SDCL 28-6-1.2 Dental Services Information

The following is an analysis of Medicaid's state fiscal year 2027 dental reimbursement rates. The rates are compared to Medicaid's target reimbursement methodology, market rates, and charges billed by Medicaid providers. The billed charges analysis only includes claims that were billed by dental, were paid in calendar year 2025, and that Medicaid was the primary payer for.

Definitions

"Target Reimbursement" — Information regarding the current methodology used to calculate reimbursement rates.

"Percent of Target" — A comparison of the Medicaid rate to the target reimbursement rate. This is arrived at by dividing the Medicaid rate by the target rate.

"Percent of Average Billed Charges" — A comparison of the Medicaid rate to the average amount billed by providers. This is arrived at by dividing the Medicaid rate by the average amount billed by providers.

"Percent of Market Rates" — A comparison of the Medicaid rate to state Medicaid agency rates for market rate. The is arrived at by dividing the Medicaid rate by the market rates available. Market rate was used when less than 50 claims were paid to Medicaid providers in CY25.

CDT Code	CDT Code Description	SFY27 Rate	Target Reimbusement	CY25 Average Billed Charges to Medicaid	Percent of Target	Percent of Market Rate	Notes
D0120	Periodic Oral Evaluation - Established Patient	$ 44.47	70% Billed Charges	$ 74.02	85.83%	78.02%	
D0140	Limited Oral Evaluation - Problem Focused	$ 67.93	70% Billed Charges	$ 102.64	94.54%	88.22%	
D0145	Oral Evaluation (Patient Under 3)	$ 51.00	70% Billed Charges	$ 91.07	80.00%	87.93%	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	$ 67.72	70% Billed Charges	$ 120.38	80.36%	81.59%	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused	$ 47.09	70% Billed Charges	$ 68.64	98.00%	38.28%	
D0210	Intraoral - Comprehensive Series Of Radiographic Images	$ 144.81	70% Billed Charges	$ 245.08	84.41%	82.28%	
D0220	Intraoral - Periapical First Radiographic Image	$ 24.30	70% Billed Charges	$ 41.93	82.80%	73.64%	
D0230	Intraoral - Periapical Each Additional Radiographic Image	$ 20.18	70% Billed Charges	$ 32.49	88.74%	84.08%	
D0240	Intraoral - Occlusal Radiographic Image	$ 32.77	70% Billed Charges	$ 52.68	88.87%	76.21%	
D0270	Bitewing - Single Radiographic Image	$ 23.17	70% Billed Charges	$ 37.21	88.94%	70.21%	
D0272	Bitewings - Two Radiographic Images	$ 40.95	70% Billed Charges	$ 67.87	86.20%	78.75%	
D0273	Bitewings - Three Radiographic Images	$ 43.37	70% Billed Charges	$ 64.07	96.71%	69.95%	
D0274	Bitewings - Four Radiographic Images	$ 52.16	70% Billed Charges	$ 84.44	88.25%	77.85%	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	$ 65.03	70% Billed Charges	$ 102.41	90.71%	71.46%	
D0330	Panoramic Radiographic Image	$ 95.89	70% Billed Charges	$ 152.28	89.96%	74.34%	
D0340	2D Cephalometric Radiographic Image	$ 59.47	70% Billed Charges	$ 84.96	100.00%	40.74%	
D0350	2D Oral/Facial Photographic Image	$ 29.11	70% Billed Charges	$ 41.58	100.00%	44.78%	
D0470	Diagnostic Casts	$ 55.54	70% Billed Charges	$ 79.34	100.00%	47.07%	
D0601	Caries Risk Assessment And Documentation (Low Risk)	$ 12.79	70% Billed Charges	$ 17.45	83.79%	127.94%	
D0602	Caries Risk Assessment And Documentation (Moderate Risk)	$ 12.79	70% Billed Charges	$ 22.40	83.79%	127.94%	
D0603	Caries Risk Assessment And Documentation (High Risk)	$ 12.79	70% Billed Charges	$ 22.03	83.79%	127.94%	
D1110	Prophylaxis (12 Years Or Older)	$ 73.87	70% Billed Charges	$ 119.97	87.96%	74.61%	
D1120	Prophylaxis (Under 12 Years Old)	$ 54.94	70% Billed Charges	$ 97.75	80.28%	77.37%	
D1206	Topical Application Of Fluoride Varnish	$ 33.49	70% Billed Charges	$ 57.87	83.33%	71.25%	
D1208	Topical Application Of Fluoride - Excluding Varnish	$ 33.49	70% Billed Charges	$ 55.09	83.33%	71.25%	
D1330	Oral Hygiene Instructions (With ABCD Training And Certification)	$ 25.00	70% Billed Charges	$ 33.59	106.32%	49.02%	
D1351	Sealant - Per Tooth	$ 44.43	70% Billed Charges	$ 79.34	80.00%	75.30%	
D1353	Sealant Repair - Per Tooth	$ 36.77	70% Billed Charges	$ 56.05	93.73%	72.10%	
D1354	Interim Caries Arresting Medicament (Silver Diamine Fluoride) - Per Tooth	$ 21.95	70% Billed Charges	$ 39.19	80.00%	84.40%	
D1510	Space Maintainer - Fixed - Unilateral - Per Quadrant	$ 260.07	70% Billed Charges	$ 464.42	80.00%	79.05%	
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	$ 318.85	70% Market Rate	$ 642.05	100.00%	70.54%	Less than 50 Claims
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	$ 318.85	70% Market Rate	$ 655.87	100.00%	69.47%	
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant	$ 189.70	70% Market Rate	$ 329.33	100.00%	70.00%	Less than 50 Claims
D1526	Space Maintainer - Removable - Bilateral, Maxillary	$ 239.05	70% Market Rate	$ 125.00	100.00%	70.72%	Less than 50 Claims
D1527	Space Maintainer - Removable - Bilateral, Mandibular	$ 239.05	70% Market Rate	No Billed Charges	100.00%	69.29%	No Billed Charges
D1551	Re-Cement Bilateral Space Maintainer - Maxillary	$ 61.60	70% Market Rate	$ 59.00	100.00%	70.00%	Less than 50 Claims
D1552	Re-Cement Bilateral Space Maintainer - Mandibular	$ 61.60	70% Market Rate	$ 155.42	100.00%	70.00%	Less than 50 Claims
D1553	Re-Cement Unilateral Space Maintainer - Per Quadrant	$ 43.40	70% Market Rate	$ 160.44	100.00%	70.00%	Less than 50 Claims
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	$ 314.28	70% Billed Charges	$ 561.21	80.00%	97.60%	
D2140	Amalgam - One Surface, Primary Or Permanent	$ 114.64	70% Billed Charges	$ 173.95	94.15%	83.07%	

