



2023 MSDA NATIONAL PROFILE of State Medicaid Dental Programs

Medicaid Dental Benefits and Reimbursement Report

June 20, 2023



2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

ALABAMA - BENEFITS SUMMARY

[Alabama 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	\$20.00			Yes	\$20.00
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused			Yes	\$30.45			Yes	\$30.45
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	26.40				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam			Yes	\$26.40			Yes	\$26.40
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	\$38.50			Yes	\$38.50
Preventive	D1120	Child Prophylaxis			Yes	\$29.40			Yes	\$29.40
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$26.10			Yes	\$26.10
Preventive	D1208	Fluoride Treatment			Yes	\$15.00			Yes	\$15.00
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$26.00			Yes	\$26.00
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$20.00			Yes	\$20.00
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes	\$53.60 +			Yes	\$53.60 +
Restorative	D2330-2394	Composite Restorations			Yes	\$64.90 +			Yes	\$64.90 +
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$500.25			Yes	\$500.25
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$448.35			Yes	\$448.35
Restorative	D2930-2954	Crowns			Yes	\$121.50 +			Yes	\$121.50 +
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$365.00			Yes	\$365.00
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$445.20			Yes	\$445.20

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

ALABAMA - BENEFITS SUMMARY

[Alabama 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	\$567.60			Yes	\$567.60
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$129.15			Yes	\$129.15
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement			Yes	\$60.00			Yes	\$60.00
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance			Yes	\$61.95			Yes	\$61.95
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$585.00			Yes	\$585.00
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$585.00			Yes	\$585.00
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$360.00 +			Yes	\$360.00 +
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	\$64.00+			Yes	\$64.00+
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1,000.00			Yes	\$1,000.00
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$42.00			Yes	\$42.00
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$134.40 & \$117.60			Yes	\$134.40 & \$117.60
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$21.00			Yes	\$21.00
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes	\$70.88			Yes	\$70.88
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
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	\$135.39 +	Yes	\$135.39 +				
Restorative	D2330-2394	Composite Restorations	Yes	\$127.56 +	Yes	\$127.56 +				
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	\$199.53+	Yes	\$199.53+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$521.62	Yes	\$521.62				

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	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$627.09	Yes	\$627.09				
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	\$402.11 +	Yes	\$402.11 +				
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	\$141.71+	Yes	\$141.71+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1,500.00+				
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

ARIZONA - BENEFITS SUMMARY

[Arizona 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	\$29.74				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$39.36	Yes	\$39.36				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$34.24				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam			Yes	\$46.28				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$29.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative			Yes	By Report				
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	\$30.02				
Diagnostic/Exam/Screen	D0191	Oral Assessment			Yes	\$31.44				
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	\$54.36				
Preventive	D1120	Child Prophylaxis			Yes	\$44.44				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$22.12				
Preventive	D1208	Fluoride Treatment			Yes	\$20.93				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$29.70				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$22.12				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive			Yes	\$22.12				
Restorative	D2140-2161	Amalgam Restorations			Yes	\$71.62+				
Restorative	D2330-2394	Composite Restorations	Yes	\$80.90 +	Yes	\$80.90 +				
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$554.80				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$527.04				
Restorative	D2930-2954	Crowns	Yes	\$137.51 +	Yes	\$137.51 +				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$372.58	Yes	\$372.58				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$442.47	Yes	\$442.47				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

ARIZONA - BENEFITS SUMMARY

[Arizona 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	\$546.14	Yes	\$546.14				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$139.17				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$89.63				
Periodontics	D4346	Scaling w/General Inflammation			Yes	\$77.72				
Periodontics	D4355	Full Mouth Debridement			Yes	\$81.43				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance			Yes	\$71.77				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$792.33				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$796.21				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$667.72 +				
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			Yes	\$84.08 +				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$87.59 +	Yes	\$87.59 +				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$289.51 +				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$2655.95 +				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$61.61	Yes	\$61.62				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$71.54				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$28.29				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes	\$88.83				
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

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	\$65.55 +	Yes	\$65.55 +				
Restorative	D2330-2394	Composite Restorations	Yes	\$76.95 +	Yes	\$76.95 +				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns	Yes	\$158.65 +	Yes	\$140.60 +				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$404.70				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$474.05				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$599.45				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$142.50	Yes	\$142.50				

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
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	\$807.50				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$807.50				
Prosthodontics	D5211-5286	Any Partial Denture			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	\$72.20 +	Yes	\$72.20 +				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$3838.00 +				
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	\$39.00 +	Yes	\$39.00 +				
Restorative	D2330-2394	Composite Restorations	Yes	\$55.00 +	Yes	\$55.00 +				
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	\$75.00 +	Yes	\$75.00 +				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$50.00	Yes	\$50.00				

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	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	\$250.00 +	Yes	\$250.00 +				
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								
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	\$41.00 +	Yes	\$41.00 +				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia (Only 8080)			Yes	\$425.00 +				
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	.24/min				
Adjunctive	D9996	Teledentistry - Asynchronous								
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	\$17.13	Yes	\$17.13				
Preventive	D1208	Fluoride Treatment	Yes	\$11.66	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	\$133.82 +	Yes	\$133.82 +				
Restorative	D2330-2394	Composite Restorations	Yes	\$101.68 +	Yes	\$101.68 +				
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	\$127.98+	Yes	\$127.98+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$331.43	Yes	\$331.43				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$392.56	Yes	\$392.56				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$472.58	Yes	\$472.58				

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
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	\$558.56+	Yes	\$558.56+				
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	\$360.01 +	Yes	\$360.01 +				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$103.82+	Yes	\$103.82+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$2692.42+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$2585.47+				
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)								
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								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$61.75+	Yes	\$93.10 +	Yes	\$61.75+	Yes	\$61.75+
Restorative	D2330-2394	Composite Restorations	Yes	\$61.75+	Yes	\$98.00 +	Yes	\$61.75+	Yes	\$61.75+
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+
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
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$857.50	Yes	MP	Yes	\$857.50	Yes	MP
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	MP	Yes	MP	Yes	MP	Yes	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	D4346	Scaling w/General Inflammation	Yes	MP	Yes	MP	Yes	MP	Yes	MP
Periodontics	D4355	Full Mouth Debridement	Yes	MP	Yes	MP	Yes	MP	Yes	MP
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	MP			Yes	MP		
Periodontics	D4910	Periodontal Maintenance	Yes	MP	Yes	MP	Yes	MP	Yes	MP
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	\$1,044.68+	Yes	\$649.35 +	Yes	\$649.35 +
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	Epostea 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	MP	Yes	MP	Yes	MP	Yes	MP
Orthodontics	D8010-8040	Limited Orthodontia	Yes	MP	Yes	MP	Yes	MP	Yes	MP
Orthodontics	D8070-8090	Comprehensive Orthodontia		\$3,500.00+	Yes	\$3,500.00+		\$3,500.00+	Yes	\$3,500.00+
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	MP	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	Yes	MP	Yes	MP	Yes	MP	Yes	MP

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	\$59.17						
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	\$32.33				
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	\$164.12 +						
Restorative	D2330-2394	Composite Restorations	Yes	\$191.20 +						
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								
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$251.12	Yes	\$251.12				

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	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	\$186.45 +						
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	\$296.00						
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$77.30	Yes	\$77.30				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes	\$212.39, \$200.10						
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

