South Dakota Medicaid
Adult Dental Services Fee Schedule

Effective July 1, 2026

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: https://dss.sd.gov/medicaid/providers/billingmanuals/. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Codes listed on this fee schedule may be subject to limitations. Limitations can be found in the Dental Provider Manuals.

Diagnostic

Code	Description	Fee
D0120	Periodic Oral Evaluation - Established Patient	$ 44.47
D0140	Limited Oral Evaluation - Problem Focused	$ 67.93
D0150	Comprehensive Oral Evaluation - New Or Established Patient	$ 67.72
D0160	Detailed And Extensive Oral Evaluation - Problem Focused	$ 47.09

Radiographs

Code	Description	Fee
D0210	Intraoral - Comprehensive Series Of Radiographic Images	$ 144.81
D0220	Intraoral - Periapical First Radiographic Image	$ 24.30
D0230	Intraoral - Periapical Each Additional Radiographic Image	$ 20.18
D0240	Intraoral - Occlusal Radiographic Image	$ 32.77
D0270	Bitewing - Single Radiographic Image	$ 23.17
D0272	Bitewings - Two Radiographic Images	$ 40.95
D0273	Bitewings - Three Radiographic Images	$ 43.37
D0274	Bitewings - Four Radiographic Images	$ 52.16
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	$ 65.03
D0330	Panoramic Radiographic Image	$ 95.89
D0340	2D Cephalometric Radiographic Image	$ 59.47
D0350	2D Oral/Facial Photographic Image	$ 29.11

Preventive

Code	Description	Fee
D1110	Prophylaxis (12 Years Or Older)	$ 73.87

Topical Fluoride Treatment

Code	Description	Fee
D1206	Topical Application Of Fluoride Varnish	$ 33.49
D1208	Topical Application Of Fluoride - Excluding Varnish	$ 33.49

Other Preventative Services

Code	Description	Fee
D1351	Sealant - Per Tooth	$ 44.43
D1353	Sealant Repair - Per Tooth	$ 36.77
D1354	Interim Caries Arresting Medicament (Silver Diamine Fluoride) - Per Tooth	$ 21.95

Amalgam Restorative

Code	Description	Fee
D2140	Amalgam - One Surface, Primary Or Permanent	$ 114.64
D2150	Amalgam - Two Surfaces, Primary Or Permanent	$ 144.59
D2160	Amalgam - Three Surfaces, Primary Or Permanent	$ 168.44
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	$ 206.42

Resin Restorations

Code	Description	Fee
D2330	Resin-Based Composite - One Surface, Anterior	$ 128.61
D2331	Resin-Based Composite - Two Surfaces, Anterior	$ 155.84
D2332	Resin-Based Composite - Three Surfaces, Anterior	$ 188.61
D2335	Resin-Based Composite - Four Or More Surfaces, Anterior	$ 229.69
D2391	Resin-Based Composite - One Surface, Posterior	$ 139.30
D2392	Resin-Based Composite - Two Surfaces, Posterior	$ 173.84
D2393	Resin-Based Composite - Three Surfaces, Posterior	$ 210.49
D2394	Resin-Based Composite - Four Or More Surface, Posterior	$ 242.09

Prosthetics (Crowns)

Code	Description	Fee
D2721	Crown - Resin With Predominantly Base Metal	$ 483.00
D2740	Crown - Porcelain/Ceramic	$ 838.37
D2750	Crown - Porcelain Fused To High Noble Metal	$ 800.10
D2751	Crown - Porcelain Fused To Predominantly Base Metal	$ 767.20
D2752	Crown - Porcelain Fused To Noble Metal	$ 793.80
D2753	Crown - Porcelain Fused To Titanium Or Titanium Alloy	$ 788.20
D2790	Crown - Full Cast High Noble Metal	$ 822.91
D2791	Crown - Full Cast Predominantly Base Metal	$ 679.00
D2792	Crown - Full Cast Noble Metal	$ 767.20
D2794	Crown - Titanium Or Titanium Alloys	$ 683.20
D2910	Recement Inlay/Onlay/Partial Coverage Restoration	$ 73.50
D2920	Recement Crown	$ 82.56
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	$ 93.10
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$ 249.37
D2940	Protective Restoration	$ 97.55
D2950	Core Buildup, Including Any Pins When Required	$ 209.42
D2951	Pin Retention	$ 37.80
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	$ 277.89
D2954	Prefabricated Post And Core In Addition To Crown	$ 223.31
D2976	Band Stabilization - Per Tooth	$ 55.30

