$81.04</td>
<td>70% of Billed Charges</td>
<td>$153.05</td>
<td>73%</td>
<td>$0.53</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>05520</td>
<td>Replace Missing Or Broken Teeth</td>
<td>$67.54</td>
<td>70% of Billed Charges</td>
<td>$167.54</td>
<td>60%</td>
<td>$0.40</td>
<td>105%</td>
<td></td>
</tr>
<tr>
<td>05611</td>
<td>Repair Resin Partial Denture Base, Mandibular</td>
<td>$84.41</td>
<td>70% of Billed Charges</td>
<td>$200.57</td>
<td>54%</td>
<td>$0.42</td>
<td>97%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>05612</td>
<td>Repair Resin Partial Denture Base, Maxillary</td>
<td>$84.41</td>
<td>70% of Billed Charges</td>
<td>$193.60</td>
<td>91%</td>
<td>$0.44</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>05621</td>
<td>Repair Cast Partial Framework, Mandibular</td>
<td>$131.69</td>
<td>70% of Billed Charges</td>
<td>$250.00</td>
<td>75%</td>
<td>$0.53</td>
<td>110%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>05622</td>
<td>Repair Cast Partial Framework, Maxillary</td>
<td>$131.69</td>
<td>70% of Billed Charges</td>
<td>$331.67</td>
<td>57%</td>
<td>$0.40</td>
<td>110%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>05630</td>
<td>Repair Or Replace Broken Retentive/Clasping Materials - Per Tooth</td>
<td>$142.95</td>
<td>70% of Billed Charges</td>
<td>$174.80</td>
<td>93%</td>
<td>$0.62</td>
<td>140%</td>
<td>Less than 10 claims</td>
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<tr>
<td>05640</td>
<td>Replace Broken Teeth - Per Tooth</td>
<td>$77.67</td>
<td>70% of Billed Charges</td>
<td>$171.95</td>
<td>64%</td>
<td>$0.45</td>
<td>102%</td>
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<tr>
<td>05650</td>
<td>Add Tooth To Existing Partial Denture</td>
<td>$121.56</td>
<td>70% of Billed Charges</td>
<td>$215.68</td>
<td>84%</td>
<td>$0.56</td>
<td>122%</td>
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<tr>
<td>05660</td>
<td>Add Clasp To Existing Partial Denture - Per Tooth</td>
<td>$118.18</td>
<td>70% of Billed Charges</td>
<td>$239.77</td>
<td>80%</td>
<td>$0.49</td>
<td>110%</td>
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<tr>
<td>05710</td>
<td>Rebase Complete Maxillary Denture</td>
<td>$284.77</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>109%</td>
<td>No Paid Claims</td>
<td>109%</td>
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<tr>
<td>05711</td>
<td>Rebase Complete Mandibular Denture</td>
<td>$284.77</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>109%</td>
<td>No Paid Claims</td>
<td>109%</td>
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<td>05720</td>
<td>Rebase Maxillary Partial Denture</td>
<td>$228.44</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>104%</td>
<td>No Paid Claims</td>
<td>104%</td>
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<td>05721</td>
<td>Rebase Mandibular Partial Denture</td>
<td>$228.44</td>
<td>70% of Billed Charges</td>
<td>$698.00</td>
<td>47%</td>
<td>$0.33</td>
<td>103%</td>
<td>Less than 10 claims</td>
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<td>05730</td>
<td>Reline Complete Maxillary Denture (Chairside)</td>
<td>$157.58</td>
<td>70% of Billed Charges</td>
<td>$361.98</td>
<td>61%</td>
<td>$0.44</td>
<td>98%</td>
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<td>05731</td>
<td>Reline Complete Mandibular Denture (Chairside)</td>
<td>$157.58</td>
<td>70% of Billed Charges</td>
<td>$320.50</td>
<td>79%</td>
<td>$0.49</td>
<td>100%</td>
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<tr>
<td>05740</td>
<td>Reline Maxillary Partial Denture (Chairside)</td>
<td>$157.58</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>121%</td>
<td>No Paid Claims</td>
<td>121%</td>
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<tr>