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
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	MP	Yes	MP				
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes	MP	Yes	MP				
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes	MP	Yes	MP				
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	\$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								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$72.00 +	Yes	\$90.00 +				
Restorative	D2330-2394	Composite Restorations	Yes	\$84.00 +	Yes	\$106.00 +				
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	\$300.00 +	Yes	\$300.00 +				
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
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$140.00	Yes	\$181.00		\$199.10		\$140.00

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
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
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	\$750.00 +	Yes	\$838.00+				
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								
Implant Services	D6040	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services	Yes	\$550.00 +	Yes	\$550.00 +				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$88.00 +	Yes	\$110.00 +				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes	\$5000.00+	Yes	\$5000.00+				
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	\$130.00	Yes	\$130.00				
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	Yes	MP	Yes	MP				
Adjunctive	D9996	Teledentistry - Asynchronous								
Adjunctive	D9997	Case Management- patients with special health care needs	Yes	MP	Yes	MP				
Case Management	D9991-9994	Case Management Codes								

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	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	\$46.08 +				
Restorative	D2330-2394	Composite Restorations			Yes	\$50.53 +				
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	\$101.07 +				
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				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$14.86				

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
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	\$310.00	Yes	\$460.75				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$310.00	Yes	\$460.75				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$165.00+	Yes	\$245.24+				
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	\$27.00+	Yes	\$40.13+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$564.79+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$564.79+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$19.32				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$41.61	Yes	\$61.84				
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
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	Yes	\$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	\$44.00 +				
Restorative	D2330-2394	Composite Restorations			Yes	\$51.56 +				
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	\$80.00 +				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$260.00 +				
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth			Yes	\$338.00 +				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$416.00 +				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$90.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$48.00				

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	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	\$41				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$634.20				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$634.20				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$416.00 +				
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	\$50.70	Yes	\$50.70+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1311.05+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$5044.00				
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](#)

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				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$48.71	Yes	\$48.71				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

[Idaho Medicaid Dental Fee Schedule](#)

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	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$41.68	Yes	\$41.68				
Periodontics	D4381	Localized Antimicrobial Therapy								
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	Eposteal 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			Yes	\$28.00
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$19.12	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			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								
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	\$48.38					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			Yes	\$14.85
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$36.40+	Yes	\$36.40+			Yes	\$36.40+
Restorative	D2330-2394	Composite Restorations	Yes	\$52.18+	Yes	\$52.18+				\$52.18+
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$272.83	Yes	\$272.83			Yes	\$272.83
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$272.83	Yes	\$272.83			Yes	\$272.83
Restorative	D2930-2954	Crowns			Yes	\$110.69+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$158.22	Yes	\$158.22			Yes	\$158.22
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$155.25						
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$155.25						
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$122.00	Yes	\$122.00			Yes	\$122.00
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$77.00	Yes	\$77.00			Yes	\$77.00

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	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$41.00	Yes	\$41.00			Yes	\$41.00
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$67.00	Yes	\$67.00			Yes	\$67.00
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$444.09	Yes	\$444.09			Yes	\$444.09
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$444.09	Yes	\$444.09			Yes	\$444.09
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$376.35+				
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	\$53.55+	Yes	\$53.55+			Yes	\$53.55+
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			Yes	\$55.00
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$214.00	Yes	\$214.00			Yes	\$214.00
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$70.00	Yes	\$70.00			Yes	\$70.00
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$181.00, \$181.00	Yes	\$181.00, \$181.00			Yes	\$181.00, \$181.00
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$13.19	Yes	\$13.19			Yes	\$13.19
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$9.24	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

INDIANA- BENEFITS SUMMARY

[Indiana 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	\$22.58	Yes	\$22.58				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$37.08	Yes	\$37.08				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$35.50				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$35.50	Yes	\$35.50				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$20.00	Yes	\$20.00				
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	\$47.75	Yes	\$47.75				
Preventive	D1120	Child Prophylaxis			Yes	\$34.50				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$22.25				
Preventive	D1208	Fluoride Treatment			Yes	\$22.39				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$29.35				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$98.50	Yes	\$98.50				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes	\$56.88 +				
Restorative	D2330-2394	Composite Restorations			Yes	\$ 79.18+				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes	\$155.86+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$377.52				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$464.23				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$569.32				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$154.74	Yes	\$154.74				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

INDIANA- BENEFITS SUMMARY

[Indiana 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	\$52.03	Yes	\$52.03				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$204.00	Yes	\$204.00				
Periodontics	D4355	Full Mouth Debridement	Yes	\$98.14	Yes	\$98.14				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$153.00	Yes	\$153.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$463.35	Yes	\$782.50				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$439.56	Yes	\$788.25				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$439.56+	Yes	\$439.56+				
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	\$77.24 +	Yes	\$77.24 +				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1490.00 +				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	3474.17 +				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental								
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$76.64				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$30.95				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$71.08	Yes	\$71.08				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management			Yes	\$46.75				
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

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	0.00	Yes	0.00	Yes	0.00	Yes	0.00
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	Yes	0.00	Yes	0.00	Yes	0.00	Yes	0.00
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	Yes	0.00	Yes	0.00	Yes	0.00	Yes	0.00
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	NA				
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	Yes	\$20.47	Yes	\$20.47	Yes	\$20.47	Yes	\$20.47
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$20.47	Yes	\$20.47	Yes	\$20.47	Yes	\$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	\$46.05 +	Yes	\$46.05 +	Yes	\$46.05 +	Yes	\$46.05 +
Restorative	D2330-2394	Composite Restorations	Yes	\$52.19 +	Yes	\$52.19 +	Yes	\$52.19 +	Yes	\$52.19 +
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	\$102.35 +	Yes	\$102.35 +	Yes	\$102.35 +	Yes	\$102.35 +
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
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$38.40	Yes	\$38.40	Yes	\$38.40	Yes	\$38.40

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	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	\$255.87 +	Yes	\$255.87 +	Yes	\$255.87 +	Yes	\$255.87 +
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 +	Yes	\$51.17+	Yes	\$51.17+	Yes	\$51.17 +
Orthodontics	D8010-8040	Limited Orthodontia	Yes	\$298.11 +	Yes	\$298.11 +	Yes	\$298.11 +	Yes	\$298.11 +
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes	\$255.87 +	Yes	\$255.87 +	Yes	\$255.87 +	Yes	\$255.87 +
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	\$81.88	Yes	\$81.88	Yes	\$81.88	Yes	\$81.88
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	\$76.76	Yes	\$76.76	Yes	\$76.76	Yes	\$76.76
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$0.00	Yes	\$0.00	Yes	\$0.00	Yes	\$0.00
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$0.00	Yes	\$0.00	Yes	\$0.00	Yes	\$0.00
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

KANSAS - BENEFITS SUMMARY

[Kansas 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	\$24.26				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused			Yes	\$31.11				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$30.74				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam			Yes	\$33.20				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$26.50				
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	NA				
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	\$47.37				
Preventive	D1120	Child Prophylaxis			Yes	\$34.66				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$19.64				
Preventive	D1208	Fluoride Treatment			Yes	\$19.46				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$28.53				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$15.00	Yes	\$15.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$53.50+	Yes	\$53.50+				
Restorative	D2330-2394	Composite Restorations	Yes	\$75.56+	Yes	\$75.56+				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$324.00	Yes	\$324.00				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$450.00	Yes	\$450.00				
Restorative	D2930-2954	Crowns	Yes	\$129.60+	Yes	\$129.60+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$270.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$297.00				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

