



# **2023 MSDA NATIONAL PROFILE of State Medicaid Dental Programs**



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### ALASKA - BENEFITS SUMMARY

[Alaska Medicaid Dental Fee Schedule - Child](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$48.86	Yes	\$48.86				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused			Yes	\$65.15				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$57.72				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$66.98	Yes	\$66.98				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$89.18	Yes	\$89.18				
Preventive	D1120	Child Prophylaxis			Yes	\$64.95				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$28.50	Yes	\$28.50				
Preventive	D1208	Fluoride Treatment	Yes	\$29.32	Yes	\$29.32				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$49.68				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$826.62	Yes	\$826.62				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$692.24	Yes	\$692.24				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$521.62	Yes	\$521.62				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$627.09	Yes	\$627.09				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### ALASKA - BENEFITS SUMMARY

[Alaska Medicaid Dental Fee Schedule - Child](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$711.89	Yes	\$711.89				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$161.05	Yes	\$161.05				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$142.52	Yes	\$142.52				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$125.09	Yes	\$125.09				
Periodontics	D4355	Full Mouth Debridement	Yes	\$168.99	Yes	\$168.99				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$106.89	Yes	\$106.89				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$1,119.80	Yes	\$1,119.80				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$1,145.25	Yes	\$1,145.25				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1,500.00				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$110.45				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$170.76				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$57.01	Yes	\$57.01				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$170.76	Yes	\$170.76				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management			Yes	\$53.44				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### ARKANSAS - BENEFITS SUMMARY

[Arkansas Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$26.60	Yes	\$26.60				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$34.20	Yes	\$34.20				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam								
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$7.98	Yes	\$7.98				
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$48.45	Yes	\$48.45				
Preventive	D1120	Child Prophylaxis			Yes	\$36.10				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$19.95				
Preventive	D1208	Fluoride Treatment	Yes	\$19.95	Yes	\$19.95				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$28.50				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$28.50				
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	Varies	Yes	Varies				
Restorative	D2330-2394	Composite Restorations	Yes	Varies	Yes	Varies				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns	Yes	Varies	Yes	Varies				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$404.70				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$474.05				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### ARKANSAS - BENEFITS SUMMARY

[Arkansas Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$599.45				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$142.50	Yes	\$142.50				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$48.45	Yes	\$48.45				
Periodontics	D4355	Full Mouth Debridement	Yes	\$93.10						
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$66.50	Yes	\$66.50				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes		Yes	\$807.50				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes		Yes	\$807.50				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes	\$570.00				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	Varies	Yes	Varies				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	Varies				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental		\$43.70	Yes	\$43.70				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$95.95				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$26.60				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation								
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$20.00	Yes	\$20.00				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### CALIFORNIA - BENEFITS SUMMARY (Not Validated by State)

[California Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$15.00	Yes	\$15.00				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$35.00	Yes	\$35.00				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$20.00				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$25.00	Yes	\$25.00				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$100.00	Yes	\$100.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	Global	Yes	Global				
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes	\$15.00		\$15.00				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes	\$15.00		\$15.00				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes	\$15.00		\$15.00				
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by Med. Provider								
Preventive	D1110	Adult Prophylaxis	Yes	\$40.00	Yes	\$40.00	Yes	\$40.00		
Preventive	D1120	Child Prophylaxis			Yes	\$30.00	Yes	\$30.00		
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$6.00	Yes	\$8.00/\$18.00	Yes	\$8.00/\$18.00		
Preventive	D1208	Fluoride Treatment	Yes	\$6.00	Yes	\$8.00/ \$18.00	Yes	\$8.00/\$18.00		
Preventive	D1351 A	Dental Sealant on Permanent Teeth		\$22.00	Yes	\$22.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$12.00	Yes	\$12.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$340.00	Yes	\$340.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$340.00	Yes	\$340.00				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$216.00	Yes	\$216.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$261.00	Yes	\$261.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$331.00	Yes	\$331.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### CALIFORNIA - BENEFITS SUMMARY (Not Validated by State)

[California Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$50.00	Yes	\$50.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$30.00	Yes	\$30.00				
Periodontics	D4346	Scaling w/General Inflammation	Yes	Global	Yes	Global				
Periodontics	D4355	Full Mouth Debridement	Yes	\$75.00	Yes	\$75.00				
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	Global	Yes	Global				
Periodontics	D4910	Periodontal Maintenance	Yes	\$55.00	Yes	\$55.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$450.00	Yes	\$450.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$450.00	Yes	\$450.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant	Yes	By Report	Yes	By Report				
Implant Services	D6011	Second Stage Implant Surgery	Yes	By Report	Yes	By Report				
Implant Services	D6012	Interim implant body- endosteal implant	Yes		Yes					
Implant Services	D6013	Mini Implant	Yes	By Report	Yes	By Report				
Implant Services	D6040	Epoosteal Implant	Yes	By Report	Yes	By Report				
Implant Services	D6050	Transosteal Implant	Yes	By Report	Yes	By Report				
Implant Services	D6100-6199	Implant Services	Yes	By Report	Yes	By Report				
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia (Only 8080)			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$45.00	Yes	\$45.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$45.68	Yes	\$45.68				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$25.00	Yes	\$25.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$29.07	Yes	\$29.07				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$100.00	Yes	\$100.00				
Adjunctive	D9995	Teledentistry - Synchronous	Yes	.24/min.	Yes					
Adjunctive	D9996	Teledentistry - Asynchronous				.24/min.				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes (D9993- Benefit in the DTI)								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### COLORADO - BENEFITS SUMMARY

[Colorado Medicaid Dental Fee Schedule - DentaQuest 2022](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$22.87	Yes	\$22.87				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$34.30	Yes	\$34.30				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$32.59	Yes	\$32.59				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$39.43	Yes	\$39.43				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$71.42	Yes	\$71.42				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	\$17.02				
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes	Yes	\$84.19	Yes	\$84.19				
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$41.97	Yes	\$41.97				
Preventive	D1120	Child Prophylaxis			Yes	\$31.43				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes		Yes	\$17.13				
Preventive	D1208	Fluoride Treatment	Yes		Yes	\$11.66				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$35.22				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$5.75				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$468.56	Yes	\$468.56				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$468.56	Yes	\$468.56				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$331.43	Yes	\$331.43				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$392.56	Yes	\$392.56				



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### COLORADO - BENEFITS SUMMARY

[Colorado Medicaid Dental Fee Schedule - DentaQuest 2022](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$472.58	Yes	\$472.58				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$116.00	Yes	\$116.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$93.33	Yes	\$93.33				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$45.58	Yes	\$45.58				
Periodontics	D4355	Full Mouth Debridement	Yes	\$85.70	Yes	\$85.70				
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	\$45.58	Yes	\$45.58				
Periodontics	D4910	Periodontal Maintenance	Yes	\$85.70	Yes	\$85.70				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$810.41	Yes	\$810.41				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$811.86	Yes	\$811.86				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes		Yes					
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$54.29	Yes	\$54.29				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	109.23/ 95.27	Yes	109.23/95.27				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$32.14				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	109.23/95.27	Yes	109.23/95.27				
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$32.00	Yes	\$32.14				
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$17.20	Yes	\$17.20				
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### CONNECTICUT - BENEFITS SUMMARY

[Connecticut Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$22.75		\$34.30	Yes	\$22.75		\$34.30
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$31.20		\$47.04	Yes	\$31.20		\$47.04
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$42.25		\$63.70	Yes	\$42.25		\$63.70
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$35.00		\$35.00	Yes	\$35.00		\$35.00
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk			Yes	\$22.54			Yes	\$22.54
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk			Yes	\$22.54			Yes	\$22.54
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk			Yes	\$22.54			Yes	\$22.54
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$577.22	Yes	\$577.22	Yes	\$577.22	Yes	\$577.22
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$724.84	Yes	\$724.84	Yes	\$724.84	Yes	\$724.84
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$857.50	Yes	\$857.50	Yes	\$857.50	Yes	\$857.50
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes	MP	Yes	MP	Yes	MP	Yes	MP
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$0.00	Yes	MP	Yes		Yes	MP
Orthodontics	D8010-8040	Limited Orthodontia		MP	Yes	MP		MP	Yes	MP
Orthodontics	D8070-8090	Comprehensive Orthodontia		\$3,500.00	Yes	\$3,500.00		\$3,500.00	Yes	\$3,500.00
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant		\$857.50		MP		\$857.50		MP
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant		MP		MP		MP		MP
Periodontics	D4346	Scaling w/General Inflammation		MP		MP		MP		MP

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### CONNECTICUT - BENEFITS SUMMARY

[Connecticut Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4355	Full Mouth Debridement		MP		MP		MP		MP
Periodontics	D4381	Localized Antimicrobial Therapy		MP				MP		
Periodontics	D4910	Periodontal Maintenance		MP		Yes		MP		Yes
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes	\$25.00	Yes	\$28.42	Yes	\$25.00	Yes	\$28.42
Preventive	D1110	Adult Prophylaxis	Yes	\$41.60	Yes	\$62.72	Yes	\$41.60	Yes	\$62.72
Preventive	D1120	Child Prophylaxis			Yes	\$45.08			Yes	\$45.08
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$18.85	Yes	\$28.42	Yes	\$18.85	Yes	\$28.42
Preventive	D1208	Fluoride Treatment	Yes	\$18.85	Yes	\$28.42	Yes	\$18.85	Yes	\$28.42
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$39.20			Yes	\$39.20
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$39.20			Yes	\$39.20
Preventive	D1354	Silver Diamine Fluoride	Yes	\$28.42	Yes	\$28.42	Yes	\$28.42	Yes	\$28.42
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$692.90	Yes	\$1,044.68	Yes	\$692.90	Yes	\$1,044.68
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$692.90	Yes	\$1,044.68	Yes	\$692.90	Yes	\$1,044.68
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$649.35	Yes		Yes	\$649.35	Yes	
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes		Yes		Yes	
Restorative	D2330-2394	Composite Restorations	Yes		Yes		Yes		Yes	
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$800.00	Yes	\$788.90	Yes	\$800.00	Yes	\$788.90
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$800.00	Yes	\$686.00	Yes	\$800.00	Yes	\$686.00
Restorative	D2930-2954	Crowns	Yes	\$800.00	Yes	\$788.90	Yes	\$800.00	Yes	\$788.90
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$58.50	Yes	\$88.20	Yes	\$58.50	Yes	\$88.20
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$82.55	Yes	\$124.46	Yes	\$82.55		
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$39.00	Yes	\$124.46	Yes	\$39.00		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$82.55	Yes	\$58.80	Yes	\$82.55		
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$210.00	Yes	\$210.00	Yes	\$210.00		
Adjunctive	D9920	Behavior Management	Yes	\$35.00	Yes		Yes	\$35.00		
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs	Yes	\$35.00	Yes	\$35.00	Yes	\$35.00	Yes	\$35.00
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### DELAWARE - BENEFITS SUMMARY

[Delaware Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$43.31	Yes	\$43.31				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$64.05	Yes	\$64.05				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$76.86	Yes	\$76.86				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes							
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$75.64	Yes	\$75.46				
Preventive	D1120	Child Prophylaxis								
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$33.55	Yes	\$33.55				
Preventive	D1208	Fluoride Treatment	Yes	\$32.33	Yes					
Preventive	D1351 A	Dental Sealant on Permanent Teeth								
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$62.83	Yes	\$62.83				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes							
Restorative	D2330-2394	Composite Restorations	Yes							
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns								
Endodontics	D3310	Endodontic Treatment Anterior Tooth								
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth								
Endodontics	D3330	Endodontic Treatment Molar Tooth								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### DELAWARE - BENEFITS SUMMARY