D2150	Amalgam - Two Surfaces, Primary Or Permanent	$ 144.59	70% Billed Charges	$ 216.32	95.49%	83.58%	
D2160	Amalgam - Three Surfaces, Primary Or Permanent	$ 168.44	70% Billed Charges	$ 245.38	98.06%	79.45%	
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	$ 206.42	70% Billed Charges	$ 305.83	96.42%	79.09%	
D2330	Resin-Based Composite - One Surface, Anterior	$ 128.61	70% Billed Charges	$ 214.38	85.70%	78.90%	
D2331	Resin-Based Composite - Two Surfaces, Anterior	$ 155.84	70% Billed Charges	$ 254.95	87.32%	74.21%	
D2332	Resin-Based Composite - Three Surfaces, Anterior	$ 188.61	70% Billed Charges	$ 297.12	90.68%	73.10%	
D2335	Resin-Based Composite - Four Or More Surfaces, Anterior	$ 229.69	70% Billed Charges	$ 365.76	89.71%	74.82%	
D2390	Resin-Based Composite Crown, Anterior	$ 397.48	70% Billed Charges	$ 709.79	80.00%	101.14%	
D2391	Resin-Based Composite - One Surface, Posterior	$ 139.30	70% Billed Charges	$ 234.00	85.04%	73.70%	
D2392	Resin-Based Composite - Two Surfaces, Posterior	$ 173.84	70% Billed Charges	$ 292.60	84.87%	69.26%	
D2393	Resin-Based Composite - Three Surfaces, Posterior	$ 210.49	70% Billed Charges	$ 342.71	87.74%	68.34%	
D2394	Resin-Based Composite - Four Surfaces, Posterior	$ 242.09	70% Billed Charges	$ 391.73	88.28%	67.06%	
D2721	Crown - Resin With Predominantly Base Metal	$ 483.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D2740	Crown - Porcelain/Ceramic	$ 838.37	70% Billed Charges	$ 1,307.67	91.59%	68.33%	
D2750	Crown - Porcelain Fused To High Noble Metal	$ 800.10	70% Market Rate	$ 1,289.00	100.00%	70.00%	Less than 50 Claims
D2751	Crown - Porcelain Fused To Predominantly Base Metal	$ 767.20	70% Market Rate	$ 1,405.00	100.00%	70.00%	Less than 50 Claims
D2752	Crown - Porcelain Fused To Noble Metal	$ 793.80	70% Market Rate	$ 1,244.47	100.00%	70.00%	Less than 50 Claims
D2753	Crown - Porcelain Fused To Titanium Or Titanium Alloy	$ 788.20	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D2790	Crown - Full Cast High Noble Metal	$ 822.91	70% Market Rate	$ 1,434.00	96.76%	67.73%	Less than 50 Claims
D2791	Crown - Full Cast Predominantly Base Metal	$ 679.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D2792	Crown - Full Cast Noble Metal	$ 767.20	70% Market Rate	$ 1,250.00	100.00%	70.00%	Less than 50 Claims
D2794	Crown - Titanium Or Titanium Alloys	$ 683.20	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D2910	Re-Cement Inlay/Onlay/Partial Coverage Restoration	$ 73.50	70% Market Rate	$ 139.33	100.00%	70.00%	Less than 50 Claims
D2920	Re-Cement Crown	$ 82.56	70% Billed Charges	$ 147.43	80.00%	75.06%	
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	$ 93.10	70% Market Rate	$ 255.44	100.00%	70.00%	Less than 50 Claims
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$ 225.39	70% Billed Charges	$ 400.62	80.37%	75.13%	
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$ 249.37	70% Billed Charges	$ 441.45	80.70%	75.34%	
D2932	Prefabricated Resin Crown	$ 304.05	70% Billed Charges	$ 460.25	94.37%	99.36%	
D2933	Prefabricated Stainless Steel Crown With Resin Window	$ 191.10	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$ 280.30	70% Billed Charges	$ 493.04	81.22%	78.74%	