KANSAS - BENEFITS SUMMARY

[Kansas 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	\$378.00				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$63.30	Yes	\$63.30				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$53.00	Yes	\$53.00				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$206.00	Yes	\$206.00				
Periodontics	D4355	Full Mouth Debridement	Yes	\$58.00	Yes	\$58.00				
Periodontics	D4381	Localized Antimicrobial Therapy			No					
Periodontics	D4910	Periodontal Maintenance	Yes	\$47.37	Yes	\$47.37				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$1,106.14				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$1,107.92				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$830.35+				
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			Yes	MP				
Oral Surgery	D7140-7250	Tooth Extractions			Yes	\$95.40+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$300.00+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1728.00+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental								
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$85.00				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$37.14				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes	\$65.00				
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes	\$20.00				
Adjunctive	D9920	Behavior Management			Yes	MP				
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

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	Yes	\$27.50				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$46.65	Yes	\$46.65				
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			Yes	\$25				
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	Yes	\$12.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$38.00 +	Yes	\$49.40 +				
Restorative	D2330-2394	Composite Restorations	Yes	\$44.00 +	Yes	\$57.20 +				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes	\$119.60 +				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$274.30	Yes	\$274.30				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$344.50	Yes	\$344.50				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$481.00	Yes	\$481.00				
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				

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
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$68.50	Yes	\$68.50			Yes	\$68.50
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	\$110.28	Yes	\$110.28				
Periodontics	D4910	Periodontal Maintenance	Yes	\$96.88	Yes	\$96.88				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$656.11	Yes	\$656.11				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$611.73	Yes	\$611.73				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$624.64 +	Yes	\$624.64 +				
Implant Services	D6010	Endosteal Implant	Yes	\$2,001.07	Yes	\$2,001.07				
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	\$263.86 +	Yes	\$263.86 +				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$82.50 +	Yes	\$82.50 +				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$61.95	Yes	\$61.95				
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	\$138.78	Yes	\$138.78				
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes	\$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	\$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	Unavailable	Yes	\$10.81		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes	\$64.79 +	Yes	\$64.79 +		
Restorative	D2330-2394	Composite Restorations			Yes	\$96.01 +	Yes	\$71.06 +		
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns			Yes	\$127.54 +	Yes	\$127.54 +		
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$336.71	Yes	\$336.71		
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$395.37	Yes	\$395.37		
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$474.45	Yes	\$474.45		
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$117.34	Yes	\$117.34		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								

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	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	\$470.00 +	Yes	\$470.00 +	Yes	\$470.00 +		
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	\$79.07 + Value Add by MCO	Yes	\$79.07 + Value Add by MCO	Yes	\$79.07 + Value Add by MCO		
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								
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	\$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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$153.18	Yes	\$153.18				

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	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	\$465.66 +	Yes	\$465.66 +				
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	\$0.00	Yes	\$0.00				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	\$0.00	Yes	\$0.00				
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	Yes	\$10.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$70.00+	Yes	\$70.00+	Yes	\$70.00+	Yes	70.00+
Restorative	D2330-2394	Composite Restorations	Yes	\$91.90+	Yes	\$91.90+	Yes	\$91.90+	Yes	\$91.90+
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+	Yes	\$12.00+	Yes	\$12.00+		
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$550.00	Yes	\$550.00				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$650.00	Yes	\$650.00				
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	Yes	\$54.00				

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
Periodontics	D4346	Scaling w/General Inflammation								
Periodontics	D4355	Full Mouth Debridement	Yes	\$100.00	Yes	\$100.00	Yes	100.00+		
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$54.00	Yes	\$54.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$54.00	Yes	\$375.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$54.00	Yes	\$375.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$54.00+	Yes	\$225.00+				
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	\$112.69+	Yes	\$112.69+				
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	\$20.00		
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$77.67	Yes	\$77.67	Yes	\$77.67		
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$19.69	Yes	\$19.69	Yes	\$19.69		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$59.00	Yes	\$59.00	Yes	\$59.00		
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

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	\$39.00	Yes	\$45.00				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	IC		IC					
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	IC		IC					
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk	IC		IC					
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk	IC		IC					
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk	IC		IC					
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	\$28.00	Yes	\$28.00	Yes	\$28.00	Yes	\$28.00
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	\$30.00	Yes	\$44.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$44.00				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$15.00	Yes	\$15.00	Yes	\$15.00	Yes	\$15.00
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	IC		IC					
Restorative	D2140-2161	Amalgam Restorations	Yes	\$62.00+	Yes	\$77.00+	Yes	\$62.00+	Yes	\$62.00+
Restorative	D2330-2394	Composite Restorations	Yes	\$72.00+	Yes	\$98.00	Yes	\$72.00+	Yes	\$72.00+
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	153.00+	Yes	\$205.00+	Yes	153.00+	Yes	153.00+
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
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$90.00	Yes	\$107.00	Yes	\$90.00	Yes	\$90.00

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	D4346	Scaling w/General Inflammation	IC	\$49.00	IC	\$70.00	IC	\$49.00	IC	\$49.00
Periodontics	D4355	Full Mouth Debridement	Yes	\$77.00	Yes	\$93.00				
Periodontics	D4381	Localized Antimicrobial Therapy	Yes	\$88.00	Yes	\$121.00				
Periodontics	D4910	Periodontal Maintenance	Yes	\$80.00	Yes	\$111.00				
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	\$556.00+	Yes	\$650.00	Yes	\$556.00+	Yes	\$556.00+
Implant Services	D6010	Endosteal Implant	Yes	\$1,151	Yes	\$1,374				
Implant Services	D6011	Second Stage Implant Surgery	IC		IC					
Implant Services	D6012	Interim implant body- endosteal implant	IC		IC					
Implant Services	D6013	Mini Implant	IC		IC					
Implant Services	D6040	Epoosteal Implant	Yes	\$1,534	Yes	\$1,632				
Implant Services	D6050	Transosteal Implant		\$134.00		\$162.00				
Implant Services	D6100-6199	Implant Services	IC		IC					
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$75.00+	Yes	\$107.00+	Yes	\$75.00+	Yes	\$75.00+
Orthodontics	D8010-8040	Limited Orthodontia	IC		IC					
Orthodontics	D8070-8090	Comprehensive Orthodontia	IC		IC					
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	IC		IC					
Adjunctive	D9920	Behavior Management	Yes	\$86.00	Yes	\$86.00	Yes	\$86.00	Yes	\$86.00
Adjunctive	D9995	Teledentistry - Synchronous	IC		IC					
Adjunctive	D9996	Teledentistry - Asynchronous	IC		IC					
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- BENEFITS SUMMARY

[Michigan 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	\$28.83	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	Yes	\$29.50	Yes	\$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	NA	Yes	NA	Yes	NA	Yes	NA
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	\$161.81	Yes	\$161.81	Yes	\$161.81	Yes	\$161.81
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$107.80	Yes	\$107.80	Yes	\$107.80	Yes	\$107.80