[Delaware Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$251.12	Yes	\$251.12				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$187.82	Yes	\$187.82				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$180.94	Yes	\$180.94				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$131.41	Yes	\$131.41				
Prosthodontics	D5110	Maxillary Complete (Upper)								
Prosthodontics	D5120	Mandibular Complete (Lower)								
Prosthodontics	D5211-5286	Any Partial Denture								
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes							
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$129.31	Yes	\$129.31				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes							
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$77.30	Yes	\$77.30				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes							
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$0.01		\$0.01				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$0.01	Yes	\$0.01				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### DISTRICT OF COLUMBIA - BENEFITS SUMMARY

[District of Columbia Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$68.00	Yes	\$85.00		\$93.50		\$68.00
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$36.00	Yes	\$46.00		\$50.60		\$36.00
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation								
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients w/ special needs								
Case Management	D9991-9994	Case Management Codes								
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$31.00	Yes	\$35.00		\$38.50		\$31.00
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$45.00	Yes	\$50.00		\$55.00		\$45.00
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$40.00	Yes	\$40.00		\$44.00		\$40.00
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$69.00	Yes	\$77.50		\$85.25		\$69.00
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$40.00	Yes	\$45.00		\$49.50		\$40.00
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$30.00	Yes	\$30.00		\$33.00		\$30.00
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$30.00	Yes	\$30.00		\$33.00		\$30.00
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$398.00	Yes	\$498.00		\$547.80		\$398.00
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$472.00	Yes	\$591.00		\$650.10		\$472.00
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$582.00	Yes	\$728.00		\$800.80		\$582.00
Implant Services	D6010	Endosteal Implant	Yes	\$615.00	Yes	\$750.00		\$825.00		\$615.00
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### DISTRICT OF COLUMBIA - BENEFITS SUMMARY

[District of Columbia Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Implant Services	D6040	Eposteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes		Yes					
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes		Yes					
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$140.00	Yes	\$181.00		\$199.10		\$140.00
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$70.00	Yes	\$70.00		\$77.00		\$70.00
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$100.00	Yes	\$100.00		\$110.00		\$100.00
Periodontics	D4355	Full Mouth Debridement	Yes	\$100.00	Yes	\$130.00		\$143.00		\$100.00
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$70.00	Yes	\$70.00		\$77.00		\$70.00
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes	\$11.00	Yes	\$11.00		\$12.10		\$11.00
Preventive	D1110	Adult Prophylaxis	Yes	\$69.00	Yes	\$77.50		\$85.25		\$69.00
Preventive	D1120	Child Prophylaxis	Yes	\$47.00	Yes	\$47.00		\$51.70		\$47.00
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$29.00	Yes	\$29.00		\$31.90		\$29.00
Preventive	D1208	Fluoride Treatment	Yes	\$25.00	Yes	\$25.00		\$27.25		\$25.00
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$38.00	Yes	\$38.00		\$41.80		\$38.00
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$38.00	Yes	\$38.00		\$41.80		\$38.00
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$1,000.00	Yes	\$1,120.00		\$1,232.00		\$1,000.00
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$1,000.00	Yes	\$1,125.00		\$1,237.50		\$1,000.00
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$600.00	Yes	\$600.00		\$660.00		\$600.00
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$320.00	Yes	\$320.00		\$352.00		\$320.00
Restorative	D2930-2954	Crowns	Yes		Yes					

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### FLORIDA - BENEFITS SUMMARY

[Florida Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$22.29				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$8.00	Yes	\$11.89				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$23.78				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$16.00	Yes	\$23.78				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	\$10.40				
Diagnostic/Exam/Screen	D0191	Oral Assessment			Yes	\$10.40				
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis			Yes	\$26.75				
Preventive	D1120	Child Prophylaxis			Yes	\$20.81				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$16.35				
Preventive	D1208	Fluoride Treatment	Yes	\$16.35	Yes	\$16.35				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$19.32				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$6.44				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive			Yes	\$6.44				
Restorative	D2140-2161	Amalgam Restorations			Yes					
Restorative	D2330-2394	Composite Restorations			Yes					
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$338.88				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$338.88				
Restorative	D2930-2954	Crowns			Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$219.97				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$282.40				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$349.28				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$29.73				



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Florida Medicaid Dental Fee Schedule](#)

### FLORIDA - BENEFITS SUMMARY

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$14.86				
Periodontics	D4346	Scaling w/General Inflammation			Yes	\$118.90				
Periodontics	D4355	Full Mouth Debridement			Yes	\$77.29				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$460.75	Yes	\$310.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$165.00	Yes	\$245.24				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$564.79				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$19.32				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$28.00	Yes	\$41.62				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$41.61	Yes	\$61.84				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management			Yes	\$35.67				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### GEORGIA - BENEFITS SUMMARY

[Georgia Medicaid Dental Fee Schedule - Appendix B](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$25.30			Yes	\$25.30
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$38.29	Yes	\$38.29				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam			Yes	\$43.70			Yes	\$43.70
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	\$28.74	Yes	\$28.74			Yes	\$28.74
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes		Yes	\$36.18			Yes	\$36.18
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes	\$17.59	Yes	\$17.59			Yes	\$17.59
Preventive	D1110	Adult Prophylaxis			Yes	\$35.64			Yes	\$35.64
Preventive	D1120	Child Prophylaxis			Yes	\$35.61				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$19.54				
Preventive	D1208	Fluoride Treatment			Yes	\$19.54			Yes	\$19.54
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$34.05				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$34.05				
Preventive	D1354	Silver Diamine Fluoride			Yes	\$15.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive			Yes	\$10.70				
Restorative	D2140-2161	Amalgam Restorations			Yes				Yes	
Restorative	D2330-2394	Composite Restorations			Yes				Yes	
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$77.64				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$463.68				
Endodontics	D3330	Endodontic Treatment Molar Tooth								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### GEORGIA - BENEFITS SUMMARY

[Georgia Medicaid Dental Fee Schedule - Appendix B](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$140.76			Yes	\$140.76
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant							Yes	\$105.57
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance							Yes	\$42.20
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$673.78				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$673.78				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$276.64				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$80.78	Yes	\$80.78				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$844.62				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$51.75			Yes	\$51.75
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$115.19	Yes	\$115.19				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$26.91	Yes	\$26.91				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$113.28	Yes	\$113.28				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$20.52	Yes	\$20.52			Yes	\$20.52
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$20.52	Yes	\$20.52			Yes	\$20.52
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### HAWAII- BENEFITS SUMMARY

[Hawaii Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$29.12				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$29.12	Yes	\$29.12				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$29.12				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam		\$29.12	Yes	\$36.40				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$26.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis			Yes	\$36.40				
Preventive	D1120	Child Prophylaxis			Yes	\$26.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$23.58				
Preventive	D1208	Fluoride Treatment			Yes	\$14.16				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$24.32				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$6.33	Yes	\$6.33				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes					
Restorative	D2330-2394	Composite Restorations			Yes					
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$480.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$480.00				
Restorative	D2930-2954	Crowns			Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes					
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes					
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes					
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$90.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### HAWAII- BENEFITS SUMMARY

[Hawaii Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$48.00				
Periodontics	D4346	Scaling w/General Inflammation			Yes	\$56.00				
Periodontics	D4355	Full Mouth Debridement			Yes	\$41.00				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance			Yes					
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes					
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes					
Prosthodontics	D5211-5286	Any Partial Denture			Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$59.28	Yes	\$59.28				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min								
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$55.99	Yes	\$55.99				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	104.00, 52.00	Yes	104.00, 52.00				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Idaho Medicaid Dental Fee Schedule - MCNA](#)

### IDAHO - BENEFITS SUMMARY

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$19.24	Yes	\$19.24				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$27.15	Yes	\$27.15				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$27.90				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$27.90	Yes	\$27.90				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$26.79				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$41.68	Yes	\$41.68				
Preventive	D1120	Child Prophylaxis			Yes	\$29.17				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$13.55				
Preventive	D1208	Fluoride Treatment	Yes	\$13.55	Yes	\$13.55				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$20.83				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$20.83				
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$51.25	Yes	\$51.25				
Restorative	D2330-2394	Composite Restorations	Yes	\$66.56	Yes	\$66.56				
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$362.86				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$362.86				
Restorative	D2930-2954	Crowns			Yes	\$101.84				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$250.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$321.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$375.00				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$69.63	Yes	\$69.63				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Idaho Medicaid Dental Fee Schedule - MCNA](#)

### IDAHO - BENEFITS SUMMARY

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$48.71	Yes	\$48.71				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$41.68	Yes	\$41.68				
Periodontics	D4381	Localized Antimicrobial Therapy			No					
Periodontics	D4910	Periodontal Maintenance	Yes	\$43.01	Yes	\$43.01				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$536.31	Yes	\$466.36				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$536.31	Yes	\$466.36				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$292.71	Yes	\$292.71				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$57.24	Yes	\$57.24				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$992.26				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$34.73	Yes	\$34.73				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$56.11	Yes	\$56.11				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$24.46	Yes	\$24.46				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$56.11	Yes	\$56.11				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$28.40	Yes	\$21.83				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### ILLINOIS - BENEFITS SUMMARY

[Illinois Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$28.00	Yes	\$29.40				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$19.12	Yes	\$19.12				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$26.08	Yes	\$26.08				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$48.38						
Preventive	D1120	Child Prophylaxis			Yes	\$43.05				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$27.30				
Preventive	D1208	Fluoride Treatment			Yes	\$27.30				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$37.80				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$37.80				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$14.85	Yes	\$14.85				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$67.08	Yes	\$67.08				
Restorative	D2330-2394	Composite Restorations	Yes	\$73.14	Yes	\$73.14				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$272.83	Yes	\$272.83				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$272.83	Yes	\$272.83				
Restorative	D2930-2954	Crowns	Yes	\$55.90	Yes	\$55.90				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$158.22	Yes	\$158.22				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$155.25				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$234.67				



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### ILLINOIS - BENEFITS SUMMARY

[Illinois Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$122.00	Yes	\$122.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$77.00	Yes	\$77.00				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$41.00	Yes	\$41.00				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$67.00	Yes	\$67.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$444.09	Yes	\$444.09				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$444.09	Yes	\$444.09				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$391.41						
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$82.24	Yes	\$82.24				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$347.50				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$55.00	Yes	\$55.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$214.00	Yes	\$214.00				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$70.00	Yes	\$70.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$181.00	Yes	\$181.00				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$13.19	Yes	\$13.19				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$9.24	Yes	\$9.24				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### IOWA - BENEFITS SUMMARY