Endodontics

Code	Description	Fee
D3221	Pulpal Debridement	$ 156.80
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	$ 821.60
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	$ 916.80
D3921	Decoronation or Submergence of an Erupted Tooth	$ 132.80

Periodontics

Code	Description	Fee
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	$ 304.50
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	$ 163.10
D4240	Gingival Flap Procedure - Four Or More Contiguous Teeth	$ 507.50
D4241	Gingival Flap Procedure - One To Three Contiguous Teeth	$ 250.60
D4260	Osseous Surgery - Four Or More Contiguous Teeth	$ 665.00
D4261	Osseous Surgery - One To Three Contiguous Teeth	$ 394.80
D4270	Pedicle Soft Tissue Graft Procedure	$ 469.00
D4277	Free Soft Tissue Graft Procedure - First Tooth	$ 560.70
D4278	Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth	$ 282.10
D4323	Splint-Extra-Coronal; Natural Teeth or Prosthetic Crowns	$ 200.90
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	$ 200.90
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	$ 151.61
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	$ 128.59
D4355	Full Mouth Debridement	$ 134.74
D4910	Periodontal Maintenance	$ 112.36

Removable Prosthodontics

Code	Description	Fee
D5110	Complete Denture - Maxillary	$ 1,269.80
D5120	Complete Denture - Mandibular	$ 1,269.80
D5130	Immediate Denture - Maxillary	$ 1,316.68
D5140	Immediate Denture - Mandibular	$ 1,316.68
D5211	Maxillary Partial Denture - Resin Based	$ 1,019.57
D5212	Mandibular Partial Denture - Resin Based	$ 1,019.57
D5213	Maxillary Partial Denture - Cast Metal Framework	$ 1,299.24
D5214	Mandibular Partial Denture - Cast Metal Framework	$ 1,299.24
D5225	Maxillary Partial Denture - Flexible Base	$ 1,045.10
D5226	Mandibular Partial Denture - Flexible Base	$ 1,045.10
D5410	Adjust Complete Denture - Maxillary	$ 56.71
D5411	Adjust Complete Denture - Mandibular	$ 56.71
D5421	Adjust Partial Denture - Maxillary	$ 58.10
D5422	Adjust Partial Denture - Mandibular	$ 58.10
D5511	Repair Broken Complete Denture Base, Mandibular	$ 142.10
D5512	Repair Broken Complete Denture Base, Maxillary	$ 142.10
D5520	Replace Missing Or Broken Teeth	$ 116.60
D5611	Repair Resin Partial Denture Base, Mandibular	$ 128.56
D5612	Repair Resin Partial Denture Base, Maxillary	$ 128.56
D5621	Repair Cast Partial Framework, Mandibular	$ 155.05
D5622	Repair Cast Partial Framework, Maxillary	$ 155.05
D5630	Repair Or Replace Broken Clasp - Per Tooth	$ 155.40
D5640	Replace Broken Teeth - Per Tooth	$ 124.60
D5650	Add Tooth To Existing Partial Denture	$ 168.71
D5660	Add Clasp To Existing Partial Denture - Per Tooth	$ 191.80
D5710	Rebase Complete Maxillary Denture	$ 443.10
D5711	Rebase Complete Mandibular Denture	$ 443.10
D5720	Rebase Maxillary Partial Denture	$ 363.30
D5721	Rebase Mandibular Partial Denture	$ 363.30
D5730	Reline Complete Maxillary Denture (Chairside)	$ 238.00
D5731	Reline Complete Mandibular Denture (Chairside)	$ 238.00
D5740	Reline Maxillary Partial Denture (Chairside)	$ 200.20
D5741	Reline Mandibular Partial Denture (Chairside)	$ 200.20
D5750	Reline Complete Maxillary Denture (Laboratory)	$ 386.31
D5751	Reline Complete Mandibular Denture (Laboratory)	$ 386.31
D5760	Reline Maxillary Partial Denture (Laboratory)	$ 355.60
D5761	Reline Mandibular Partial Denture (Laboratory)	$ 355.60
D5765	Soft Liner for Complete or Partial Removable Denture- Indirect	$ 324.80
D5810	Interim Complete Denture (Maxillary)	$ 531.65
D5811	Interim Complete Denture (Mandibular)	$ 531.65
D5820	Interim Partial Denture (Maxillary)	$ 417.81
D5821	Interim Partial Denture (Mandibular)	$ 417.81
D5850	Tissue Conditioning, Maxillary	$ 111.30
D5851	Tissue Conditioning, Mandibular	$ 111.30
D5864	Overdenture – Partial Maxillary - natural tooth borne	$ 1,131.90
D5866	Overdenture – Partial Mandibular - natural tooth borne	$ 1,131.90
D5899	Removable Prosthodontic Procedure, By Report	$ 489.30