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

MICHIGAN- BENEFITS SUMMARY

[Michigan 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	D4346	Scaling w/General Inflammation	Yes	\$72.00	Yes	\$72.00	Yes	\$72.00	Yes	\$72.00
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	\$97.36	Yes	\$97.36	Yes	\$97.36	Yes	\$97.36
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	Yes	\$1,406.76						
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	\$1979.08+	Yes	\$1979.08+	Yes	\$1979.08+	Yes	\$1979.08+
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$88.47+	Yes	\$88.47+	Yes	\$88.47+	Yes	\$88.47+
Orthodontics	D8010-8040	Limited Orthodontia	Yes	\$1260.00+	Yes	\$1260.00+				
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes	\$1460.00+	Yes	\$1460.00+				
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	Unavailable	Yes	Unavailable	Yes	Unavailable	Yes	Unavailable
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	\$12.22
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$15.93					Yes	\$15.93
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$15.93						
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$25.76						
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	\$26.52
Preventive	D1120	Child Prophylaxis			Yes	\$18.34				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$14.00					Yes	\$14.00
Preventive	D1208	Fluoride Treatment							Yes	\$13.81
Preventive	D1351 A	Dental Sealant on Permanent Teeth								
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$17.30				
Preventive	D1354	Silver Diamine Fluoride							Yes	\$14.50
Preventive	D1355	Silver Diamine Fluoride Caries Preventive		By Report						
Restorative	D2140-2161	Amalgam Restorations	Yes	\$32.57+						
Restorative	D2330-2394	Composite Restorations	Yes	\$36.70+						
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns	Yes	\$76.51+						
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$178.55						
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$214.26						
Endodontics	D3330	Endodontic Treatment Molar Tooth							Yes	\$271.40
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$86.15						
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$60.41						

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	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+						
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	Epostea Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$44.70+						
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$73.09+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$20.39						
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)								
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								
Restorative	D2140-2161	Amalgam Restorations			Yes	\$73.06+				
Restorative	D2330-2394	Composite Restorations			Yes	\$76.53+				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$537.48				
Restorative	D2930-2954	Crowns			Yes	\$141.53+				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$110.54				

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	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$64.00				
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	\$678.44				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$678.44				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$572.59				
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	\$82.91+	Yes	\$82.91+			Yes	\$82.91+
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$2283.00+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1200.00+				
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
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				
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+
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
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

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
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
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
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+
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	Epoosteal 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								
Orthodontics	D8070-8090	Comprehensive Orthodontia								
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			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	Yes	\$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	Yes	\$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	\$70.12+	Yes	\$70.12+				
Restorative	D2330-2394	Composite Restorations	Yes	\$70.12+	Yes	\$70.12+				
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	\$140.24+	Yes	\$140.24+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$390.28	Yes	\$390.28				
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth	Yes	\$475.43	Yes	\$475.43				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$496.72	Yes	\$496.72				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$177.40	Yes	\$177.40				

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	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								
Periodontics	D4910	Periodontal Maintenance	Yes	\$70.96	Yes	\$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	\$596.02+	Yes	\$596.02+				
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	\$77.13+	Yes	\$77.13+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$771.32+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$3821.54+				
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	Yes	\$25.69		
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$18.68	Yes	\$18.68	Yes	\$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	Yes	\$23.35		
Preventive	D1208	Fluoride Treatment	Yes	\$21.01	Yes	\$21.01	Yes	\$21.01		
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$29.18	Yes	\$29.18	Yes	\$29.18		
Preventive	D1351 B	Dental Sealant on Primary Teeth	Yes	\$29.18	Yes	\$29.18	Yes	\$29.18		
Preventive	D1354	Silver Diamine Fluoride	Yes	\$11.67	Yes	\$11.67	Yes	\$11.67		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$11.67	Yes	\$11.67	Yes	\$11.67		
Restorative	D2140-2161	Amalgam Restorations	Yes	\$58.37+	Yes	\$58.37+				
Restorative	D2330-2394	Composite Restorations	Yes	\$67.71+	Yes	\$67.71+				
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	\$135.42+	Yes	\$135.42+	Yes	\$135.42+		
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		
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$116.73	Yes	\$116.73	Yes	\$116.73		

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	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	\$541.65+	Yes	\$541.65+	Yes	\$541.65+		
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	\$77.04+	Yes	\$77.04+				
Orthodontics	D8010-8040	Limited Orthodontia	Yes	NA	Yes	NA				
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes	NA	Yes	NA				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$26.85	Yes	\$26.85				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$102.73+	Yes	\$102.73+				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$32.68	Yes	\$32.68				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes	\$59.53	Yes	\$59.53				
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				
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

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	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	\$450.99+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1865.49+				
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	\$32.42	Yes	\$32.42				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$47.84	Yes	\$47.84				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$47.84				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$60.59	Yes	\$60.59				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused								
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	NA						
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				NA				
Preventive	D1110	Adult Prophylaxis	Yes	NA	Yes	\$56.33				
Preventive	D1120	Child Prophylaxis			Yes	\$40.39				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	NA	Yes	\$19.14				
Preventive	D1208	Fluoride Treatment	Yes	NA	Yes	\$19.14				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$35.61				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$35.61				
Preventive	D1354	Silver Diamine Fluoride	Yes	NA	Yes	\$31.89				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	NA	Yes	\$103.11+				
Restorative	D2330-2394	Composite Restorations	Yes	NA	Yes	\$94.60+				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	NA	Yes	\$212.59				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	NA	Yes	\$212.59				
Restorative	D2930-2954	Crowns			Yes	\$239.17+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$435.81				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$531.48				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	NA	Yes	\$664.36				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	NA	Yes	MP				

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	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								
Periodontics	D4346	Scaling w/General Inflammation	Yes	NA	Yes	\$56.33				
Periodontics	D4355	Full Mouth Debridement	Yes	NA	Yes	MP				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	NA	Yes	MP				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$366.73	Yes	NA		
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$366.73	Yes	NA		
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$302.95	Yes	NA		
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	106.30+	Yes	106.30+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$179.39+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1275.55+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	NA	Yes	\$28.70				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	NA	Yes	\$239.17+				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	NA	Yes	\$40.39				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	NA	Yes	\$159.44+				
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

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	\$14.00		
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	\$14.00		
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	NA				
Preventive	D1110	Adult Prophylaxis	Yes	\$16.00	Yes	\$70.00	Yes	\$16.00		
Preventive	D1120	Child Prophylaxis			Yes	\$50.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$33.00	Yes	\$33.00	Yes	\$33.00		
Preventive	D1208	Fluoride Treatment	Yes	\$10.00	Yes	\$10.00	Yes	\$10.00		
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	\$10.00		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$30.00+	Yes	\$98.00+				
Restorative	D2330-2394	Composite Restorations	Yes	\$33.00+	Yes	\$119.00+				
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	\$207.00+	Yes	\$330.00+				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$34.50	Yes	\$195.00	Yes	\$34.50		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$27.00	Yes	\$125.00	Yes	\$27.00		

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	D4346	Scaling w/General Inflammation	Yes	\$34.50	Yes	\$34.50	Yes	\$34.50		
Periodontics	D4355	Full Mouth Debridement	Yes	\$10.00	Yes	\$144.00	Yes	\$10.00		
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	\$250.00	Yes	\$910.00+				
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	By Report	Yes	By Report				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$30.00+	Yes	\$63.88+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1475.00+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$493.00+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$9.00	Yes	\$91.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	100.00+	Yes	\$128.00+				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$14.00	Yes	\$53.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$49.00, 25.00	Yes	\$124.00, \$25.00				
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	No	\$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	Yes	\$31.18	Yes	\$31.18				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$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	\$57.57+	Yes	\$57.57+				
Restorative	D2330-2394	Composite Restorations	Yes	\$69.03+	Yes	\$69.03+				
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	\$116.46+	Yes	\$116.46+				
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				
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				