[Iowa Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$16.37	Yes	\$16.37	Yes	\$16.37	Yes	\$16.37
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$25.59	Yes	\$25.59	Yes	\$25.59	Yes	\$25.59
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$23.54				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$23.54	Yes	\$23.54	Yes	\$23.54	Yes	\$23.54
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$25.59	Yes	\$25.59	Yes	\$25.59	Yes	\$25.59
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$13.56	Yes	\$13.56	Yes	\$13.56	Yes	\$13.56
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes		Yes		Yes		Yes	
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes		Yes		Yes		Yes	
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes		Yes		Yes		Yes	
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes					
Preventive	D1110	Adult Prophylaxis	Yes	\$35.82	Yes	\$35.82	Yes	\$35.82	Yes	\$35.82
Preventive	D1120	Child Prophylaxis		\$24.57	Yes	\$24.57		\$24.57		\$24.57
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$14.33	Yes	\$14.33	Yes	\$14.33	Yes	\$14.33
Preventive	D1208	Fluoride Treatment	Yes	\$14.33	Yes	\$14.33	Yes	\$14.33	Yes	\$14.33
Preventive	D1351 A	Dental Sealant on Permanent Teeth		\$20.47	Yes	\$20.47		\$20.47		\$20.47
Preventive	D1351 B	Dental Sealant on Primary Teeth		\$20.47	Yes	\$20.47		\$20.47		\$20.47
Preventive	D1354	Silver Diamine Fluoride	Yes	\$3.54	Yes	\$3.54	Yes	\$3.54	Yes	\$3.54
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes		Yes		Yes	
Restorative	D2330-2394	Composite Restorations	Yes		Yes		Yes		Yes	
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$423.73	Yes	\$423.73	Yes	\$423.73	Yes	\$423.73
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$419.64	Yes	\$419.64	Yes	\$419.64	Yes	\$419.64
Restorative	D2930-2954	Crowns	Yes		Yes		Yes		Yes	
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$255.87	Yes	\$255.87	Yes	\$255.87	Yes	\$255.87
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$307.05	Yes	\$307.05	Yes	\$307.05	Yes	\$307.05
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$394.05	Yes	\$394.05	Yes	\$394.05	Yes	\$394.05
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$102.35	Yes	\$102.35	Yes	\$102.35	Yes	\$102.35

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### IOWA - BENEFITS SUMMARY

[Iowa Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$38.40	Yes	\$38.40	Yes	\$38.40	Yes	\$38.40
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$35.82	Yes	\$35.82	Yes	\$35.82	Yes	\$35.82
Periodontics	D4355	Full Mouth Debridement	Yes	\$51.17	Yes	\$51.17	Yes	\$51.17	Yes	\$51.17
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	\$79.28	Yes	\$79.28	Yes	\$79.28	Yes	\$79.28
Periodontics	D4910	Periodontal Maintenance	Yes	\$61.41	Yes	\$61.41	Yes	\$61.41	Yes	\$61.41
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$532.22	Yes	\$532.22	Yes	\$532.22	Yes	\$532.22
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$527.11	Yes	\$527.11	Yes	\$527.11	Yes	\$527.11
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes		Yes		Yes	
Implant Services	D6010	Endosteal Implant	Yes	\$1,078.94	Yes	\$1,078.94	Yes	\$1,078.94	Yes	\$1,078.94
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant	Yes	By Report	Yes	By Report	Yes	By Report	Yes	By Report
Implant Services	D6013	Mini Implant	Yes	\$669.63	Yes	\$669.63	Yes	\$669.63	Yes	\$669.63
Implant Services	D6040	Epoosteal Implant	Yes	By Report	Yes	By Report	Yes	By Report	Yes	By Report
Implant Services	D6050	Transosteal Implant	Yes	By Report	Yes	By Report	Yes	By Report	Yes	By Report
Implant Services	D6100-6199	Implant Services	Yes	By Report	Yes	By Report	Yes	By Report	Yes	By Report
Oral Surgery	D7140-7250	Tooth Extractions	Yes	51.17 - 100.30	Yes		Yes	51.17 - 100.30	Yes	51.17 - 100.30
Orthodontics	D8010-8040	Limited Orthodontia	Yes	\$298.11	Yes	\$298.11	Yes	\$298.11	Yes	\$298.11
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes		Yes		Yes		Yes	
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$22.65	Yes	\$22.65	Yes	\$22.65	Yes	\$22.65
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes		Yes		Yes	
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$22.22	Yes	\$22.22	Yes	\$22.22	Yes	\$22.22
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes		Yes		Yes		Yes	
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes		Yes		Yes	
Adjunctive	D9996	Teledentistry - Asynchronous	Yes		Yes		Yes		Yes	
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### KENTUCKY - BENEFITS SUMMARY

[Kentucky Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$27.50				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$41.25	Yes	\$41.25				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$32.50				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$32.50	Yes	\$32.50				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$46.25	Yes	\$60.13				
Preventive	D1120	Child Prophylaxis			Yes	\$60.13				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$18.75				
Preventive	D1208	Fluoride Treatment			Yes	\$18.75				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$24.38				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$12.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$274.30				
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth			Yes	\$344.50				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$481.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Kentucky Medicaid Dental Fee Schedule](#)

### KENTUCKY - BENEFITS SUMMARY

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$78.00	Yes	\$101.40				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$26.00	Yes	\$36.42				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement			Yes	\$68.50			Yes	\$68.50
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)								
Prosthodontics	D5120	Mandibular Complete (Lower)								
Prosthodontics	D5211-5286	Any Partial Denture								
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions								
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$21.00	Yes	\$27.30				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$75.00	Yes	\$75.00				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$39.00	Yes	\$39.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$75.00	Yes	\$75.00				
Adjunctive	D9613	Infiltration of a Therapeutic Drug				\$39.00				
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### LOUISIANA - BENEFITS SUMMARY

[Louisiana Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$27.24	Yes	\$27.24		
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused								
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$48.49				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$47.37	Yes	\$47.37	Yes	\$47.37		
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes		Yes	\$48.01	Yes	\$48.01		
Preventive	D1120	Child Prophylaxis			Yes	\$35.02				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$24.29				
Preventive	D1208	Fluoride Treatment			Yes	\$19.50	Yes	\$19.50		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$25.51				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes		Yes	\$10.81		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes		Yes			
Restorative	D2330-2394	Composite Restorations			Yes		Yes			
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes		Yes			
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$336.71	Yes	\$336.71		
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth			Yes	\$395.37	Yes	\$395.37		
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$474.45	Yes	\$474.45		

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### LOUISIANA - BENEFITS SUMMARY

[Louisiana Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$117.34	Yes	\$117.34		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement			Yes	\$86.73	Yes	\$86.73		
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$495.00	Yes	\$495.00	Yes	\$495.00		
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$495.00	Yes	\$495.00	Yes	\$495.00		
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes		Yes			
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epotheal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	Value Add by MCO	Yes		Yes			
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia					Yes	\$4,515.00		
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$58.67	Yes	\$58.67		
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min								
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$36.73	Yes	\$36.73		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes	109.17/73.98	Yes	109.17/ 73.98		
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management			Yes	\$68.87				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs					Yes	\$29.00		
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MAINE - BENEFITS SUMMARY

[Maine Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$32.06	Yes	\$32.06				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$53.90	Yes	\$53.90				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$46.39	Yes	\$46.39				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$61.41	Yes	\$61.41				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$41.22	Yes	\$41.22				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$20.47	Yes	\$20.47				
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes		Yes					
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	\$48.08	Yes	\$48.08				
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes	\$56.94	Yes	\$56.94				
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$65.91	Yes	\$65.91				
Preventive	D1120	Child Prophylaxis	Yes	\$50.49	Yes	\$50.49				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$24.56	Yes	\$24.56				
Preventive	D1208	Fluoride Treatment	Yes	\$24.56	Yes	\$24.56				
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$30.70	Yes	\$30.70				
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$30.70	Yes	\$30.70				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$25.70	Yes	\$25.70				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$18.98	Yes	\$18.98				
Restorative	D2140-2161	Amalgam Restorations	Yes	\$78.29	Yes	\$78.29				
Restorative	D2330-2394	Composite Restorations	Yes	\$78.29	Yes	\$78.29				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$569.28	Yes	\$569.28				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$488.74	Yes	\$488.74				
Restorative	D2930-2954	Crowns	Yes	\$140.72	Yes	\$140.72				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$578.58	Yes	\$578.58				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$683.72	Yes	\$683.72				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$919.32	Yes	\$919.32				



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MAINE - BENEFITS SUMMARY

[Maine Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$153.18	Yes	\$153.18				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$109.84	Yes	\$109.84				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$62.77	Yes	\$62.77				
Periodontics	D4355	Full Mouth Debridement	Yes	\$102.34	Yes	\$102.34				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$97.16	Yes	\$97.16				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$686.98	Yes	\$686.98				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$686.98	Yes	\$686.98				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$399.65	Yes	\$399.65				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$110.40	Yes	\$110.40				
Orthodontics	D8010-8040	Limited Orthodontia	Yes	\$1,228.12	Yes	\$1,228.12				
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes	\$2,931.11	Yes	\$2,931.11				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$66.63	Yes	\$66.63				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$140.11	Yes	\$140.11				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$34.80	Yes	\$34.80				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$140.11	Yes	\$140.11				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$62.30	Yes	\$62.30				
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes					
Adjunctive	D9996	Teledentistry - Asynchronous	Yes		Yes					
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes	Yes	\$22.72	Yes	\$22.72				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MARYLAND - BENEFITS SUMMARY

[Maryland Medicaid Dental Fee Schedule - Effective April 2023](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$31.81	Yes	\$31.81				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$47.26	Yes	\$47.26				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$43.76				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$56.34	Yes	\$56.34				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$63.62	Yes	\$63.62	Yes	\$63.62		
Preventive	D1120	Child Prophylaxis			Yes	\$46.35				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$24.92	Yes	\$24.92				
Preventive	D1208	Fluoride Treatment	Yes	\$23.00	Yes	\$23.00				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$33.23				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$33.23				
Preventive	D1354	Silver Diamine Fluoride			Yes	\$10.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$70.00-\$104.00	Yes	\$70.00-\$104.00	Yes	\$70.00-\$104.00	Yes	
Restorative	D2330-2394	Composite Restorations	Yes	\$91.90-\$165.19	Yes	\$91.90-\$165.19	Yes	\$91.90-\$165.19	Yes	\$91.90-\$165.19
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$328.20	Yes	\$328.20	Yes	\$328.20		
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$375.00	Yes	\$375.00	Yes	\$375.00		
Restorative	D2930-2954	Crowns	Yes	\$12.00-\$168.48	Yes	\$12.00-\$168.48	Yes			
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$550.00	Yes	\$550.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$650.00	Yes	\$650.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MARYLAND - BENEFITS SUMMARY

[Maryland Medicaid Dental Fee Schedule - Effective April 2023](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$748.00	Yes	\$748.00				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$75.00	Yes	\$75.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$54.00				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$100.00	Yes	\$100.00	Yes			
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$54.00	Yes	\$54.00				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$375.00				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$375.00				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$225- \$275				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1,035.00				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$20.00	Yes	\$20.00	Yes			
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$77.67	Yes	\$77.67	Yes			
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$19.69	Yes	\$19.69	Yes			
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$59.00	Yes	\$59.00	Yes			
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MASSACHUSETTS - BENEFITS SUMMARY