<td>05741</td>
<td>Reline Mandibular Partial Denture (Chairside)</td>
<td>$157.58</td>
<td>70% of Billed Charges</td>
<td>$127.00</td>
<td>177%</td>
<td>$0.52</td>
<td>118%</td>
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<tr>
<td>05750</td>
<td>Reline Complete Maxillary Denture (Laboratory)</td>
<td>$253.26</td>
<td>70% of Billed Charges</td>
<td>$494.38</td>
<td>73%</td>
<td>$0.51</td>
<td>108%</td>
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<tr>
<td>05751</td>
<td>Reline Complete Mandibular Denture (Laboratory)</td>
<td>$253.26</td>
<td>70% of Billed Charges</td>
<td>$482.96</td>
<td>74%</td>
<td>$0.52</td>
<td>93%</td>
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<td>CPT Code Description</td>
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<td>Target Reimbursement</td>
<td>SFY22 Average Billed Charge to Medicaid</td>
<td>Percent of Target</td>
<td>Percent of Average Billed Charges</td>
<td>Percent of Average Surrounding State Rates</td>
<td>Notes</td>
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<tr>
<td>05760</td>
<td>Reline Maxillary Partial Denture (Laboratory)</td>
<td>$253.26</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>123%</td>
<td>No Paid Claims</td>
<td>123%</td>
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<tr>
<td>05761</td>
<td>Reline Mandibular Partial Denture (Laboratory)</td>
<td>$253.26</td>
<td>70% of Billed Charges</td>
<td>$535.00</td>
<td>78%</td>
<td>$0.47</td>
<td>123%</td>
<td>Less than 10 claims</td>
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<tr>
<td>05810</td>
<td>Interim Complete Denture (Maxillary)</td>
<td>$391.70</td>
<td>70% of Billed Charges</td>
<td>$527.26</td>
<td>86%</td>
<td>$0.74</td>
<td>157%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>05811</td>
<td>Interim Complete Denture (Mandibular)</td>
<td>$391.70</td>
<td>70% of Billed Charges</td>
<td>$527.26</td>
<td>86%</td>
<td>$0.74</td>
<td>157%</td>
<td>Less than 10 claims</td>
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<tr>
<td>05820</td>
<td>Interim Partial Denture (Maxillary)</td>
<td>$302.77</td>
<td>70% of Billed Charges</td>
<td>$558.03</td>
<td>76%</td>
<td>$0.54</td>
<td>97%</td>
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<td>05821</td>
<td>Interim Partial Denture (Mandibular)</td>
<td>$302.77</td>
<td>70% of Billed Charges</td>
<td>$657.67</td>
<td>66%</td>
<td>$0.46</td>
<td>127%</td>
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<tr>
<td>05850</td>
<td>Tissue Conditioning, Maxillary</td>
<td>$58.53</td>
<td>70% of Billed Charges</td>
<td>$139.18</td>
<td>65%</td>
<td>$0.42</td>
<td>116%</td>
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<tr>
<td>05851</td>
<td>Tissue Conditioning, Mandibular</td>
<td>$58.53</td>
<td>70% of Billed Charges</td>
<td>$120.71</td>
<td>86%</td>
<td>$0.48</td>
<td>121%</td>
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<tr>
<td>05864</td>
<td>Overdenture – Partial Maxillary</td>
<td>$759.75</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
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<tr>
<td>05866</td>
<td>Overdenture – Partial Mandibular</td>
<td>$759.75</td>
<td>70% of Billed Charges</td>
<td>$741.95</td>
<td>94%</td>
<td>$1.02</td>
<td>NA</td>
<td>Less than 10 claims</td>
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<tr>
<td>05899</td>
<td>Removable Prosthodontic Procedure, By Report</td>
<td>$469.08</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
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<tr>
<td>06930</td>
<td>Re-Cement Fixed Partial Denture</td>
<td>$74.29</td>
<td>70% of Billed Charges</td>
<td>$138.25</td>
<td>74%</td>
<td>$0.54</td>
<td>129%</td>
<td>Less than 10 claims</td>
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<tr>