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	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	\$507.83+	Yes	\$507.83+				
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	\$65.71+	Yes	\$65.71+				
Orthodontics	D8010-8040	Limited Orthodontia								
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				
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+	Yes	\$50.50+				
Restorative	D2330-2394	Composite Restorations	Yes	\$50.50+	Yes	\$50.50+				
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+	Yes	\$117.16+				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$45.45	Yes	\$45.45				

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	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+	Yes	\$353.50+				
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	NA				
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	\$78.12+	Yes	\$78.12+				
Restorative	D2330-2394	Composite Restorations	Yes	\$68.90+	Yes	\$68.90+				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns	Yes	\$150.87+	Yes	\$150.87+				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$105.13	Yes	\$105.13				

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	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	\$453.50+	Yes	\$453.50+				
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								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$66.44	Yes	\$66.44				
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	MP	Yes	MP				
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

NORTH DAKOTA - BENEFITS SUMMARY

[North Dakota Medicaid Dental Fee Schedule - Adult](#) / [North Dakota 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	\$30.43	Yes	\$32.28	Yes	\$30.43		
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$46.98	Yes	\$47.97				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$43.68				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$50.56	Yes	\$48.20	Yes	\$50.56		
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$34.80	Yes	\$30.08				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative	Yes	\$34.80	Yes	\$30.08				
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	\$36.13	Yes	\$36.13				
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)	Yes	\$43.08	Yes	\$43.08				
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	\$27.61				
Preventive	D1110	Adult Prophylaxis	Yes	\$60.37	Yes	\$59.68	Yes	\$60.37		
Preventive	D1120	Child Prophylaxis			Yes	\$41.51				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$26.27	Yes	\$27.61	Yes	\$26.27		
Preventive	D1208	Fluoride Treatment	Yes	\$22.60	Yes	\$28.31	Yes	\$22.60		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$33.12				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$33.12				
Preventive	D1354	Silver Diamine Fluoride	Yes	\$12.41	Yes	\$13.17				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive	Yes	\$12.41	Yes	\$13.17				
Restorative	D2140-2161	Amalgam Restorations	Yes	\$80.09+	Yes	\$82.86+				
Restorative	D2330-2394	Composite Restorations	Yes	\$94.40+	Yes	\$102.07+				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$694.58	Yes	\$835.08				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$608.00	Yes	\$691.77				
Restorative	D2930-2954	Crowns	Yes	\$168.02+	Yes	\$168.88+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$441.39	Yes	\$467.14				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

NORTH DAKOTA - BENEFITS SUMMARY

[North Dakota Medicaid Dental Fee Schedule - Adult](#) / [North Dakota 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	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$604.08				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$704.99				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$178.08	Yes	\$183.41				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$88.53	Yes	\$110.03				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$84.08	Yes	\$89.15				
Periodontics	D4355	Full Mouth Debridement	Yes	\$115.46	Yes	\$133.47				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$74.30	Yes	\$86.94				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$1,055.73	Yes	\$1,003.12				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$1,070.33	Yes	\$1,003.12				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	935.30+	Yes	\$1060.86+				
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	\$97.15+	Yes	\$90.31+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1331.01+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$2597.46+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$65.57	Yes	\$71.51				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$144.96+	Yes	\$134.39+				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$36.54	Yes	\$34.41				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$144.03, \$129.30	Yes	\$141.84, \$134.43				
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$17.80	Yes	\$18.90				
Adjunctive	D9920	Behavior Management	Yes	\$163.81	Yes	\$162.26	Yes	\$1633.81		
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$17.87	Yes	\$18.97				
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

OHIO - BENEFITS SUMMARY

[Ohio 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	\$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	MP				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative			Yes	MP				
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	MP				
Diagnostic/Exam/Screen	D0191	Oral Assessment			Yes	MP				
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes			Yes	MP				
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+	Yes	\$40+				
Restorative	D2330-2394	Composite Restorations	Yes	\$51.21+	Yes	\$51.21+				
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	\$101.92+	Yes	\$101.92+				
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 - BENEFITS SUMMARY

[Ohio 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	\$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								
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 +	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	Eposteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
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	\$120.65, \$70.00	Yes	\$120.65, \$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								
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

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	NA	Yes	NA
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$33.57	Yes	\$30.49	Yes	NA	Yes	NA
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	NA	Yes	NA
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	\$50.36	Yes	\$45.73	Yes	NA	Yes	NA
Preventive	D1120	Child Prophylaxis			Yes	\$30.49				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$20.14	Yes	\$18.29	Yes	NA	Yes	NA
Preventive	D1208	Fluoride Treatment			Yes	\$15.24	Yes	NA		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$24.39	Yes	NA		
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride			Yes	\$76.22	Yes	NA		
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$67.14+	Yes	\$60.98+	Yes	NA		
Restorative	D2330-2394	Composite Restorations	Yes	\$67.14+	Yes	\$60.98+	Yes	NA		
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$609.77	Yes	NA		
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$487.82	Yes	NA		
Restorative	D2930-2954	Crowns			Yes	\$121.95+	Yes	NA		
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$310.98				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth			Yes	\$350.62	Yes	NA		
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$426.84	Yes	NA		
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$167.85	Yes	\$152.44	Yes	NA		
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$90.64	Yes	\$82.32	Yes	NA		

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	D4346	Scaling w/General Inflammation	Yes	\$302.13	Yes	\$274.40	Yes	NA		
Periodontics	D4355	Full Mouth Debridement								
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$67.14	Yes	\$60.98	Yes	NA		
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$839.25	Yes	\$762.22	Yes	NA		
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$839.25	Yes	\$762.22	Yes	NA		
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$570.69+	Yes	\$518.31+	Yes	NA		
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	\$73.85+	Yes	\$67.08+	Yes	NA	Yes	NA
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$439.38+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	MP				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	\$60.98	Yes	NA		
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$87.28	Yes	\$79.27	Yes	NA	Yes	NA
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$27.44	Yes	NA		
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	\$37.05+	Yes	\$37.05+				
Restorative	D2330-2394	Composite Restorations	Yes	\$39.28+	Yes	\$39.28+				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$272.79			Yes	\$272.79	Yes	\$272.79
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$261.89			Yes	\$261.89	Yes	\$261.89
Restorative	D2930-2954	Crowns	Yes	\$73.12+	Yes	\$73.12+	Yes	\$73.12+		
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		
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$212.77			Yes	\$212.77	Yes	\$212.77

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
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					No			
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	226.96+	Yes	226.96+	Yes	226.96+		
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	\$99.58+	Yes	\$99.58+	Yes	\$99.58+		
Orthodontics	D8010-8040	Limited Orthodontia	Yes	MP			Yes	MP		
Orthodontics	D8070-8090	Comprehensive Orthodontia	Yes	MP			Yes	MP		
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental			Yes	By Report	Yes	By Report		
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	MP	Yes	MP		
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia		\$8.73	Yes	\$8.73	Yes	\$8.73		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation		MP	Yes	MP	Yes	MP		
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
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	Yes	\$11.25						
Case Management	D9991-9994	Case Management Codes	Yes	\$26.03	Yes	\$26.03				