[Massachusetts Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$21.00	Yes	\$31.00	Yes	\$21.00	Yes	\$21.00
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$42.00	Yes	\$49.00	Yes	\$42.00	Yes	\$42.00
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$27.00				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$40.00	Yes	\$62.00	Yes	\$40.00	Yes	\$40.00
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes							
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$19.00	Yes	\$19.00	Yes	\$19.00	Yes	\$19.00
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$19.00	Yes	\$19.00	Yes	\$19.00	Yes	\$19.00
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk			Yes					
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk			Yes					
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk			Yes					
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes		Yes	\$28.00	Yes		Yes	
Preventive	D1110	Adult Prophylaxis	Yes	\$53.00	Yes	\$75.00	Yes	\$53.00	Yes	\$53.00
Preventive	D1120	Child Prophylaxis			Yes	\$55.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$26.00	Yes	\$28.00	Yes	\$26.00	Yes	\$26.00
Preventive	D1208	Fluoride Treatment	Yes	\$29.00	Yes	\$31.00	Yes	\$29.00	Yes	\$29.00
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$44.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes					
Preventive	D1354	Silver Diamine Fluoride	Yes	\$15.00	Yes	\$15.00	Yes	\$15.00	Yes	\$15.00
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes		Yes		Yes	
Restorative	D2330-2394	Composite Restorations	Yes		Yes		Yes		Yes	
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$729.00	Yes	\$853.00	Yes	\$729.00	Yes	\$729.00
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$613.00	Yes	\$727.00	Yes	\$613.00	Yes	\$613.00
Restorative	D2930-2954	Crowns	Yes		Yes		Yes		Yes	
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$480.00	Yes	\$480.00	Yes	\$480.00	Yes	\$480.00
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$564.00	Yes	\$564.00	Yes	\$564.00	Yes	\$564.00
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$731.00	Yes	\$731.00	Yes	\$731.00	Yes	\$731.00
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$134.00	Yes	\$160.00	Yes	\$134.00	Yes	\$134.00

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MASSACHUSETTS - BENEFITS SUMMARY

[Massachusetts Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$90.00	Yes	\$107.00	Yes	\$90.00	Yes	\$90.00
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$49.00	Yes	\$70.00	Yes	\$49.00	Yes	\$49.00
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$730.00	Yes	\$858.00	Yes	\$730.00	Yes	\$730.00
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$730.00	Yes	\$852.00	Yes	\$730.00	Yes	\$730.00
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes		Yes		Yes	
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes		Yes		Yes	
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1,302.00				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$35.00	Yes	\$75.00	Yes	\$35.00	Yes	\$35.00
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$78.00	Yes	\$109.00	Yes	\$78.00	Yes	\$78.00
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$15.00	Yes	\$21.00	Yes	\$15.00	Yes	\$15.00
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes	\$90.00	Yes	\$101.00	Yes	\$90.00	Yes	\$90.00
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes					
Adjunctive	D9920	Behavior Management	Yes	\$86.00	Yes	\$86.00	Yes	\$86.00	Yes	\$86.00
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Michigan Medicaid Dental Fee Schedule](#)

### MICHIGAN- BENEFITS SUMMARY

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$28.83	Yes	\$28.83	Yes	\$28.83	Yes	\$28.83
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$45.33	Yes	\$45.33	Yes	\$45.33	Yes	\$45.33
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$29.50	Yes	\$29.50		\$29.50		\$29.50
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$44.91	Yes	\$44.91	Yes	\$44.91	Yes	\$44.91
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$29.83	Yes	\$29.83	Yes	\$29.83	Yes	\$29.83
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes		Yes		Yes		Yes	
Preventive	D1110	Adult Prophylaxis	Yes	\$56.30	Yes	\$56.30	Yes	\$56.30	Yes	\$56.30
Preventive	D1120	Child Prophylaxis	Yes	\$42.00	Yes	\$42.00	Yes	\$42.00	Yes	\$42.00
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER								
Preventive	D1208	Fluoride Treatment								
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$30.99	Yes	\$30.99	Yes	\$30.99	Yes	\$30.99
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$30.99	Yes	\$30.99	Yes	\$30.99	Yes	\$30.99
Preventive	D1354	Silver Diamine Fluoride	Yes	\$27.81	Yes	\$27.81	Yes	\$27.81	Yes	\$27.81
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$70.50	Yes	\$70.50	Yes	\$70.50	Yes	\$70.50
Restorative	D2330-2394	Composite Restorations	Yes	\$84.51	Yes	\$84.51	Yes	\$84.51	Yes	\$84.51
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$741.06	Yes	\$741.06	Yes	\$741.06	Yes	\$741.06
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$656.59	Yes	\$656.59	Yes	\$656.59	Yes	\$656.59
Restorative	D2930-2954	Crowns	Yes	\$180.65	Yes	\$180.65	Yes	\$180.65	Yes	\$180.65
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$445.91	Yes	\$445.91	Yes	\$445.91	Yes	\$445.91
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$512.67	Yes	\$512.67	Yes	\$512.67	Yes	\$512.67
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$643.79	Yes	\$643.79	Yes	\$643.79	Yes	\$643.79
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes		Yes		Yes		Yes	

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Michigan Medicaid Dental Fee Schedule](#)

### MICHIGAN- BENEFITS SUMMARY

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes		Yes		Yes		Yes	
Periodontics	D4346	Scaling w/General Inflammation	Yes		Yes		Yes		Yes	
Periodontics	D4355	Full Mouth Debridement	Yes	\$113.08	Yes	\$113.08	Yes	\$113.08	Yes	\$113.08
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes		Yes		Yes		Yes	
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$934.80	Yes	\$934.80	Yes	\$934.80	Yes	\$934.80
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$932.89	Yes	\$932.89	Yes	\$932.89	Yes	\$932.89
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$695.77	Yes	\$695.77	Yes	\$695.77	Yes	\$695.77
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes		Yes		Yes		Yes	
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$88.47	Yes	\$88.47	Yes	\$88.47	Yes	\$88.47
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$79.58	Yes	\$79.58	Yes	\$79.58	Yes	\$79.58
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$97.52	Yes	\$97.52	Yes	\$97.52	Yes	\$97.52
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia								
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$99.18	Yes	\$99.18	Yes	\$99.18	Yes	\$99.18
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes		Yes		Yes	
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MINNESOTA - BENEFITS SUMMARY

[Minnesota Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$12.22					Yes	
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$15.93					Yes	
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3		\$0.00						
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$15.93						
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	By Report						
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes	By Report						
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$26.52					Yes	
Preventive	D1120	Child Prophylaxis								
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$14.00					Yes	
Preventive	D1208	Fluoride Treatment							Yes	
Preventive	D1351 A	Dental Sealant on Permanent Teeth								
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride							Yes	
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$32.57-\$61.41						
Restorative	D2330-2394	Composite Restorations	Yes	\$36.70- \$61.41						
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns								
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$178.55						
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth	Yes	\$214.26						
Endodontics	D3330	Endodontic Treatment Molar Tooth							Yes	



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MINNESOTA - BENEFITS SUMMARY

[Minnesota Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$86.15						
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$60.41						
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$26.52						
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$35.69						
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$474.45						
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$479.56						
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$328.04-\$558.00						
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Eposteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$44.70-\$153.04						
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$15.29						
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	by report						
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$9.16						
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation								
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$28.51						
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MISSISSIPPI - BENEFITS SUMMARY

[Mississippi Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$29.93				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$44.91	Yes	\$44.91			Yes	\$44.91
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$41.75				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam			Yes	\$47.26				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes	Yes	\$13.22	Yes	\$13.22			Yes	\$13.22
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$372.43				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$456.41				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$565.95				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions			Yes				Yes	
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$110.54				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$64.00				
Periodontics	D4346	Scaling w/General Inflammation			No					
Periodontics	D4355	Full Mouth Debridement								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MISSISSIPPI - BENEFITS SUMMARY

[Mississippi Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis								
Preventive	D1120	Child Prophylaxis			Yes	\$33.20				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$27.62				
Preventive	D1208	Fluoride Treatment			Yes	\$18.42				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$31.30				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$31.30				
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$678.44				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$678.44				
Prosthodontics	D5211-5286	Any Partial Denture			Yes					
Restorative	D2140-2161	Amalgam Restorations			Yes					
Restorative	D2330-2394	Composite Restorations			Yes					
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$537.48				
Restorative	D2930-2954	Crowns			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$35.29	Yes	\$35.29			Yes	\$35.29
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$115.00	Yes	\$115.00			Yes	\$115.00
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$39.16	Yes	\$39.16			Yes	\$39.16
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$95.00	Yes	\$95.00			Yes	\$95.00
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MISSOURI - BENEFITS SUMMARY

[Missouri Medicaid Dental Fee](#)

#### Schedule

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$48.80	Yes	\$48.80			Yes	\$48.80
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$71.20	Yes	\$71.20			Yes	\$71.20
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$63.20				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$83.20	Yes	\$83.20			Yes	\$83.20
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$65.60	Yes	\$65.60			Yes	\$65.60
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	\$66.40	Yes	\$66.40			Yes	\$66.40
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	\$51.00	Yes	\$51.00			Yes	\$51.00
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes	\$42.13	Yes	\$42.13			Yes	\$42.13
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$695.20	Yes	\$695.20			Yes	\$695.20
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$787.20	Yes	\$787.20			Yes	\$787.20
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$956.00	Yes	\$956.00			Yes	\$956.00
Implant Services	D6010	Endosteal Implant	Yes	\$373.11	Yes	\$373.11			Yes	\$373.11
Implant Services	D6011	Second Stage Implant Surgery	Yes	\$117.99	Yes	\$117.99			Yes	\$117.99
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epotheal Implant	Yes	\$471.98	Yes	\$471.98			Yes	\$471.98
Implant Services	D6050	Transosteal Implant	Yes	\$466.90	Yes	\$466.90			Yes	\$466.90
Implant Services	D6100-6199	Implant Services	Yes	\$500.48	Yes	\$500.48			Yes	\$500.48
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$117.28	Yes	\$117.28			Yes	\$117.28
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$238.40	Yes	\$238.40			Yes	\$238.40
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$175.20	Yes	\$175.20			Yes	\$175.20
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$156.00	Yes	\$156.00			Yes	\$156.00
Periodontics	D4355	Full Mouth Debridement	Yes	\$168.00	Yes	\$168.00			Yes	\$168.00

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MISSOURI - BENEFITS SUMMARY [Schedule](#)

[Missouri Medicaid Dental Fee](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	\$86.40	Yes	\$86.40			Yes	\$86.40
Periodontics	D4910	Periodontal Maintenance	Yes	\$125.60	Yes	\$125.60			Yes	\$125.60
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$85.60						
Preventive	D1120	Child Prophylaxis			Yes	\$62.40			Yes	\$62.40
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$36.80				
Preventive	D1208	Fluoride Treatment	Yes	\$35.20	Yes	\$35.20			Yes	\$35.20
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$50.40				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$50.40				
Preventive	D1354	Silver Diamine Fluoride			Yes	\$59.20				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive			Yes	\$10.50				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$1,608.00	Yes	\$1,608.00			Yes	\$1,608.00
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$1,627.20	Yes	\$1,627.20			Yes	\$1,627.20
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$1,123.61	Yes	\$1,123.61			Yes	\$1,123.61
Restorative	D2140-2161	Amalgam Restorations	Yes	\$184.00	Yes	\$184.00			Yes	\$184.00
Restorative	D2330-2394	Composite Restorations	Yes	\$248.44	Yes	\$248.44			Yes	\$248.44
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$1,048.80				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$971.20				
Restorative	D2930-2954	Crowns	Yes	\$254.77	Yes	\$254.77			Yes	\$254.77
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$37.92	Yes	\$37.92			Yes	\$37.92
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$100.66	Yes	\$100.66			Yes	\$100.66
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$23.21	Yes	\$23.21			Yes	\$23.21
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$100.66	Yes	\$100.66			Yes	\$100.66
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$14.82	Yes	\$14.82			Yes	\$14.82
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$14.82	Yes	\$14.82			Yes	\$14.82
Adjunctive	D9997	Case Management- patients with special health care needs	Yes	\$12.36	Yes	\$12.36			Yes	\$12.36
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MONTANA - BENEFITS SUMMARY