<td>07111</td>
<td>Extraction, Coronal Remnants - Primary Tooth</td>
<td>$66.19</td>
<td>70% of Billed Charges</td>
<td>$114.60</td>
<td>71%</td>
<td>$0.58</td>
<td>119%</td>
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<tr>
<td>07140</td>
<td>Extraction, Erupted Tooth</td>
<td>$95.16</td>
<td>70% of Billed Charges</td>
<td>$178.48</td>
<td>74%</td>
<td>$0.53</td>
<td>143%</td>
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<tr>
<td>07210</td>
<td>Extraction, Erupted Tooth Requires Removal Of Bone</td>
<td>$171.27</td>
<td>70% of Billed Charges</td>
<td>$316.93</td>
<td>78%</td>
<td>$0.54</td>
<td>143%</td>
<td></td>
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<tr>
<td>07220</td>
<td>Removal Of Impacted Tooth - Soft Tissue</td>
<td>$167.48</td>
<td>70% of Billed Charges</td>
<td>$348.38</td>
<td>68%</td>
<td>$0.48</td>
<td>112%</td>
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<tr>
<td>07230</td>
<td>Removal Of Impacted Tooth - Partially Bone</td>
<td>$266.43</td>
<td>70% of Billed Charges</td>
<td>$492.69</td>
<td>78%</td>
<td>$0.54</td>
<td>139%</td>
<td></td>
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<tr>
<td>07240</td>
<td>Removal Of Impacted Tooth - Completely Bone</td>
<td>$298.50</td>
<td>70% of Billed Charges</td>
<td>$593.88</td>
<td>72%</td>
<td>$0.50</td>
<td>132%</td>
<td></td>
</tr>
<tr>
<td>07241</td>
<td>Removal Of Impacted Tooth - Completely Bone, With Complications</td>
<td>$355.23</td>
<td>70% of Billed Charges</td>
<td>$706.87</td>
<td>73%</td>
<td>$0.50</td>
<td>137%</td>
<td></td>
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<tr>
<td>07250</td>
<td>Removal Of Residual Tooth Roots</td>
<td>$136.19</td>
<td>70% of Billed Charges</td>
<td>$311.16</td>
<td>63%</td>
<td>$0.44</td>
<td>114%</td>
<td></td>
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<tr>
<td>07260</td>
<td>Oroantral Fistula Closure</td>
<td>$575.16</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>156%</td>
<td>No Paid Claims</td>
<td>156%</td>
<td></td>
</tr>
<tr>
<td>07270</td>
<td>Tooth Re-implantation And/Or Stabilization</td>
<td>$195.85</td>
<td>70% of Billed Charges</td>
<td>$469.13</td>
<td>63%</td>
<td>$0.42</td>
<td>84%</td>
<td></td>
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<tr>
<td>07280</td>
<td>Exposure Of An Unerupted Tooth</td>
<td>$227.36</td>
<td>70% of Billed Charges</td>
<td>$641.54</td>
<td>50%</td>
<td>$0.35</td>
<td>110%</td>
<td></td>
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<tr>
<td>07283</td>
<td>Placement Of Device To Facilitate Eruption Of Impacted Tooth</td>
<td>$153.08</td>
<td>70% of Billed Charges</td>
<td>$274.30</td>
<td>79%</td>
<td>$0.56</td>
<td>109%</td>
<td></td>
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<tr>
<td>07285</td>
<td>Incisional Biopsy Of Oral Tissue – Hard</td>
<td>$178.96</td>
<td>70% of Billed Charges</td>
<td>$1,006.00</td>
<td>25%</td>
<td>$0.18</td>
<td>98%</td>
<td>Less than 10 claims</td>
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<tr>
<td>07286</td>
<td>Incisional Biopsy Of Oral Tissue – Soft</td>
<td>$157.58</td>
<td>70% of Billed Charges</td>
<td>$434.06</td>
<td>50%</td>
<td>$0.36</td>
<td>101%</td>
<td></td>
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<tr>
<td>07288</td>
<td>Brush Biopsy - Transpelathial Sample Collection</td>
<td>$25.51</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
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<tr>
<td>07290</td>
<td>Surgical Repositioning Of Teeth</td>
<td>$243.12</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>No Paid Claims</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
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<tr>
<td>07291</td>
<td>Transseptal Fiberoptomy, By Report</td>