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	\$45.00+	Yes	\$45.00+				
Restorative	D2330-2394	Composite Restorations	Yes	\$50.00+	Yes	\$50.00+				
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	\$150.00+	Yes	\$150.00+				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$75.00	Yes	\$75.00				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								

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	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								
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	\$375.00+	Yes	\$375.00+				
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	\$65.00	Yes	\$65.00				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1000.00+				
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	NA				
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	\$62.00+	Yes	NA				
Restorative	D2330-2394	Composite Restorations	Yes	\$72.00+	Yes	NA				
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	NA				
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				
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				

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	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	NA				
Periodontics	D4910	Periodontal Maintenance			Yes	\$55.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$730.00	Yes	NA				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$730.00	Yes	NA				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$556.00+	Yes	NA				
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	\$75.00	Yes	NA				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	NA				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	NA				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$40.00	Yes	\$44.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	NA	Yes			
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$30.00	Yes	\$30.00		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes	NA	Yes			
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes	NA	Yes	IC		
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	NA	Yes	NA		
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0191	Oral Assessment			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0601	Dental Caries Risk Assessment - Low Risk			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0602	Dental Caries Risk Assessment - Moderate Risk			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0603	Dental Caries Risk Assessment - High Risk			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0604	Antigen testing (i.e. SARS COV2)			Yes	NA	Yes	NA		
Diagnostic/Exam/Screen	D0605	Antibody testing (i.e. SARS COV2)			Yes	NA	Yes	NA		
Preventive	CPT99188	Fluoride Varnish by MEDICAL PROVIDER			Yes	NA	Yes	NA		
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	\$16.50	Yes	\$16.50		
Preventive	D1208	Fluoride Treatment			Yes	\$16.50	Yes	\$16.50		
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$30.00	Yes	\$30.00		
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	\$140.00+	Yes	NA		
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$385.00	Yes	NA		
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth			Yes	\$465.00	Yes	NA		
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$560.00	Yes	NA		
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant								
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant								

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	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	Epoosteal Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
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	NA				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$90.24+	Yes	\$94+	Yes	\$94+		
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$32.50	Yes	\$32.50	Yes	\$32.50		
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$74.00	Yes	\$88.00	Yes	\$88.00		
Adjunctive	D9613	Infiltration of a Therapeutic Drug			Yes	NA				
Adjunctive	D9920	Behavior Management			Yes	NA	Yes	NA		
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+	Yes	\$84.90+				
Restorative	D2330-2394	Composite Restorations	Yes	\$96.62+	Yes	\$84.90+				
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	\$179.64+	Yes	NA				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$425.47	Yes	\$425.47				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth								
Endodontics	D3330	Endodontic Treatment Molar 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
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	\$97.28		
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$75.77	Yes	\$75.77	Yes	\$75.77		
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	\$884.70+	Yes	\$884.70+				
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	\$95.16+	Yes	\$95.16+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$1,826.60				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$4,061.43				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$58.53	Yes	\$58.53				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$114.19	Yes	\$114.19				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$42.46	Yes	\$42.46				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes	\$80.59	Yes	\$80.59				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management					Yes	NA		
Adjunctive	D9995	Teledentistry - Synchronous	Yes	NA	Yes	NA				
Adjunctive	D9996	Teledentistry - Asynchronous	Yes	NA	Yes	NA				
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

[Fee Schedule Link Not Available](#)

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	NA	Yes	\$23.11				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	NA	Yes	\$24.40				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$26.11				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	NA	Yes	\$30.70				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused					Yes	NA		
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	NA						
Preventive	D1120	Child Prophylaxis			Yes	\$35.49				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	NA	Yes	\$22.55				
Preventive	D1208	Fluoride Treatment	Yes	NA						
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$35.16				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	NA	Yes	\$9.91				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	NA	Yes	\$66.62+				
Restorative	D2330-2394	Composite Restorations	Yes	NA	Yes	\$66.62+				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	NA	Yes	\$578.82				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	NA	Yes	\$578.82				
Restorative	D2930-2954	Crowns	Yes	NA	Yes	\$119.64+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	NA	Yes	\$449.92				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	NA	Yes	\$87.02				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	NA	Yes	\$708.37				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	NA	Yes	\$144.78				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	NA	Yes	\$36.46				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

TENNESSEE - BENEFITS SUMMARY

[Fee Schedule Link Not Available](#)

Category	CDT Code		Adults 21+	Adult Fees	EPSDT	EPSDT Rates	I/DD Adults	I/DD Adult Rates	Pregnant Adults	Pregnant Adult Rates
Periodontics	D4346	Scaling w/General Inflammation			Yes	\$48.26	Yes	NA		
Periodontics	D4355	Full Mouth Debridement	Yes	NA	Yes	\$97.25				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	NA						
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	NA	Yes	\$705.83				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	NA	Yes	\$705.83				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	NA	Yes	\$535.23+				
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	NA	Yes	\$70.93+				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	NA				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	NA	Yes	\$51.18				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min			Yes	\$96.07	Yes	NA		
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	NA	Yes	\$30.42				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation			Yes	\$85.93	Yes	NA		
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](#)

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	\$62.80+				
Restorative	D2330-2394	Composite Restorations			Yes	\$75.81+				
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	\$149.12				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant			Yes	\$53.75				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$6.69				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

TEXAS- BENEFITS SUMMARY

[Texas 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	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	\$358.31				
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	\$64.06				
Orthodontics	D8010-8040	Limited Orthodontia								
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	NA				
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	Yes	\$17.87				
Preventive	D1208	Fluoride Treatment								
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$29.50	Yes	\$29.50				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$6.00	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	\$67.00	Yes	\$67.06				
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	\$111.34+	Yes	\$111.34+				
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				
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				

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	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	\$459.29+	Yes	\$459.29+				
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								
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	\$96.09, \$58.99	Yes	\$96.09, \$58.99				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia								
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$102.15, \$31.36	Yes	\$102.15, \$31.36				
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$24.80	Yes	\$24.80				
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	45% Billed	Yes	45% of 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	\$48.00				
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	\$78.60+	Yes	\$78.60+				
Restorative	D2330-2394	Composite Restorations	Yes	\$87.60+	Yes	\$87.60+				
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	\$160.00+	Yes	\$160.00+				
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				
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				

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	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	\$575.00+				
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	\$101.40+	Yes	\$101.40+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$655.00+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$981.00+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$55.00	Yes	\$55.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$160.00, \$190.00	Yes	\$160.00, \$190.00				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$57.00	Yes	\$57.00				
Adjunctive	D9239,9243	IV Moderate/Conscious Sedation	Yes	\$160.00, \$190.00	Yes	\$160.00, \$190.00				
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+	Yes	\$77.19+				
Restorative	D2330-2394	Composite Restorations	Yes	\$96.56+	Yes	\$96.56+				
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+	Yes	\$178.01+				
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				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$121.08	Yes	\$121.08				

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	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+	Yes	\$858.85+				
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+	Yes	\$89.70+				
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	NA	Yes	NA				
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	\$6.00	Yes	\$4.20				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$66.31+	Yes	\$69.97+				
Restorative	D2330-2394	Composite Restorations	Yes	\$63.81	Yes	\$69.97				
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	NA	Yes	\$170.5+				
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				
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		