[Montana Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$24.84	Yes	\$24.84				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$35.48	Yes	\$35.48				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3		\$35.48	Yes	\$35.48				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$35.48	Yes	\$35.48				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$31.93	Yes	\$31.93				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	\$24.84	Yes	\$24.84				
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$24.84	Yes	\$24.84				
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$17.74		\$17.74				
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes	\$10.64	Yes	\$10.64				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes	\$10.64	Yes	\$10.64				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes	\$10.64	Yes	\$10.64				
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$53.22	Yes	\$53.22				
Preventive	D1120	Child Prophylaxis		\$35.48	Yes	\$35.48				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$21.29	Yes	\$21.29				
Preventive	D1208	Fluoride Treatment	Yes	\$17.74	Yes	\$17.74				
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$28.38	Yes	\$28.38				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$21.29	Yes	\$21.29				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$709.60	Yes	\$709.60				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$567.68	Yes	\$567.68				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$390.28	Yes	\$390.28				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$475.43	Yes	\$475.43				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$496.72	Yes	\$496.72				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### MONTANA - BENEFITS SUMMARY

[Montana Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$177.40	Yes	\$177.40				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$95.80	Yes	\$95.80				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$88.70	Yes	\$88.70				
Periodontics	D4381	Localized Antimicrobial Therapy	Yes		Yes					
Periodontics	D4910	Periodontal Maintenance	Yes	\$70.96		\$70.96				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$887.00	Yes	\$887.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$887.00	Yes	\$887.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$70.96	Yes	\$70.96				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$92.25	Yes	\$92.25				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$31.93				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes	\$85.15	Yes	\$85.15				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$56.77	Yes	\$56.77				
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$26.92	Yes	\$26.92				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$26.92	Yes	\$26.92				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes	Yes	\$35.48	Yes	\$35.48				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEBRASKA - BENEFITS SUMMARY

[Nebraska Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$25.69	Yes	\$25.69	Yes	\$25.69		
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$25.69	Yes	\$25.69	Yes	\$25.69		
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$43.19	Yes	\$43.19				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$25.69	Yes	\$25.69		\$25.69		
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$18.68	Yes	\$18.68		\$18.68		
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes	\$21.15	Yes	\$21.15	Yes	\$21.15		
Preventive	D1110	Adult Prophylaxis	Yes	\$38.52	Yes	\$38.52	Yes	\$38.52		
Preventive	D1120	Child Prophylaxis	Yes	\$30.35	Yes	\$30.35	Yes	\$30.35		
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$23.35	Yes	\$23.35		\$23.35		
Preventive	D1208	Fluoride Treatment	Yes	\$21.01	Yes	\$21.01		\$21.01		
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$29.18	Yes	\$29.18		\$29.18		
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$29.18	Yes	\$29.18		\$29.18		
Preventive	D1354	Silver Diamine Fluoride	Yes	\$11.67	Yes	\$11.67		\$11.67		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$11.67	Yes	\$11.67		\$11.67		
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$396.89	Yes	\$396.89	Yes	\$396.89		
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$396.89	Yes	\$396.89	Yes	\$396.89		
Restorative	D2930-2954	Crowns	Yes		Yes		Yes			
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$283.67	Yes	\$283.67	Yes	\$283.67		
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$293.00	Yes	\$293.00	Yes	\$293.00		
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$389.88	Yes	\$389.88	Yes	\$389.88		



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEBRASKA - BENEFITS SUMMARY

[Nebraska Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$116.73	Yes	\$116.73	Yes	\$116.73		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$60.70	Yes	\$60.70	Yes	\$60.70		
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$53.70	Yes	\$53.70	Yes	\$53.70		
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$33.85	Yes	\$33.85	Yes	\$33.85		
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$773.95	Yes	\$773.95	Yes	\$773.95		
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$773.95	Yes	\$773.95	Yes	\$773.95		
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes		Yes			
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia	Yes		Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes		Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$26.85	Yes	\$26.85				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$32.68	Yes	\$32.68				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes		Yes					
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEVADA - BENEFITS SUMMARY

[Nevada Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$33.24			Yes	\$33.24
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$33.24	Yes	\$33.24				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$20.50				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$33.24	Yes	\$33.24				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$18.44	Yes	\$18.44				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$14.24	Yes	\$14.24				
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$10.17	Yes	\$10.17				
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$12.30				
Preventive	D1110	Adult Prophylaxis			Yes	\$49.81			Yes	\$49.81
Preventive	D1120	Child Prophylaxis			Yes	\$57.28				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$53.30			Yes	\$53.30
Preventive	D1208	Fluoride Treatment			Yes	\$10.24			Yes	\$10.24
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$23.57				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$12.30			Yes	\$12.30
Preventive	D1355	Silver Diamine Fluoride Caries Preventive			Yes	\$61.50			Yes	\$61.50
Restorative	D2140-2161	Amalgam Restorations	Yes	\$64.83	Yes	\$64.83			Yes	\$64.83
Restorative	D2330-2394	Composite Restorations	Yes	\$56.38	Yes	\$56.38			Yes	\$56.38
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$450.99	Yes	\$450.99				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$327.99	Yes	\$327.99				
Restorative	D2930-2954	Crowns	Yes	\$133.25	Yes	\$92.24				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$205.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$246.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$327.99				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEVADA - BENEFITS SUMMARY

[Nevada Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$102.91			Yes	\$102.91
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$55.34			Yes	\$55.34
Periodontics	D4346	Scaling w/General Inflammation			Yes	\$184.50			Yes	\$184.50
Periodontics	D4355	Full Mouth Debridement	Yes	\$74.83	Yes	\$74.83				
Periodontics	D4381	Localized Antimicrobial Therapy			Yes	\$69.69				
Periodontics	D4910	Periodontal Maintenance			Yes	\$40.99			Yes	\$40.99
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$615.00	Yes	\$615.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$615.00	Yes	\$615.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$205.00	Yes	\$205.00				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$45.09	Yes	\$45.09				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1,500.00				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$2,874.00				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$40.99	Yes	\$40.99				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$53.30	Yes	\$53.30				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$18.44	Yes	\$18.44				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$49.20	Yes	\$49.20				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes	Yes	\$10.24	Yes	\$10.25				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW HAMPSHIRE - BENEFITS SUMMARY

[New Hampshire Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes		Yes	\$32.42		Yes		Yes
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$47.84	Yes	\$47.84		Yes	\$47.84	Yes
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$47.84				Yes
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes		Yes	\$60.59		Yes		Yes
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes					Yes		
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER				Medical Covers				
Preventive	D1110	Adult Prophylaxis	Yes		Yes	\$56.33		Yes		Yes
Preventive	D1120	Child Prophylaxis			Yes	\$40.39				Yes
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes		Yes	\$19.14		Yes		Yes
Preventive	D1208	Fluoride Treatment	Yes		Yes	\$19.14		Yes		Yes
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$35.61				Yes
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$35.61				Yes
Preventive	D1354	Silver Diamine Fluoride	Yes		Yes	\$31.89		Yes		Yes
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes			Yes		Yes
Restorative	D2330-2394	Composite Restorations	Yes		Yes			Yes		Yes
Restorative	D2740	Crown – Porcelain/Ceramic	Yes		Yes	\$212.59		Yes		Yes
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes		Yes	\$212.59		Yes		Yes
Restorative	D2930-2954	Crowns			Yes					Yes
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$435.81				Yes
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$531.48				Yes
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes		Yes	\$664.36		Yes		Yes

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW HAMPSHIRE - BENEFITS SUMMARY

[New Hampshire Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes		Yes	MP		Yes		Yes
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation	Yes		Yes	\$56.33		Yes		Yes
Periodontics	D4355	Full Mouth Debridement	Yes		Yes	MP		Yes		Yes
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes		Yes	MP		Yes		Yes
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$366.73	Yes			Yes
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$366.73	Yes			Yes
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$302.95	Yes			Yes
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services			Yes					Yes
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$106.30	Yes			Yes	\$106.30	Yes
Orthodontics	D8010-8040	Limited Orthodontia			Yes					Yes
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					Yes
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes		Yes	\$28.70		Yes		Yes
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes			Yes		Yes
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes		Yes	\$40.39		Yes		Yes
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes		Yes			Yes		Yes
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes			Yes		Yes
Adjunctive	D9996	Teledentistry - Asynchronous	Yes		Yes			Yes		Yes
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW JERSEY - BENEFITS SUMMARY

[New Jersey Medicaid Dental Fee Schedule - Adult Pg32](#) / 
 [New Jersey Medicaid Dental Fee Schedule - Child](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$14.00	Yes	\$37.00	Yes			
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$3.00	Yes	\$55.00				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$41.00	Yes	\$50.00				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$14.00	Yes	\$64.00	Yes			
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$13.00	Yes	\$51.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	\$9.00	Yes	\$9.00				
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	\$10.00				
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes	Yes	\$6.60	Yes	\$6.60				
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes	\$10.00	Yes	\$10.00				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes	\$10.00	Yes	\$10.00				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes	\$10.00	Yes	\$10.00				
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes					
Preventive	D1110	Adult Prophylaxis	Yes	\$16.00	Yes	\$70.00	Yes			
Preventive	D1120	Child Prophylaxis			Yes	\$50.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$33.00	Yes	\$33.00	Yes			
Preventive	D1208	Fluoride Treatment	Yes	\$10.00	Yes	\$10.00	Yes			
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$41.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$41.00				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$10.00	Yes	\$10.00	Yes			
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$253.00	Yes	\$780.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$253.00	Yes	\$780.00				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$135.00	Yes	\$550.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$173.00	Yes	\$650.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$225.00	Yes	\$795.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW JERSEY - BENEFITS SUMMARY

[New Jersey Medicaid Dental Fee Schedule - Adult Pg32](#) / [New Jersey Medicaid Dental Fee Schedule - Child](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$34.50	Yes	\$195.00	Yes			
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$27.00	Yes	\$125.00	Yes			
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$34.50	Yes	\$34.50	Yes			
Periodontics	D4355	Full Mouth Debridement	Yes	\$10.00	Yes	\$144.00	Yes			
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	\$5.00	Yes	\$5.00				
Periodontics	D4910	Periodontal Maintenance	Yes	\$32.00	Yes	\$32.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$302.00	Yes	\$1,250.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$311.00	Yes	\$1,250.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant	Yes	\$500.00	Yes	\$500.00				
Implant Services	D6011	Second Stage Implant Surgery	Yes	\$45.00	Yes	\$45.00				
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes		Yes					
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$9.00	Yes	\$91.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$14.00	Yes	\$53.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes		Yes					
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$16.00	Yes	\$124.00				
Adjunctive	D9920	Behavior Management	Yes	\$13.00	Yes	\$95.00				
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$22.00		\$22.00				
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW MEXICO - BENEFITS SUMMARY

[New Mexico Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$22.27				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$28.94	Yes	\$28.94				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$34.25	Yes	\$34.25				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$45.68	Yes	\$45.68				
Preventive	D1120	Child Prophylaxis		\$31.18	Yes	\$31.18				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	No	\$18.00	Yes	\$18.00				
Preventive	D1208	Fluoride Treatment	Yes	\$17.81	Yes	\$17.81				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$23.58				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$451.03	Yes	\$451.03				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$451.03	Yes	\$451.03				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$301.80	Yes	\$301.80				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$387.61				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$486.36				