<td>$124.94</td>
<td>70% of Billed Charges</td>
<td>$139.25</td>
<td>128%</td>
<td>$0.90</td>
<td>NA</td>
<td>Less than 10 claims</td>
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<tr>
<td>07310</td>
<td>In Conjunction With Extractions - Four Or More Teeth Per Quadrant</td>
<td>$141.83</td>
<td>70% of Billed Charges</td>
<td>$288.44</td>
<td>67%</td>
<td>$0.49</td>
<td>109%</td>
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<tr>
<td>07311</td>
<td>In Conjunction With Extractions - One To Three Teeth Per Quadrant</td>
<td>$77.67</td>
<td>70% of Billed Charges</td>
<td>$202.80</td>
<td>43%</td>
<td>$0.38</td>
<td>56%</td>
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<tr>
<td>07320</td>
<td>Not In Conjunction With Extractions - Four Or More Teeth/Quadrant</td>
<td>$139.57</td>
<td>70% of Billed Charges</td>
<td>$471.08</td>
<td>49%</td>
<td>$0.30</td>
<td>92%</td>
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<tr>
<td>07321</td>
<td>Not In Conjunction With Extractions - One To Three Teeth/Quadrant</td>
<td>$97.92</td>
<td>70% of Billed Charges</td>
<td>$333.06</td>
<td>39%</td>
<td>$0.29</td>
<td>55%</td>
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<tr>
<td>07340</td>
<td>Uncomplicated (Per Arch)</td>
<td>$151.95</td>
<td>100% of Surrounding States</td>
<td>No Paid Claims</td>
<td>37%</td>
<td>No Paid Claims</td>
<td>37%</td>
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<tr>
<td>07350</td>
<td>Complicated (Per Arch)</td>
<td>$294.90</td>
<td>70% of Billed Charges</td>
<td>$187%</td>
<td>57%</td>
<td>No Paid Claims</td>
<td>57%</td>
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<tr>
<td>07410</td>
<td>Excision Of Benign Lesion Up To 1.25 Cm</td>
<td>$159.83</td>
<td>70% of Billed Charges</td>
<td>$447.47</td>
<td>50%</td>
<td>$0.36</td>
<td>83%</td>
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<tr>
<td>07411</td>
<td>Excision Of Benign Lesion Greater Than 1.25 Cm</td>
<td>$196.98</td>
<td>70% of Billed Charges</td>
<td>$390.50</td>
<td>70%</td>
<td>$0.50</td>
<td>67%</td>
<td>Less than 10 claims</td>
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<tr>
<td>07450</td>
<td>Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm</td>
<td>$262.26</td>
<td>70% of Billed Charges</td>
<td>$977.50</td>
<td>38%</td>
<td>$0.27</td>
<td>81%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>07451</td>
<td>Removal Of Benign Odontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm</td>
<td>$262.26</td>
<td>70% of Billed Charges</td>
<td>$1,062.33</td>
<td>35%</td>
<td>$0.25</td>
<td>71%</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>07460</td>
<td>Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm</td>
<td>$262.26</td>
<td>70% of Billed Charges</td>
<td>$200.00</td>
<td>187%</td>
<td>131%</td>
<td>207%</td>
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<tr>
<td>CPT Code</td>
<td>CPT Code Description</td>
<td>SFY23 Rate</td>
<td>Target Reimbursement</td>
<td>SFY22 Average Billed Charge to Medicaid</td>
<td>Percent of Target</td>
<td>Percent of Average Billed Charges</td>
<td>Percent of Average Surrounding State Rates</td>
<td>Notes</td>
</tr>
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<tr>
<td>D7461</td>
<td>Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm</td>
<td>$552.66</td>
<td>100% of Surrounding States</td>
<td>$780.50</td>
<td>39%</td>
<td>$0.28</td>
<td>142%</td>
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<tr>
<td>D7471</td>
<td>Removal Of Lateral Exostosis (Maxilla Or Mandible)</td>
<td>$217.23</td>
<td>70% of Billed Charges</td>
<td>$1,381.50</td>
<td>31%</td>
<td>$0.22</td>
<td>NA</td>
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<tr>
<td>D7472</td>
<td>Removal Of Torus Palatinus</td>