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	D4346	Scaling w/General Inflammation	Yes	\$80.00	Yes	\$56.00	Yes	\$80.00		
Periodontics	D4355	Full Mouth Debridement	Yes	\$140.00	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	Yes	\$780.45		
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$780.45	Yes	\$546.32	Yes	\$780.45		
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$552.55	Yes	\$386.79				
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	\$60.98+	Yes	\$57.65+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$975.91+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$1432.22+				
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	\$156.00+	Yes	\$109.20+				
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

WEST VIRGINIA - BENEFITS SUMMARY

[West 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	\$27.50	Yes	\$27.50				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$38.50	Yes	\$38.50				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3			Yes	\$27.50				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$38.50	Yes	\$38.50				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	NA				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening			Yes	NA				
Diagnostic/Exam/Screen	D0191	Oral Assessment								
Diagnostic/Exam/Screen	D0411	Hb A1c Screening for Diabetes			Yes	NA				
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	\$60.50	Yes	\$60.50				
Preventive	D1120	Child Prophylaxis			Yes	\$44.00				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$22.00				
Preventive	D1208	Fluoride Treatment			Yes	\$22.00				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$33.00				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$56.10	Yes	\$56.10				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$80.30+	Yes	\$80.30+				
Restorative	D2330-2394	Composite Restorations	Yes	\$93.50+	Yes	\$93.50+				
Restorative	D2740	Crown – Porcelain/Ceramic	Yes	\$698.50	Yes	\$698.50				
Restorative	D2751	Crown – porcelain fused to predominately base metal	Yes	\$698.50	Yes	\$698.50				
Restorative	D2930-2954	Crowns	Yes	\$161.70+						
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$445.50	Yes	\$445.50				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$548.90	Yes	\$548.90				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

WEST VIRGINIA - BENEFITS SUMMARY

[West 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
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$693.00	Yes	\$693.00				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$162.80	Yes	\$162.80				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant	Yes	\$89.10	Yes	\$89.10				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$93.50	Yes	\$93.50				
Periodontics	D4355	Full Mouth Debridement	Yes	\$93.50	Yes	\$93.50				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$60.00		\$60.00				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$595.00	Yes	\$595.00				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$595.00	Yes	\$595.00				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$595.00+	Yes	\$595.00+				
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	Epostea Implant								
Implant Services	D6050	Transosteal Implant								
Implant Services	D6100-6199	Implant Services								
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$88.00+	Yes	\$88.00+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$297.00+				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	\$2079.00+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental								
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$136.20, Varies	Yes	\$136.20, Varies				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$40.00	Yes	\$40.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$136.20, Varies	Yes	\$136.20, Varies				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management								
Adjunctive	D9995	Teledentistry - Synchronous	Yes	\$38.50	Yes	\$38.50				
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

WISCONSIN - BENEFITS SUMMARY

[Wisconsin 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	\$36.00	Yes	\$36.00				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$55.20	Yes	\$55.20				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3								
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$59.20	Yes	\$59.20				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused			Yes	\$42.40				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$21.66	Yes	\$21.66				
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	\$63.20	Yes	\$63.20				
Preventive	D1120	Child Prophylaxis		\$47.20	Yes	\$47.20				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER	Yes	\$28.00	Yes	\$28.00				
Preventive	D1208	Fluoride Treatment	Yes	\$27.20	Yes	\$27.20				
Preventive	D1351 A	Dental Sealant on Permanent Teeth	Yes	\$37.60	Yes	\$37.60				
Preventive	D1351 B	Dental Sealant on Primary Teeth								
Preventive	D1354	Silver Diamine Fluoride	Yes	\$13.00	Yes	\$13.00				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations	Yes	\$96.00+	Yes	\$96.00+				
Restorative	D2330-2394	Composite Restorations	Yes	\$113.60+	Yes	\$113.60+				
Restorative	D2740	Crown – Porcelain/Ceramic								
Restorative	D2751	Crown – porcelain fused to predominately base metal								
Restorative	D2930-2954	Crowns	Yes	\$206.40+	Yes	\$206.40+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth	Yes	\$536.80	Yes	\$536.80				
Endodontics	D3320	Endodontic Treatment Bicuspid Tooth	Yes	\$624.00	Yes	\$624.00				
Endodontics	D3330	Endodontic Treatment Molar Tooth	Yes	\$753.60	Yes	\$753.60				
Periodontics	D4341	Scaling & Root Planing - 4+ teeth/quadrant	Yes	\$185.60	Yes	\$185.60				

2023 MSDA NATIONAL PROFILE OF STATE MEDICAID DENTAL PROGRAMS

WISCONSIN - BENEFITS SUMMARY

[Wisconsin 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	\$128.00	Yes	\$128.00				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$132.00	Yes	\$132.00				
Periodontics	D4355	Full Mouth Debridement	Yes	\$132.00	Yes	\$132.00				
Periodontics	D4381	Localized Antimicrobial Therapy								
Periodontics	D4910	Periodontal Maintenance	Yes	\$102.40	Yes	\$102.40				
Prosthodontics	D5110	Maxillary Complete (Upper)	Yes	\$1,121.60	Yes	\$1,121.60				
Prosthodontics	D5120	Mandibular Complete (Lower)	Yes	\$1,121.60	Yes	\$1,121.60				
Prosthodontics	D5211-5286	Any Partial Denture	Yes	\$840.00+	Yes	\$840.00+				
Implant Services	D6010	Endosteal Implant			Yes	NA				
Implant Services	D6011	Second Stage Implant Surgery			Yes	NA				
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	\$117.60+	Yes	\$117.60+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	NA				
Orthodontics	D8070-8090	Comprehensive Orthodontia			Yes	NA				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$88.00	Yes	\$88.00				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$170.44	Yes	\$170.44				
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia	Yes	\$44.00	Yes	\$44.00				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$118.16	Yes	\$118.16				
Adjunctive	D9613	Infiltration of a Therapeutic Drug	Yes	\$64.60	Yes	\$64.60				
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

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	\$39.00	Yes	\$39.00				
Diagnostic/Exam/Screen	D0140	Limited Oral Evaluation, Problem Focused	Yes	\$54.85	Yes	\$54.85				
Diagnostic/Exam/Screen	D0145	Oral Exam Child under 3				\$48.75				
Diagnostic/Exam/Screen	D0150	Comprehensive Exam	Yes	\$42.66	Yes	\$42.66				
Diagnostic/Exam/Screen	D0170	Re-Evaluation, Limited Problem Focused	Yes	\$36.56	Yes	\$36.56				
Diagnostic/Exam/Screen	D0171	Re-Evaluation Post-Operative								
Diagnostic/Exam/Screen	D0190	Oral Screening								
Diagnostic/Exam/Screen	D0191	Oral Assessment	Yes	\$18.75	Yes	\$18.75				
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	\$60.94	Yes	\$60.94				
Preventive	D1120	Child Prophylaxis			Yes	\$42.66				
Preventive	D1206	Fluoride Varnish BY DENTAL PROVIDER			Yes	\$42.66				
Preventive	D1208	Fluoride Treatment			Yes	\$24.38				
Preventive	D1351 A	Dental Sealant on Permanent Teeth			Yes	\$34.13				
Preventive	D1351 B	Dental Sealant on Primary Teeth			Yes	\$34.13				
Preventive	D1354	Silver Diamine Fluoride			Yes	\$34.13				
Preventive	D1355	Silver Diamine Fluoride Caries Preventive								
Restorative	D2140-2161	Amalgam Restorations			Yes	\$95.06+				
Restorative	D2330-2394	Composite Restorations			Yes	\$99.94+				
Restorative	D2740	Crown – Porcelain/Ceramic			Yes	\$731.25				
Restorative	D2751	Crown – porcelain fused to predominately base metal			Yes	\$731.25				
Restorative	D2930-2954	Crowns			Yes	\$166.75+				
Endodontics	D3310	Endodontic Treatment Anterior Tooth			Yes	\$612.55				
Endodontics	D3320	Endodontic Treatment Bicuspoid Tooth			Yes	\$686.94				
Endodontics	D3330	Endodontic Treatment Molar Tooth			Yes	\$837.63				