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW MEXICO - BENEFITS SUMMARY

[New Mexico Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$118.04	Yes	\$118.04				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$118.04	Yes	\$118.04				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$118.04	Yes	\$118.04				
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$748.38	Yes	\$748.38				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$748.38	Yes	\$748.38				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia	No							
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$3,754.79				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$54.57	Yes	\$54.57				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	56.81-55.68	Yes	56.81-55.68				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$26.73				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	122.40-55.68	Yes	122.40-55.68				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management					Yes	By Report		
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$28.94	Yes	\$28.94				
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW YORK - BENEFITS SUMMARY

[New York Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$25.25	Yes	\$25.25				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$14.14	Yes	\$30.30				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$30.30				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$30.30	Yes	\$30.30				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$30.30		\$0.00		
Preventive	D1110	Adult Prophylaxis	Yes	\$45.45	Yes	\$45.45	Yes	\$45.45		
Preventive	D1120	Child Prophylaxis			Yes	\$43.43	Yes	\$43.43		
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$30.30	Yes	\$30.30		
Preventive	D1208	Fluoride Treatment			Yes	\$14.14	Yes	\$14.14		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$35.35				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$15.15	Yes	\$15.15		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$50.50 - \$98.98	Yes	\$50.50 - \$98.98				
Restorative	D2330-2394	Composite Restorations	Yes	\$50.50 - \$98.98	Yes	\$50.50 - \$98.98				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$505.00	Yes	\$505.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$505.00	Yes	\$505.00				
Restorative	D2930-2954	Crowns	Yes	\$117.16-\$131.30	Yes	\$117.16-\$131.30				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$252.50	Yes	\$252.50				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$303.00	Yes	\$303.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$404.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NEW YORK - BENEFITS SUMMARY

[New York Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$45.45	Yes	\$45.45				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$30.30	Yes	\$30.30				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$45.00						
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$565.60	Yes	\$565.60				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$565.60	Yes	\$565.60				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$353.50 - \$565.60	Yes	\$353.50-\$565.60				
Implant Services	D6010	Endosteal Implant	Yes	\$1,010.00	Yes	\$1,010.00				
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant	Yes	\$505.00	Yes	\$505.00				
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes	Varies by Code	Yes	Varies by Code				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	Varies by Code	Yes	Varies by Code				
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$995.86				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$25.25	Yes	\$25.25				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$76.76	Yes	\$76.76				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia								
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$76.76	Yes	\$76.76				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes					
Adjunctive	D9996	Teledentistry - Asynchronous	Yes							
Adjunctive	D9997**	Case Management- patients with special health care needs					Yes	\$29.29		
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NORTH CAROLINA - BENEFITS SUMMARY

[North Carolina Medicaid Dental Fee Schedule-1](#) / [North Carolina Medicaid Dental Fee Schedule-2](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$26.96	Yes	\$26.96				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$38.43	Yes	\$38.43				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$38.01	Yes	\$38.01				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$46.65	Yes	\$46.65				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$30.05	Yes	\$30.05				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188 D1206	Fluoride Varnish by MEDICAL PROVIDER	Yes	\$16.78	Yes	\$16.78				
Preventive	D1110	Adult Prophylaxis	Yes	\$39.83	Yes	\$39.83				
Preventive	D1120	Child Prophylaxis	Yes	\$28.46	Yes	\$28.46				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$16.78	Yes	\$16.78				
Preventive	D1208	Fluoride Treatment	Yes	\$17.29	Yes	\$17.29				
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$29.89	Yes	\$29.89				
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$29.89	Yes	\$29.89				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$11.00	Yes	\$11.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$11.00	Yes	\$11.00				
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$296.52	Yes	\$296.52				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$350.44				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$428.62				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### NORTH CAROLINA - BENEFITS SUMMARY

[North Carolina Medicaid Dental Fee Schedule-1](#) / [North Carolina Medicaid Dental Fee Schedule-2](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$105.13	Yes	\$105.13				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$61.15	Yes	\$61.15				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$39.83	Yes	\$39.83				
Periodontics	D4355	Full Mouth Debridement	Yes	\$70.44	Yes	\$70.44				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$51.85	Yes	\$51.85				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$611.52	Yes	\$611.52				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$611.52	Yes	\$611.52				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$44.52	Yes	\$44.52				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$74.10	Yes	\$74.10				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$44.94	Yes	\$44.94				
Adjunctive	D9239 & 9243	IV Moderate/Conscious Sedation	Yes	\$75.36	Yes	\$75.36				
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes		Yes					
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$62.50	Yes	\$62.50				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$22.00	Yes	\$22.00				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Ohio Medicaid Dental Fee Schedule](#)

### OHIO - BENEFITS SUMMARY

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$17.08	Yes	\$17.08			Yes	\$17.08
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$22.58	Yes	\$22.58			Yes	\$22.58
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes					
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$26.35	Yes	\$26.35			Yes	\$26.35
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes					
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative			Yes					
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes					
Diagnostic/Exam/Screen	D0191	Oral Assessment			Yes					
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes			Yes					
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	\$35.92	Yes	\$35.92				
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes	\$45.23	Yes	\$45.23				
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$15.00				
Preventive	D1110	Adult Prophylaxis	Yes	\$34.13					Yes	\$34.13
Preventive	D1120	Child Prophylaxis	Yes	\$20.00	Yes	\$20.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$15.00	Yes	\$15.00				
Preventive	D1208	Fluoride Treatment	Yes	\$15.00	Yes	\$15.00				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$22.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$22.00				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$15.00	Yes	\$15.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$40 -\$76.54	Yes	\$40 -\$76.54				
Restorative	D2330-2394	Composite Restorations	Yes	\$51.25 - \$76.54	Yes	\$51.25 - 76.54				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$427.29	Yes	\$427.29				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$427.29	Yes	\$427.29				
Restorative	D2930-2954	Crowns	Yes	\$191.92 -\$136.32	Yes	\$191.92 -\$136.32				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$247.63	Yes	\$247.63				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$298.10	Yes	\$298.10				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$379.02	Yes	\$379.02				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Ohio Medicaid Dental Fee Schedule](#)

### OHIO - BENEFITS SUMMARY

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$95.99	Yes	\$95.99				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$65.00	Yes	\$65.00				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement			Yes					
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$34.13	Yes	\$34.13				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$400.00	Yes	\$400.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$400.00	Yes	\$400.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$205.00 - \$540.25	Yes	\$205.00 - \$540.25				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes	PA Priced	Yes	PA Priced				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$57.69	Yes	\$57.69				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$624.00				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental								
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$120.00 - 70.00	Yes	\$120.00 - 70.00				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$30.00	Yes	\$30.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$70 & \$40	Yes	\$70 & \$40				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	PA Priced	Yes	PA Priced				
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes					
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs	Yes	PA Priced	Yes	PA Priced				
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### OKLAHOMA - BENEFITS SUMMARY

[Oklahoma Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$23.50	Yes	\$21.34	Yes		Yes	
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$33.57	Yes	\$30.49	Yes		Yes	
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$30.49				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$33.57	Yes	\$30.49	Yes		Yes	
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk			Yes	\$9.15				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk			Yes	\$3.15				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk			Yes	\$9.15				
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes		Yes	\$45.73	Yes		Yes	
Preventive	D1120	Child Prophylaxis		\$50.36	Yes	\$30.49				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$20.14	Yes	\$18.29	Yes		Yes	
Preventive	D1208	Fluoride Treatment			Yes	\$15.24	Yes			
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$24.39	Yes			
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$76.22	Yes			
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	Fee Sch	Yes	Fee Sch	Yes			
Restorative	D2330-2394	Composite Restorations	Yes	Fee Sch	Yes	Fee Sch	Yes			
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$609.77	Yes			
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$487.82	Yes			
Restorative	D2930-2954	Crowns			Yes	See Sch	Yes			
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$310.98	Yes			
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$350.62	Yes			
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$426.84	Yes			



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### OKLAHOMA - BENEFITS SUMMARY

[Oklahoma Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$167.85	Yes	\$152.44	Yes			
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$90.64	Yes	\$82.32	Yes			
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$302.13	Yes	\$274.40	Yes			
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$67.14	Yes	\$60.98	Yes			
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$839.25	Yes	\$762.22	Yes			
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$839.25	Yes	\$762.22	Yes			
Prosthodontics	D5211-5286	Any Partial Denture	Yes	Fee Sch	Yes	Fee Sch	Yes			
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	Fee Sch	Yes	Fee Sch	Yes			
Orthodontics	D8010-8040	Limited Orthodontia			Yes	Fee Sch				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	Fee Sch				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$60.98	Yes			
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	Fee Sch	Yes	Fee Sch	Yes			
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$27.44	Yes			
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation								
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### OREGON - BENEFITS SUMMARY

[Oregon Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$26.03	Yes	\$26.03				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$34.69	Yes	\$34.69				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$26.03				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$40.49	Yes	\$40.49				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$27.07	Yes	\$27.07				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	\$13.01				
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$13.01	Yes	\$13.02				
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes	Yes	\$7.55	Yes	\$7.55				
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	\$8.39	Yes	\$8.39				
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$12.97				
Preventive	D1110	Adult Prophylaxis	Yes	\$40.89	Yes	\$40.89				
Preventive	D1120	Child Prophylaxis			Yes	\$31.45				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$14.27	Yes	\$14.27				
Preventive	D1208	Fluoride Treatment	Yes	\$14.27	Yes	\$14.27				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$21.24				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$21.25				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$14.27	Yes	\$14.27				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$21.24	Yes	\$21.24				
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic					Yes	\$272.79	Yes	\$272.79
Restorative	D2751	Crown – porcelain fused to predominately base metal					Yes	\$261.89	Yes	\$261.89
Restorative	D2930-2954	Crowns	Yes		Yes		Yes			
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$147.31	Yes	\$147.31	Yes	\$147.31		
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$169.14	Yes	\$169.14	Yes	\$169.14		

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### OREGON - BENEFITS SUMMARY

[Oregon Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$212.77			Yes	\$212.77	Yes	\$212.77
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$63.17	Yes	\$63.17	Yes	\$63.17		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$47.37	Yes	\$47.37	Yes	\$47.37		
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$49.11	Yes	\$49.11	Yes	\$49.11		
Periodontics	D4355	Full Mouth Debridement	Yes	\$49.11	Yes	\$49.11	Yes	\$49.11		
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$32.75	Yes	\$32.75	Yes	\$32.75		
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$354.63	Yes	\$354.63	Yes	\$354.63		
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$354.63	Yes	\$354.63	Yes	\$354.63		
Prosthodontics	D5211-5286	Any Partial Denture			Yes		Yes			
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes		Yes		Yes			
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes		Yes			
Orthodontics	D8010-8040	Limited Orthodontia	Yes				Yes			
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes				Yes			
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	by report	Yes	by report		
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes		Yes			
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia		\$8.73	Yes	\$8.73	Yes	\$8.73		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes		Yes			
Adjunctive	D9613	Infiltration of a Therapeutic Drug			No		No			
Adjunctive	D9920	Behavior Management	Yes	\$9.50	Yes	\$9.50	Yes	\$9.50		
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$29.00	Yes	\$29.00	Yes	\$29.00		
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$29.00	Yes	\$29.00	Yes	\$29.00		
Adjunctive	D9997	Case Management- patients with special health care needs		\$11.25						
Case Management	D9991-9994	Case Management Codes			Yes	\$11.25	Yes	\$11.25		