Fixed Prosthodontics

See Adult Dental Services Manual for Requirements

Code	Description	Fee
D6205	Pontic-Indirect Resin Based	$ 508.90
D6210	Pontic, Cast High Noble Metal	$ 773.50
D6211	Pontic, Cast Predominantly Base Metal	$ 625.80
D6212	Pontic, Cast Noble Metal	$ 716.80
D6214	Pontic-Indirect Resin Based	$ 616.00
D6240	Pontic, Porcelain Fused to High Noble Me	$ 811.30
D6241	Pontic, Porcelain Fused to Predominantly	$ 766.58
D6242	Pontic, Porcelain Fused to Noble Metal	$ 792.85
D6245	Pontic, Porcelain/Ceramic	$ 857.44
D6250	Pontic, Resin with High Noble Metal	$ 554.40
D6251	Pontic Resin with Predominantly Base Metal	$ 497.00
D6252	Pontic Resin with Noble Metal	$ 533.40
D6545	Cast Metal Retainer, Resin Banded Fixed	$ 501.90
D6548	Retainer, Porc/Ceramic For Resin Bonded Fixed Prosthesis	$ 522.20
D6710	Crown-Indirect Resin Based Composite	$ 508.90
D6720	Crown, Resin with High Noble Metal	$ 554.40
D6721	Crown, Resin with Predominantly Base Metal	$ 497.00
D6722	Crown, Resin with Noble Metal	$ 533.40
D6740	Retainer- Crown- Porcelain/Ceramic	$ 857.44
D6750	Crown, Porcelain Fused to High Noble Metal	$ 811.30
D6751	Crown, Porcelain Fused to Predominately Base Metal	$ 766.58
D6752	Crown, Porcelain Fused to Noble Metal	$ 792.85
D6780	Three Fourth Cast Gold Crown	$ 714.70
D6781	Crown, 3/4 Cast Predominantly Base Metal	$ 546.00
D6782	Crown, 3/4 Cast Noble Metal	$ 590.80
D6783	Crown, 3/4 Porcelain/Ceramic	$ 718.20
D6790	Crown, Full Cast High Noble Metal	$ 784.33
D6791	Crown, Full Cast Predominantly Base Metal	$ 625.80
D6792	Crown, Full Cast Noble Metal	$ 716.80
D6794	Crown (Titanium)	$ 616.00
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	$ 178.87
D6930	Re-Cement Fixed Partial Denture	$ 113.40

Extractions

Code	Description	Fee
D7140	Extraction, Erupted Tooth	$ 141.51
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone	$ 243.47
D7220	Removal Of Impacted Tooth - Soft Tissue	$ 272.52
D7230	Removal Of Impacted Tooth - Partially Bony	$ 384.11
D7240	Removal Of Impacted Tooth - Completely Bony	$ 453.52
D7241	Removal Of Impacted Tooth - Completely Bony, With Complications	$ 482.18
D7250	Removal Of Residual Tooth Roots	$ 225.78
D7251	Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only	$ 284.20