<td>$299.40</td>
<td>70% of Billed Charges</td>
<td>$977.97</td>
<td>39%</td>
<td>$0.30</td>
<td>NA</td>
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<tr>
<td>D7473</td>
<td>Removal Of Torus Mandibular</td>
<td>$290.40</td>
<td>70% of Billed Charges</td>
<td>$1,080.00</td>
<td>30%</td>
<td>$0.21</td>
<td>52%</td>
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<tr>
<td>D7485</td>
<td>Reduction Of Osseous Tuberosity</td>
<td>$229.62</td>
<td>70% of Billed Charges</td>
<td>$417.61</td>
<td>38%</td>
<td>$0.26</td>
<td>142%</td>
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<tr>
<td>D7510</td>
<td>Incision And Drainage Of Abscess - Intraoral Soft Tissue</td>
<td>$110.31</td>
<td>70% of Billed Charges</td>
<td>$494.00</td>
<td>70%</td>
<td>$0.49</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision And Drainage Of Abscess - Extraoral Soft Tissue</td>
<td>$242.00</td>
<td>70% of Billed Charges</td>
<td>$494.00</td>
<td>70%</td>
<td>$0.49</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7520</td>
<td>Incision And Drainage Of Abscess - Extraoral Soft Tissue</td>
<td>$150.82</td>
<td>100% of Surrounding States</td>
<td>$2,080.00</td>
<td>23%</td>
<td>$0.16</td>
<td>NA</td>
<td>Less than 10 claims</td>
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<tr>
<td>D7521</td>
<td>Incision And Drainage Of Abscess - Extraoral Soft Tissue</td>
<td>$335.41</td>
<td>70% of Billed Charges</td>
<td>$380.00</td>
<td>56%</td>
<td>$0.43</td>
<td>132%</td>
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</tr>
<tr>
<td>D7530</td>
<td>Removal Of Reaction Producing Foreign Bodies, Musculotokeletal</td>
<td>$411.95</td>
<td>100% of Surrounding States</td>
<td>$741.23</td>
<td>252%</td>
<td>$1.30</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7540</td>
<td>Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone</td>
<td>$965.74</td>
<td>70% of Billed Charges</td>
<td>$1,000.00</td>
<td>48%</td>
<td>$0.34</td>
<td>100%</td>
<td></td>
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<tr>
<td>D7771</td>
<td>Alveolus, Closed Reduction Stabilization Of Teeth</td>
<td>$742.88</td>
<td>100% of Surrounding States</td>
<td>$368.35</td>
<td>73%</td>
<td>$0.50</td>
<td>104%</td>
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<tr>
<td>D7780</td>
<td>Occlusal Orthotic Device, By Report</td>
<td>$337.67</td>
<td>70% of Billed Charges</td>
<td>$461.55</td>
<td>58%</td>
<td>$0.40</td>
<td>104%</td>
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<tr>
<td>D7781</td>
<td>Occlusal Orthotic Device Adjustment</td>
<td>$31.51</td>
<td>100% of Surrounding States</td>
<td>$337.50</td>
<td>106%</td>
<td>$0.77</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7791</td>
<td>Excision Of Hyperplastic Tissue - Per Arch</td>
<td>$193.59</td>
<td>100% of Surrounding States</td>
<td>$274.00</td>
<td>93%</td>
<td>$0.35</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>D7792</td>
<td>Buccal/labial frenectomy (frenulectomy)</td>
<td>$185.72</td>
<td>70% of Billed Charges</td>
<td>$368.35</td>
<td>73%</td>
<td>$0.50</td>
<td>104%</td>
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</tr>
<tr>
<td>D7793</td>
<td>Lingual frenectomy (frenulectomy)</td>
<td>$185.72</td>
<td>70% of Billed Charges</td>
<td>$461.55</td>
<td>58%</td>
<td>$0.40</td>
<td>104%</td>
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</tr>
<tr>
<td>D7794</td>
<td>Frenuloplasty</td>
<td>$258.88</td>
<td>70% of Billed Charges</td>
<td>$337.50</td>
<td>106%</td>
<td>$0.77</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7795</td>
<td>Excision Of Hyperplastic Tissue - Per Arch</td>
<td>$193.59</td>
<td>100% of Surrounding States</td>
<td>$274.00</td>
<td>93%</td>
<td>$0.35</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>D7796</td>