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### PENNSYLVANIA- BENEFITS SUMMARY

[Pennsylvania Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$20.00	Yes	\$20.00				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$55.22	Yes	\$55.22				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$20.00				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$20.00	Yes	\$20.00				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$25.00	Yes	\$25.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$18.00				
Preventive	D1110	Adult Prophylaxis	Yes	\$36.00	Yes	\$36.00				
Preventive	D1120	Child Prophylaxis			Yes	\$30.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$18.00				
Preventive	D1208	Fluoride Treatment			Yes	\$18.72				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$25.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$25.00				
Preventive	D1354	Silver Diamine Fluoride			Yes	\$25.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$500.00	Yes	\$500.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$500.00	Yes	\$500.00				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$275.00	Yes	\$275.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$375.00	Yes	\$375.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$500.00	Yes	\$500.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### PENNSYLVANIA- BENEFITS SUMMARY

[Pennsylvania Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$75.00	Yes	\$75.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	No							
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$43.20	Yes	\$43.20				
Periodontics	D4355	Full Mouth Debridement	Yes	\$60.00	Yes	\$60.00				
Periodontics	D4381	Localized Antimicrobial Therapy	No							
Periodontics	D4910	Periodontal Maintenance	Yes	\$44.00	Yes	\$44.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$525.00	Yes	\$525.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$525.00	Yes	\$525.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$30.00	Yes	\$30.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$122.00	Yes	\$122.00				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$44.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$128.50	Yes	\$128.50				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$125.00	Yes	\$125.00				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### RHODE ISLAND - BENEFITS SUMMARY

[Rhode Island Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$21.00	Yes	\$20.00				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$42.00	Yes	\$29.00				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$27.00				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$40.00	Yes	\$31.00				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$39.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$20.00						
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$20.00						
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	Yes	\$0.01	Yes	\$0.01				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes	\$0.01	Yes	\$0.01				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes	\$0.01	Yes	\$0.01				
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes					
Preventive	D1110	Adult Prophylaxis	Yes	\$53.00	Yes	\$48.00				
Preventive	D1120	Child Prophylaxis			Yes	\$41.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$26.00	Yes	\$35.00				
Preventive	D1208	Fluoride Treatment	Yes	\$29.00	Yes	\$28.00				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$26.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$25.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$515.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$500.00				
Restorative	D2930-2954	Crowns			Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$480.00	Yes	\$396.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$494.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$712.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### RHODE ISLAND - BENEFITS SUMMARY

[Rhode Island Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$134.00	Yes	\$116.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$90.00	Yes	\$75.00				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$80.00	Yes	\$120.00				
Periodontics	D4355	Full Mouth Debridement			Yes	\$143.00				
Periodontics	D4381	Localized Antimicrobial Therapy			Yes					
Periodontics	D4910	Periodontal Maintenance			Yes	\$55.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$730.00	Yes					
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$730.00	Yes					
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$40.00	Yes	\$44.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes		Yes			
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$30.00	Yes	\$30.00		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes		Yes	\$0.00		
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes		Yes			
Adjunctive	D9920	Behavior Management			Yes	\$42.00	Yes	\$86.00		
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### SOUTH CAROLINA - BENEFITS SUMMARY

[South Carolina Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$23.00	Yes	\$24.00	Yes	\$24.00		
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$38.50	Yes	\$39.00	Yes	\$39.00		
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$63.00	Yes	\$63.00		
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$40.50	Yes	\$42.00	Yes	\$42.00		
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$75.00	Yes	\$75.00		
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative			Yes		Yes			
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes		Yes			
Diagnostic/Exam/Screen	D0191	Oral Assessment			Yes		Yes			
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes			Yes		Yes			
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk			Yes		Yes			
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk			Yes		Yes			
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk			Yes		Yes			
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)			Yes		Yes			
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)			Yes		Yes			
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes		Yes			
Preventive	D1110	Adult Prophylaxis	Yes	\$50.40	Yes	\$50.50	Yes	\$50.50		
Preventive	D1120	Child Prophylaxis			Yes	\$35.00	Yes	\$35.00		
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes		Yes			
Preventive	D1208	Fluoride Treatment			Yes	\$16.50	Yes	\$16.50		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes		Yes			
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$30.00	Yes	\$30.00		
Preventive	D1354	Silver Diamine Fluoride	Yes	\$10.00	Yes	\$15.00	Yes	\$15.00		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive			Yes	\$15.00	Yes	\$15.00		
Restorative	D2140-2161	Amalgam Restorations	Yes	\$61.09	Yes	\$65.00	Yes	\$65.00		
Restorative	D2330-2394	Composite Restorations	Yes	\$61.09	Yes	\$100.00	Yes	\$100.00		
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes		Yes			
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes		Yes			
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes		Yes			
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes		Yes			



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### SOUTH CAROLINA - BENEFITS SUMMARY

[South Carolina Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant								
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$660.00		\$660.00		
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$660.00		\$660.00		
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$565.00		\$565.00		
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Eposteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services		\$0.00						
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$88.80	Yes	\$143.40	Yes	\$143.40		
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes					
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$90.24	Yes	\$94.00	Yes	\$94.00		
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes		Yes			
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$74.00	Yes	\$88.00	Yes	\$88.00		
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes					
Adjunctive	D9920	Behavior Management			Yes		Yes			
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

**SOUTH DAKOTA- BENEFITS SUMMARY** [South Dakota Medicaid Dental Fee Schedule - Adult/](#) [South Dakota Medicaid Dental Fee Schedule - Child /](#) [South Dakota Caring for Smiles Manual](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$32.84	Yes	\$32.84				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$49.27	Yes	\$49.27				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$29.86				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$49.27	Yes	\$49.27				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk			Yes	\$5.05				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk			Yes	\$5.05				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk			Yes	\$5.05				
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$62.74	Yes	\$62.74	Yes	\$62.74		
Preventive	D1120	Child Prophylaxis			Yes	\$44.80	Yes	\$44.80		
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$26.89	Yes	\$26.89		
Preventive	D1208	Fluoride Treatment			Yes	\$26.89	Yes	\$26.89		
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$35.84	Yes	\$35.84				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$35.84				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$14.48	Yes	\$14.48				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	84.90-140.47	Yes	84.90-140.47				
Restorative	D2330-2394	Composite Restorations	Yes	96.62-181.51	Yes	84.90-208.01				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$517.76	Yes	\$517.76				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$517.76	Yes	\$517.76				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$425.47	Yes	\$425.47				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

**SOUTH DAKOTA- BENEFITS SUMMARY** [South Dakota Medicaid Dental Fee Schedule - Adult/](#) [South Dakota Medicaid Dental Fee Schedule - Child /](#) [South Dakota Caring for Smiles Manual](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth								
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$173.59	Yes	\$173.59				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$87.25	Yes	\$87.25				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$97.28	Yes	\$97.28	Yes			
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$75.77	Yes	\$75.77	Yes			
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$911.71	Yes	\$911.71				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$911.71	Yes	\$911.71				
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$58.53	Yes	\$58.53				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$42.46	Yes	\$42.46				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes		Yes					
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management					Yes			
Adjunctive	D9995	Teledentistry - Synchronous	Yes		Yes	Not Listed				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes		Yes	Not Listed				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### TENNESSEE - BENEFITS SUMMARY

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes		Yes					
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes		Yes					
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes					
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes		Yes					
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused					Yes			
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes							
Preventive	D1120	Child Prophylaxis			Yes					
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes		Yes					
Preventive	D1208	Fluoride Treatment	Yes							
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes					
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes		Yes					
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic	Yes		Yes					
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes		Yes					
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes		Yes					
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes		Yes					

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### TENNESSEE - BENEFITS SUMMARY

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes		Yes					
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes		Yes					
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes		Yes					
Periodontics	D4346	Scaling w/General Inflammation			Yes		Yes			
Periodontics	D4355	Full Mouth Debridement	Yes		Yes					
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes							
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes		Yes					
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes		Yes					
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes		Yes					
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes		Yes			
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes		Yes					
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes		Yes			
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### TEXAS- BENEFITS SUMMARY

[Texas Medicaid Dental Fee Schedule - Adult & Child](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation			Yes	\$29.44				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused			Yes	\$19.16				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$144.97				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam			Yes	\$36.04				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$16.88				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis			Yes	\$56.00				
Preventive	D1120	Child Prophylaxis			Yes	\$37.50				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$15.00				
Preventive	D1208	Fluoride Treatment			Yes	\$14.70				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$28.82				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes					
Restorative	D2330-2394	Composite Restorations			Yes					
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$252.25				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$504.50				
Restorative	D2930-2954	Crowns			Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$340.14				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$394.14				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$596.48				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### TEXAS- BENEFITS SUMMARY

[Texas Medicaid Dental Fee Schedule - Adult & Child](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$53.75				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$6.69				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement			Yes	\$71.66				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance			Yes	\$35.83				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$358.31				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$358.31				
Prosthodontics	D5211-5286	Any Partial Denture			Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions			Yes					
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$17.92				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	58.50 & 43.88				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$27.11				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation			Yes	57.04 & 42.78				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management			Yes	\$47.78				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### UTAH - BENEFITS SUMMARY

[Utah Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$24.08	Yes	\$24.08				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$27.96	Yes	\$27.96				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$35.71	Yes	\$35.71				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$27.63	Yes	\$27.63				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	\$16.74	Yes	\$16.74				
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes	\$51.31	Yes	\$51.31				
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes	\$42.13	Yes	\$42.13				
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$17.87				
Preventive	D1110	Adult Prophylaxis	Yes	\$49.67	Yes	\$49.67				
Preventive	D1120	Child Prophylaxis			Yes	\$38.80				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$17.87				
Preventive	D1208	Fluoride Treatment								
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$29.50				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$6.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$55.88	Yes	\$55.88				
Restorative	D2330-2394	Composite Restorations	Yes	Range	Yes	Range				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$501.12	Yes	\$501.12				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$501.12	Yes	\$501.12				
Restorative	D2930-2954	Crowns	Yes	Varies/code	Yes	Varies/code				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$330.00	Yes	\$330.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$394.00	Yes	\$394.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$487.00	Yes	\$487.00				



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Utah Medicaid Dental Fee Schedule](#)

### UTAH - BENEFITS SUMMARY

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$146.11	Yes	\$146.11				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$88.68	Yes	\$88.68				
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$97.82	Yes	\$97.82				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$731.48	Yes	\$731.48				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$731.48	Yes	\$731.48				
Prosthodontics	D5211-5214	Any Partial Denture	Yes	Range	Yes	Range				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions								
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$23.28	Yes	\$23.28				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	Range	Yes	Range				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia								
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	Range	Yes	Range				
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$24.80	Yes	\$24.80				
Adjunctive	D9920	Behavior Management			No					
Adjunctive	D9995	Teledentistry - Synchronous	Yes	45% Billed	Yes	45% Billed				
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### VERMONT - BENEFITS SUMMARY

[Vermont Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$25.00	Yes	\$25.00				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$40.00	Yes	\$40.00				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$39.00				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$50.00	Yes	\$50.00				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$32.00	Yes	\$32.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$9.76				
Preventive	D1110	Adult Prophylaxis	Yes	\$48.00	Yes					
Preventive	D1120	Child Prophylaxis			Yes	\$34.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$18.00	Yes	\$18.00				
Preventive	D1208	Fluoride Treatment	Yes	\$18.00	Yes	\$18.00				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$35.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$19.00				
Preventive	D1354	Silver Diamine Fluoride			Yes	\$70.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$713.40				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$420.00				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$481.20	Yes	\$481.20				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$500.00	Yes	\$500.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$650.00	Yes	\$650.00				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### VERMONT - BENEFITS SUMMARY