Other Surgical Procedures

Code	Description	Fee
D7260	Oroantral Fistula Closure	$ 388.50
D7270	Tooth Re-Implantation And/Or Stabilization	$ 298.20
D7285	Incisional Biopsy Of Oral Tissue – Hard	$ 181.30
D7286	Incisional Biopsy Of Oral Tissue – Soft	$ 210.70
D7288	Brush Biopsy - Transepithelial Sample Collection	$ 112.00
D7290	Surgical Repositioning Of Teeth	$ 287.70
D7291	Transseptal Fiberotomy, By Report	$ 133.70

Alveoloplasty

Code	Description	Fee
D7310	In Conjunction With Extractions - Four Or More Teeth Per Quadrant	$ 217.99
D7311	In Conjunction With Extractions - One To Three Teeth Per Quadrant	$ 177.63
D7320	Not In Conjunction With Extractions - Four Or More Teeth/Quadrant	$ 214.20
D7321	Not In Conjunction With Extractions - One To Three Teeth/Quadrant	$ 173.60

Vestibuloplasty

Code	Description	Fee
D7340	Uncomplicated (Per Arch)	$ 407.40
D7350	Complicated (Per Arch)	$ 693.70

Excision Of Soft Tissue Lesions

Code	Description	Fee
D7410	Excision Of Benign Lesion Up To 1.25 Cm	$ 219.80
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	$ 273.00

Excision Of Intra-Osseus Lesions

Code	Description	Fee
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	$ 278.60
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm	$ 426.30
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	$ 220.50
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Diameter More Than 1.25 Cm	$ 506.80

Excision Of Bone Tissue

Code	Description	Fee
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	$ 284.20
D7472	Removal Of Torus Palatinus	$ 294.00
D7473	Removal Of Torus Mandibularis	$ 634.35
D7485	Reduction Of Osseous Tuberosity	$ 273.00

Surgical Incision

Code	Description	Fee
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	$ 145.60
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue	$ 139.30
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	$ 161.00
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue	$ 137.90
D7530	Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Tissue	$ 135.80
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal	$ 289.80
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	$ 276.50

Treatment Of Fractures

Code	Description	Fee
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	$ 947.80
D7880	Occlusal Orthotic Device, By Report	$ 541.10
D7881	Occlusal Orthotic Device Adjustment	$ 49.70
D7899	Unspecified Tmd Therapy, By Report	$ 350.00
D7910	Suture Of Recent Small Wounds Up To 5 Cm	$ 151.20

Other Repair Procedures

Code	Description	Fee
D7961	Buccal/Labial Frenectomy (Frenulectomy)	$ 267.11
D7962	Lingual Frenectomy (Frenulectomy)	$ 348.07
D7970	Excision Of Hyperplastic Tissue - Per Arch	$ 217.00
D7971	Excision Of Pericoronal Gingiva	$ 128.10
D7979	Non-Surgical Sialolithotomy	$ 68.60
D7981	Excision Of Salivary Gland	$ 763.00
D7999	Unspecified Oral Surgery Procedure, By Report	70% UCC

Adjunctive General Services

Code	Description	Fee
D9110	Palliative Treatment Of Dental Pain - Minor Procedure	$ 90.30
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	$ 268.21
D9223	Administration of Deep sedation/general anesthesia – each subsequent 15 minute increment or any portion thereof	$ 206.08
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment or any portion thereof	$ 268.21
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment or any increment thereof	$ 206.08
D9230	Administration of Nitrous Oxide	$ 45.34
D9239	Administration of moderate sedation intravenous – first 15 minute increment or any portion thereof	$ 199.42
D9243	Administration of moderate sedation intravenous – each subsequent 15 minute increment or any portion thereof	$ 147.80
D9410	House / Extended Care Facility Call	$ 112.00
D9420	Hospital Or Ambulatory Surgical Center Call	$ 229.27
D9430	Office Visit For Observation - No Other Services	$ 44.80
D9930	Treatment Of Complications (Post-Surgical)	$ 54.60
D9943	Occlusal Guard Adjustment	$ 55.30
D9944	Occlusal Guard - Hard Appliance, Full Arch	$ 351.60
D9945	Occlusal Guard - Soft Appliance, Full Arch	$ 130.20
D9946	Occlusal Guard - Hard Appliance, Partial Arch	$ 282.80

Behavior Management

Code	Description	Fee
D9920	Behavior Management (For Patients With Developmental Disabilities Only)	$ 119.46