<td>Excision Of Pericoronial Gingiva</td>
<td>$84.41</td>
<td>70% of Billed Charges</td>
<td>$205.54</td>
<td>52%</td>
<td>$0.41</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>D7797</td>
<td>Non-Surgical Sialolithotomy</td>
<td>$411.95</td>
<td>70% of Billed Charges</td>
<td>$500.00</td>
<td>118%</td>
<td>$0.82</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7798</td>
<td>Excision Of Salivary Gland</td>
<td>$975.87</td>
<td>100% of Surrounding States</td>
<td>$500.00</td>
<td>118%</td>
<td>$0.82</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D7799</td>
<td>Unspecified Oral Surgery Procedure, By Report</td>
<td>$50.00</td>
<td>70% of Billed Charges</td>
<td>$50.00</td>
<td>70%</td>
<td>$0.50</td>
<td>NA</td>
<td>Less than 10 claims</td>
</tr>
<tr>
<td>D8010</td>
<td>Limited Treatment Of The Primary Dentition</td>
<td>$1,866.50</td>
<td>100% of Surrounding States</td>
<td>$1,886.70</td>
<td>117%</td>
<td>$1.16</td>
<td>513%</td>
<td></td>
</tr>
<tr>
<td>D8020</td>
<td>Limited Treatment Of The Transitional Dentition</td>
<td>$2,191.90</td>
<td>70% of Billed Charges</td>
<td>$2,064.14</td>
<td>75%</td>
<td>$0.53</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>D8030</td>
<td>Limited Treatment Of The Adolescent Dentition</td>
<td>$1,090.40</td>
<td>70% of Billed Charges</td>
<td>$2,028.18</td>
<td>314%</td>
<td>$0.56</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>D8040</td>
<td>Limited Treatment Of The Adult Dentition</td>
<td>$1,133.37</td>
<td>70% of Billed Charges</td>
<td>$4,745.99</td>
<td>299%</td>
<td>$0.86</td>
<td>189%</td>
<td></td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive Treatment Of The Transitional Dentition</td>
<td>$4,642.83</td>
<td>70% of Billed Charges</td>
<td>$5,829.54</td>
<td>281%</td>
<td>$0.80</td>
<td>307%</td>
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<tr>
<td>D8080</td>
<td>Comprehensive Treatment Of The Adolescent Dentition</td>
<td>$5,028.59</td>
<td>70% of Billed Charges</td>
<td>$5,629.59</td>
<td>275%</td>
<td>$0.89</td>
<td>230%</td>
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<tr>
<td>D8210</td>
<td>Removable Appliance Therapy</td>
<td>$425.83</td>
<td>70% of Billed Charges</td>
<td>$487.81</td>
<td>140%</td>
<td>$0.87</td>
<td>165%</td>
<td></td>
</tr>
<tr>
<td>D8220</td>
<td>Fixed Appliance Therapy</td>
<td>$571.10</td>
<td>70% of Billed Charges</td>
<td>$498.53</td>
<td>110%</td>
<td>$1.15</td>
<td>168%</td>
<td></td>
</tr>
<tr>
<td>D8695</td>
<td>Removal Of Fixed Orthodontic Appliance</td>
<td>$53.27</td>
<td>70% of Billed Charges</td>
<td>$62.00</td>
<td>44%</td>
<td>$0.86</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>D8696</td>
<td>Repair Of Orthodontic Appliance - Maxillary</td>
<td>$62.10</td>
<td>100% of Surrounding States</td>
<td>$62.10</td>
<td>100%</td>
<td>$0.50</td>
<td>NA</td>
<td>Reliable comparison rate data is unavailable</td>
</tr>
<tr>
<td>D8697</td>
<td>Repair Of Orthodontic Appliance - Mandibular</td>
<td>$62.10</td>
<td>70% of Billed Charges</td>
<td>$95.00</td>
<td>93%</td>
<td>$0.65</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>D8703</td>
<td>Replacement Of Lost Or Broken Retainer - Maxillary</td>
<td>$97.59</td>
<td>70% of Billed Charges</td>
<td>$198.20</td>
<td>87%</td>
<td>$0.49</td>
<td>64%</td>
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<tr>
<td>CPT Code</td>
<td>CPT Code Description</td>
<td>SFY23 Rate</td>
<td>Target Reimbursement</td>
<td>SFY22 Average Billed Charge to Medicaid</td>
<td>Percent of Target</td>
<td>Percent of Average Billed Charges</td>
<td>Percent of Average Surrounding State Rates</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------</td>
<td>------------</td>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>08704</td>