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			Yes	\$146.25				
Periodontics	D4342	Scaling & Root Planing - 1-3 teeth/quadrant			Yes	\$121.88				
Periodontics	D4346	Scaling w/General Inflammation	Yes	\$109.69	Yes	\$109.69				
Periodontics	D4355	Full Mouth Debridement	Yes	\$109.69	Yes	\$109.69				
Periodontics	D4381	Localized Antimicrobial Therapy		MP	Yes	MP				
Periodontics	D4910	Periodontal Maintenance			Yes	\$79.83				
Prosthodontics	D5110	Maxillary Complete (Upper)			Yes	\$975.00				
Prosthodontics	D5120	Mandibular Complete (Lower)			Yes	\$975.00				
Prosthodontics	D5211-5286	Any Partial Denture			Yes	\$731.25+				
Implant Services	D6010	Endosteal Implant			Yes	MP				
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			Yes	MP				
Implant Services	D6050	Transosteal Implant			Yes	MP				
Implant Services	D6100-6199	Implant Services			Yes	MP				
Oral Surgery	D7140-7250	Tooth Extractions	Yes	\$85.84+	Yes	\$85.84+				
Orthodontics	D8010-8040	Limited Orthodontia			Yes	\$731.25/Arch				
Orthodontics	D8070-8090	Comprehensive Orthodontia				\$1462.50+				
Adjunctive	D9110	Palliative (Emergency) Treatment of Dental	Yes	\$70.69	Yes	\$70.69				
Adjunctive	D9222-9223	Deep Sedation/General Anesthesia 15 min	Yes	\$131.01/\$89.43						
Adjunctive	D9230	Inhalation of Nitrous Oxide/Analgesia			Yes	\$30.48				
Adjunctive	D9239, 9243	IV Moderate/Conscious Sedation	Yes	\$76.18/\$38.09	Yes	\$76.18/\$38.09				
Adjunctive	D9613	Infiltration of a Therapeutic Drug								
Adjunctive	D9920	Behavior Management			Yes	Up to \$58.50				
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 – JUNE, 2023

State	Link
Alabama	https://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules/7.3G_Dental_Fee_Schedule_6-1-23.pdf
Alaska	https://manuals.medicaidalaska.com/medicaidalaska/providers/feeschedule.asp
Arizona	https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Dental.html
Arkansas	https://humanservices.arkansas.gov/wp-content/uploads/DENTAL-fees.pdf
California	https://dental.dhcs.ca.gov/MCD_documents/providers/SMA_CDT22_draft.pdf
Colorado	https://dentaquest.com/getattachment/State-Plans/Regions/Colorado/Health-First-Colorado/Provider-Page/CO-standard-fee-schedule.pdf/?lang=en-US
Connecticut	https://www.ctdssmap.com/CTPortal/Provider/Provider-Fee-Schedule-Download
Delaware	Download (delaware.gov)
District of Columbia	https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload
Florida	https://ahca.myflorida.com/content/download/9003/file/Dental_Fee_Schedule_2022.pdf
Georgia	https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Dental%20Svc%20April%202023%20v2%2020230320124854.pdf
Hawaii	https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html
Idaho	https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=25452&dbid=0&repo=PUBLIC-DOCUMENTS
Illinois	https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/dental.html
Indiana	IHCP Fee Schedules - Copyright Agreement (indianamedicaid.com)
Iowa	https://secureapp.dhs.state.ia.us/MedicaidFeeSched/X04.xml
Kansas	https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/FeeSchedules
Kentucky	https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/2023DentalFeeSchedule.pdf
Louisiana	https://www.lamedicaid.com/provweb1/fee_schedules/Dental_Fee.htm
Maine	https://www.maine.gov/dhhs/oms/providers/code-rates
Maryland	https://health.maryland.gov/mmcp/Documents/Dental%20fee%20schedule%202-28-22%20revised.pdf
Massachusetts	https://www.mass.gov/regulations/130-CMR-420000-dental-services
Michigan	https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/dental
Minnesota	https://mn.gov/dhs/assets/mhcp-fee-schedule_tcm1053-294225.pdf
Mississippi	https://medicaid.ms.gov/providers/fee-schedules-and-rates/
Missouri	https://apps.dss.mo.gov/fmsFeeSchedules/default.aspx
Montana	https://medicaidprovider.mt.gov/docs/feeschedules/2022FS/January2022Proposed/ProposedJanuary2022DentalServicesFeeSchedule12212021.pdf

MEDICAID DENTAL STATE FEE SCHEDULE LINKS – JUNE, 2023

State	Link
Nebraska	https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx
Nevada	https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/
New Hampshire	https://nhmmis.nh.gov/portals/wps/portal/DocumentsandForms#b
New Jersey	https://www.njmmis.com/hospitalinfo.aspx
New Mexico	https://www.hsd.state.nm.us/providers/fee-schedules/
New York	https://www.emedny.org/ProviderManuals/Dental/index.aspx
North Carolina	Dental Fee Schedule General 2-10-2022.pdf NC Medicaid (ncdhhs.gov)
North Dakota	https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/2022-adult-dental-fee-schedule.pdf
	https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/2022-child-dental-fee-schedule.pdf
Ohio	https://medicaid.ohio.gov/static/Providers/FeeScheduleRates/Dental/CDT-DentalCodes.pdf
Oklahoma	https://oklahoma.gov/ohca/providers/claim-tools/fee-schedule.html
Oregon	https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx
Pennsylvania	https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx
Rhode Island	https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/dental
South Carolina	https://www.scdhhs.gov/resource/fee-schedules
South Dakota	https://dss.sd.gov/docs/medicaid/providers/feeschedules/Dental_Services_Adult_latest.pdf
	https://dss.sd.gov/docs/medicaid/providers/feeschedules/Dental_Services_Child_latest.pdf
Tennessee	Not Available at this time
Texas	https://public.tmhp.com/FeeSchedules/Default.aspx
Utah	https://health.utah.gov/stplan/lookup/CoverageLookup.php
Vermont	https://dvha.vermont.gov/providers/dental
Virginia	https://www.dmas.virginia.gov/for-providers/dental/for-dentists/
Washington	https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules
West Virginia	https://dhhr.wv.gov/bms/FEES/Documents/Dental%20Fees/Dental%20CY%2023%204-1-23%20to%203-31-24%20website.pdf
Wisconsin	https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx
Wyoming	https://wyomingmedicaid.com/portal/fee-schedules

MEDICAID DENTAL STATE FEE SCHEDULE LEGEND – JUNE, 2023

Acronym	Definition
Any Blank Space	Service is not covered by Medicaid program
By Report	Payment amount determined from submitted documentation
Global	Treatment performed in conjunction with another procedure which is not payable separately
IC	Individual Consideration
MP	Manual Pricing
NA	(Data) Not Available
Varies by Code	Reimbursement rate varies by code