[Vermont Medicaid Dental Fee Schedule](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$150.00	Yes	\$150.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$118.80	Yes	\$118.80				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$76.00	Yes	\$76.00				
Periodontics	D4355	Full Mouth Debridement	Yes	\$85.00	Yes	\$85.00				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$69.00	Yes	\$69.00				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$850.00				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$850.00				
Prosthodontics	D5211-5286	Any Partial Denture			Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$55.00	Yes	\$55.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$57.00	Yes	\$57.00				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes		Yes					
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$52.00	Yes	\$52.00				
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### VIRGINIA - BENEFITS SUMMARY

[Virginia Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$26.20	Yes	\$26.20				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$32.28	Yes	\$32.28				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3	Yes	\$26.20	Yes	\$26.20				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$40.70	Yes	\$40.70				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$32.28	Yes	\$32.28				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$61.35	Yes	\$61.35				
Preventive	D1120	Child Prophylaxis	Yes	\$43.58	Yes	\$43.58				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$27.03	Yes	\$27.03				
Preventive	D1208	Fluoride Treatment	Yes	\$27.03	Yes	\$27.03				
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$41.96	Yes	\$41.96				
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$41.96	Yes	\$41.96				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$15.60	Yes	\$15.60				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$15.60	Yes	\$15.60				
Restorative	D2140-2161	Amalgam Restorations	Yes	\$77.19 - \$130.47	Yes	\$77.19 - \$130.47				
Restorative	D2330-2394	Composite Restorations	Yes	\$96.56-\$166.01	Yes	\$96.56-\$166.01				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$650.00	Yes	\$650.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$650.00	Yes	\$650.00				
Restorative	D2930-2954	Crowns	Yes	\$178.01 - \$143.35	Yes	\$178.01 - \$143.35				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$487.50	Yes	\$487.50				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$559.00	Yes	\$559.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$882.70	Yes	\$882.70				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### VIRGINIA - BENEFITS SUMMARY

[Virginia Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$121.08	Yes	\$121.08				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$63.80	Yes	\$63.80				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$61.35	Yes	\$61.35				
Periodontics	D4355	Full Mouth Debridement	Yes	\$101.76	Yes	\$101.76				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$80.72	Yes	\$80.72				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$877.31	Yes	\$877.31				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$877.31	Yes	\$877.31				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$858.85 - \$356.19	Yes	858.85 - 356.19				
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$89.70 - \$166.40	Yes	89.70 - 166.40				
Orthodontics	D8010-8040	Limited Orthodontia	Yes	\$431.04	Yes	\$431.04				
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$62.96	Yes	\$62.96				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$83.20	Yes	\$83.20				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$43.86	Yes	\$43.86				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$68.25	Yes	\$68.25				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management	Yes	\$89.05	Yes	\$89.05				
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$45.50	Yes	\$45.50				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$19.50	Yes	\$19.50				
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes	Yes	\$10.76	Yes	\$10.76				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### WASHINGTON - BENEFITS SUMMARY

[Washington Medicaid Dental Fee Schedule](#) / 
 [Washington Medicaid SPA Update to Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$40.48	Yes	\$32.41	Yes	\$40.48		
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$36.80	Yes	\$25.76				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$49.68	Yes	\$44.42				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes		Yes					
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening	Yes	\$20.00	Yes	\$14.00				
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$20.00	Yes	\$14.00				
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)	Yes		Yes					
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER	Yes	\$12.32	Yes	\$13.25				
Preventive	D1110	Adult Prophylaxis	Yes	\$68.76	Yes	\$48.13	Yes	\$68.76		
Preventive	D1120	Child Prophylaxis			Yes	\$22.98				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$24.64	Yes	\$25.75	Yes	\$24.64		
Preventive	D1208	Fluoride Treatment	Yes	\$24.64	Yes	\$25.75	Yes	\$24.64		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$30.77	Yes	\$30.77		
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$30.77	Yes	\$30.77		
Preventive	D1354	Silver Diamine Fluoride	Yes		Yes	\$4.20				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes		Yes					
Restorative	D2330-2394	Composite Restorations	Yes		Yes					
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$560.97				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$560.97				
Restorative	D2930-2954	Crowns	Yes		Yes					
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$469.26	Yes	\$395.69				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$446.12				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$543.11				

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### WASHINGTON - BENEFITS SUMMARY

[Washington Medicaid Dental Fee Schedule](#) / [Washington Medicaid SPA Update to Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$48.36	Yes	\$33.85	Yes	\$48.36		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$25.13	Yes	\$17.59	Yes	\$25.13		
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$80.00	Yes	\$56.00	Yes	\$80.00		
Periodontics	D4355	Full Mouth Debridement	Yes		Yes	\$98.00	Yes	\$98.00		
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$92.00	Yes	\$64.40	Yes	\$92.00		
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$780.45	Yes	\$546.32		\$780.45		
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$780.45	Yes	\$546.32		\$780.45		
Prosthodontics	D5211-5286	Any Partial Denture	Yes		Yes					
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes		Yes					
Orthodontics	D8010-8040	Limited Orthodontia			Yes					
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes					
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$82.80	Yes	\$57.96		\$57.96		
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes		Yes					
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$40.00	Yes	\$28.00		\$28.00		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$100.00	Yes	\$70.00		\$70.00		
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management		\$49.68	Yes	\$30.91	Yes	\$30.91		
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$20.00	Yes	\$11.00		\$11.00		
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$20.00	Yes	\$11.00		\$11.00		
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### WYOMING - BENEFITS SUMMARY

[Wyoming Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Diagnostic/Exam/Screen	D0120	Periodic Oral Evaluation	Yes	\$31.20						
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$43.88						
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$34.13						
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$29.25						
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$15.00						
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes								
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk								
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk								
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk								
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)								
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)								
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER								
Preventive	D1110	Adult Prophylaxis	Yes	\$48.75						
Preventive	D1120	Child Prophylaxis								
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER								
Preventive	D1208	Fluoride Treatment								
Preventive	D1351 A	Dental Sealant on Permanent Teeth								
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride								
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations								
Restorative	D2330-2394	Composite Restorations								
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns								
Endodontics	D3310	Endodontic Treatment Anterior Tooth								
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth								
Endodontics	D3330	Endodontic Treatment Molar Tooth								



## 2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

### WYOMING - BENEFITS SUMMARY

[Wyoming Medicaid Dental Fee Schedule](#)

Category	CDT Code	Description	Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant								
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$87.75						
Periodontics	D4355	Full Mouth Debridement	Yes	\$87.75						
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance								
Prosthodontics	D5110	Maxillary Complete (Upper)								
Prosthodontics	D5120	Mandibular Complete (Lower)								
Prosthodontics	D5211-5286	Any Partial Denture								
Implant Services	D6010	Endosteal Implant								
Implant Services	D6011	Second Stage Implant Surgery								
Implant Services	D6012	Interim implant body- endosteal implant								
Implant Services	D6013	Mini Implant								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$50.70- \$195.000						
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$56.55						
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$104.81/\$52.41						
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia								
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$60.94/\$30.47						
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous								
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs								
Case Management	D9991-9994	Case Management Codes								

## MEDICAID DENTAL STATE FEE SCHEDULE LINKS

### April - 2023

State	Link	State	Link
Alaska	<a href="#">Alaska Medicaid Dental Fee Schedule - Child</a>	Nevada	<a href="#">Nevada Medicaid Dental Fee Schedule</a>
Arkansas	<a href="#">Arkansas Medicaid Dental Fee Schedule</a>	New Hampshire	<a href="#">New Hampshire Medicaid Dental Fee Schedule</a>
California	<a href="#">California Medicaid Dental Fee Schedule</a>	New Jersey	<a href="#">New Jersey Medicaid Dental Fee Schedule - Adult_Pg32</a>
Colorado	<a href="#">Colorado Medicaid Dental Fee Schedule</a>		<a href="#">New Jersey Medicaid Dental Fee Schedule - Child</a>
Connecticut	<a href="#">Connecticut Medicaid Dental Fee Schedule</a>	New Mexico	<a href="#">New Mexico Medicaid Dental Fee Schedule</a>
Delaware	<a href="#">Delaware Medicaid Dental Fee Schedule</a>	New York	<a href="#">New York Medicaid Dental Fee Schedule</a>
District of Columbia	<a href="#">District of Columbia Medicaid Dental Fee Schedule</a>	North Carolina	<a href="#">North Carolina Medicaid Dental Fee Schedule</a>
Florida	<a href="#">Florida Medicaid Dental Fee Schedule</a>	Ohio	<a href="#">Ohio Medicaid Dental Fee Schedule</a>
Georgia	<a href="#">Georgia Medicaid Dental Fee Schedule</a>	Oklahoma	<a href="#">Oklahoma Medicaid Dental Fee Schedule</a>
Hawaii	<a href="#">Hawaii Medicaid Dental Fee Schedule</a>		<a href="#">Oklahoma Medicaid Dental Fee Schedule - Soonercare</a>
Idaho	<a href="#">Idaho Medicaid Fee Schedule</a>	Oregon	<a href="#">Oregon Medicaid Dental Fee Schedule</a>
Illinois	<a href="#">Illinois Medicaid Dental Fee Schedule</a>	Pennsylvania	<a href="#">Pennsylvania Medicaid Dental Fee Schedule</a>
Iowa	<a href="#">Iowa Medicaid Dental Fee Schedule</a>	Rhode Island	<a href="#">Rhode Island Medicaid Dental Fee Schedule</a>
Kentucky	<a href="#">Kentucky Medicaid Dental Fee Schedule</a>	South Carolina	<a href="#">South Carolina Medicaid Dental Fee Schedule</a>
Louisiana	<a href="#">Louisiana Medicaid Dental Fee Schedule</a>	South Dakota	<a href="#">South Dakota Medicaid Dental Fee Schedule - Adult</a>
Maine	<a href="#">Maine Medicaid Dental Fee Schedule</a>		<a href="#">South Dakota Medicaid Dental Fee Schedule - Child</a>
Maryland	<a href="#">Maryland Medicaid Dental Fee Schedule</a>		<a href="#">Caring for Smiles Manual: People with IDD</a>
Massachusetts	<a href="#">Massachusetts Medicaid Dental Fee Schedule</a>	Texas	<a href="#">Texas Medicaid Dental Fee Schedule - Adult &amp; Child</a>
Michigan	<a href="#">Michigan Medicaid Dental Fee Schedule</a>	Utah	<a href="#">Utah Medicaid Dental Fee Schedule</a>
Minnesota	<a href="#">Minnesota Medicaid Dental Fee Schedule</a>	Vermont	<a href="#">Vermont Medicaid Dental Fee Schedule</a>
Mississippi	<a href="#">Mississippi Medicaid Dental Fee Schedule</a>	Virginia	<a href="#">Virginia Medicaid Dental Fee Schedule</a>
Missouri	<a href="#">Missouri Medicaid Dental Fee Schedule</a>	Washington	<a href="#">Washington Medicaid Dental Fee Schedule</a>
Montana	<a href="#">Montana Medicaid Dental Fee Schedule</a>	Wyoming	<a href="#">Wyoming Medicaid Dental Fee Schedule</a>
Nebraska	<a href="#">Nebraska Medicaid Dental Fee Schedule</a>		