<td>Replacement Of Lost Or Broken Retainer - Mandibular</td>
<td>$ 97.59</td>
<td>70% of Billed Charges $ 136.56</td>
<td>78%</td>
<td>$ 0.71</td>
<td>64%</td>
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<tr>
<td>08999</td>
<td>Unspecified Orthodontic Procedure, By Report</td>
<td>$ 39.92</td>
<td>70% of Billed Charges $ 183.80</td>
<td>9%</td>
<td>$ 0.22</td>
<td>NA</td>
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</tr>
<tr>
<td>09110</td>
<td>Emergency Treatment Of Dental Pain - Minor Procedure</td>
<td>$ 58.53</td>
<td>70% of Billed Charges $ 126.46</td>
<td>71%</td>
<td>$ 0.46</td>
<td>123%</td>
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</tr>
<tr>
<td>09222</td>
<td>Deep Sedation/General Anesthesia - First 15 Minutes</td>
<td>$ 114.19</td>
<td>70% of Billed Charges $ 357.24</td>
<td>46%</td>
<td>$ 0.32</td>
<td>114%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09223</td>
<td>Deep Sedation/General Anesthesia - Each Subsequent 15 Minutes</td>
<td>$ 114.19</td>
<td>70% of Billed Charges $ 272.26</td>
<td>60%</td>
<td>$ 0.42</td>
<td>146%</td>
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<tr>
<td>09230</td>
<td>Inhalation Of Nitrous Oxide/Analgiesia</td>
<td>$ 42.46</td>
<td>70% of Billed Charges $ 58.35</td>
<td>103%</td>
<td>$ 0.73</td>
<td>126%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09239</td>
<td>Iv Moderate (Conscious) Sedation - First 15 Minutes</td>
<td>$ 80.59</td>
<td>70% of Billed Charges $ 264.23</td>
<td>47%</td>
<td>$ 0.31</td>
<td>97%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09243</td>
<td>Iv Moderate (Conscious) Sedation - Each Subsequent 15 Minutes</td>
<td>$ 80.59</td>
<td>70% of Billed Charges $ 180.73</td>
<td>62%</td>
<td>$ 0.45</td>
<td>110%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09410</td>
<td>House / Extended Care Facility Call</td>
<td>$ 40.52</td>
<td>70% of Billed Charges $ 134.84</td>
<td>51%</td>
<td>$ 0.30</td>
<td>105%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09420</td>
<td>Hospital Or Ambulatory Surgical Center Call</td>
<td>$ 171.27</td>
<td>70% of Billed Charges $ 303.22</td>
<td>81%</td>
<td>$ 0.56</td>
<td>179%</td>
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</tr>
<tr>
<td>09430</td>
<td>Office Visit For Observation - No Other Services</td>
<td>$ 24.76</td>
<td>70% of Billed Charges $ 71.33</td>
<td>48%</td>
<td>$ 0.35</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09930</td>
<td>Treatment Of Complications (Post-Surgical)</td>
<td>$ 26.61</td>
<td>70% of Billed Charges $ 93.00</td>
<td>34%</td>
<td>$ 0.29</td>
<td>74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09943</td>
<td>Occlusal Guard Adjustment</td>
<td>$ 31.51</td>
<td>100% of Surrounding States No Paid Claims</td>
<td>No Paid Claims</td>
<td>No Paid Claims</td>
<td>36%</td>
<td>Reliable comparison rate data is unavailable</td>
<td></td>
</tr>
<tr>
<td>09944</td>
<td>Occlusal Guard - Hard Appliance, Full Arch</td>
<td>$ 158.71</td>
<td>70% of Billed Charges $ 359.68</td>
<td>65%</td>
<td>$ 0.44</td>
<td>65%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09945</td>
<td>Occlusal Guard - Soft Appliance, Full Arch</td>
<td>$ 39.68</td>
<td>70% of Billed Charges $ 154.57</td>
<td>46%</td>
<td>$ 0.26</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09946</td>
<td>Occlusal Guard - Hard Appliance, Partial Arch</td>
<td>$ 79.35</td>
<td>100% of Surrounding States No Paid Claims</td>
<td>36%</td>
<td>No Paid Claims</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09920</td>
<td>Behavior Management (For Patients With Developmental Disabilities Only)</td>
<td>$ 113.45</td>
<td>70% of Billed Charges $ 117.56</td>
<td>129%</td>
<td>$ 0.97</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>