D2940	Placement Of Interim Direct Restoration	$ 97.55	70% Billed Charges	$ 140.38	99.27%	80.62%	
D2950	Core Buildup, Including Any Pins When Required	$ 209.42	70% Billed Charges	$ 312.63	95.69%	73.22%	
D2951	Pin Retention	$ 37.80	70% Market Rate	$ 61.48	100.00%	70.00%	Less than 50 Claims
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	$ 277.89	70% Market Rate	$ 461.83	100.00%	70.00%	Less than 50 Claims
D2954	Prefabricated Post And Core In Addition To Crown	$ 223.31	70% Billed Charges	$ 352.30	90.55%	62.73%	
D2976	Band Stabilization - Per Tooth	$ 55.30	70% Market Rate	$ 70.00	100.00%	70.00%	Less than 50 Claims
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$ 60.00	80% Market Rate	$ 97.61	100.00%	80.00%	
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$ 56.80	80% Market Rate	$ 108.48	100.00%	80.00%	
D3220	Therapeutic Pulpotomy	$ 153.60	80% Market Rate	$ 311.42	100.00%	80.00%	
D3221	Pulpal Debridement	$ 156.80	80% Market Rate	$ 258.89	100.00%	80.00%	
D3222	Partial Pulpotomy	$ 151.20	80% Market Rate	$ 327.27	100.00%	80.00%	Less than 50 Claims
D3230	Pulpal Therapy - Anterior, Primary Tooth	$ 160.80	80% Market Rate	$ 453.78	100.00%	80.00%	Less than 50 Claims
D3240	Pulpal Therapy - Posterior, Primary Tooth	$ 160.80	80% Market Rate	$ 342.93	100.00%	80.00%	Less than 50 Claims
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	$ 821.60	80% Market Rate	$ 1,003.45	100.00%	80.00%	
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	$ 932.00	80% Market Rate	$ 1,112.15	100.00%	80.00%	
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	$ 1,056.00	80% Market Rate	$ 1,413.33	100.00%	80.00%	
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	$ 916.80	80% Market Rate	$ 1,192.85	100.00%	80.00%	Less than 50 Claims
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	$ 1,020.80	80% Market Rate	$ 1,095.50	100.00%	80.00%	Less than 50 Claims
D3348	Retreatment Of Previous Root Canal Therapy - Molar	$ 1,184.80	80% Market Rate	$ 1,781.67	100.00%	80.00%	Less than 50 Claims
D3351	Apexification/Recalcification - Initial Visit	$ 294.40	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D3352	Apexification/Recalcification - Interim Medication Replacement	$ 213.60	80% Market Rate	$ 213.60	100.00%	80.00%	Less than 50 Claims
D3353	Apexification/Recalcification - Final Visit	$ 400.00	80% Market Rate	$ 413.00	100.00%	80.00%	Less than 50 Claims
D3410	Apicoectomy - Anterior	$ 779.20	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D3421	Apicoectomy - Premolar (First Root)	$ 783.20	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D3425	Apicoectomy - Molar (First Root)	$ 850.40	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D3426	Apicoectomy (Each Additional Root)	$ 307.20	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D3430	Retrograde Filling - Per Root	$ 248.80	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D3921	Decoronation Or Submergence of An Erupted tooth	$ 132.80	80% Market Rate	No Billed Charges	100.00%	80.00%	No Billed Charges
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	$ 304.50	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges

D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	$ 163.10	70% Market Rate	$ 419.50	100.00%	70.00%	Less than 50 Claims
D4240	Gingival Flap Procedure - Four Or More Contiguous Teeth	$ 507.50	70% Market Rate	$ 769.00	100.00%	70.00%	Less than 50 Claims
D4241	Gingival Flap Procedure - One To Three Contiguous Teeth	$ 250.60	70% Market Rate	$ 535.00	100.00%	70.00%	Less than 50 Claims
D4260	Osseous Surgery - Four Or More Contiguous Teeth	$ 665.00	70% Market Rate	$ 1,159.00	100.00%	70.00%	Less than 50 Claims
D4261	Osseous Surgery - One To Three Contiguous Teeth	$ 394.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D4270	Pedicle Soft Tissue Graft Procedure	$ 469.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D4277	Free Soft Tissue Graft Procedure - First Tooth	$ 560.70	70% Market Rate	$ 994.50	100.00%	70.00%	Less than 50 Claims
D4278	Free Soft Tissue Graft Procedure - Each Additional Contiguous Tooth	$ 282.10	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D4323	Splint- Extra-Coronal; Natural Teeth or Prosthetic Crowns	$ 200.90	70% Market Rate	$ 426.14	100.00%	70.00%	Less than 50 Claims
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	$ 200.90	70% Billed Charges	$ 307.61	93.30%	68.57%	
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	$ 151.61	70% Billed Charges	$ 219.64	98.61%	78.55%	
D4346	Inflammation - Full Mouth, After Oral Evaluation	$ 128.59	70% Billed Charges	$ 209.25	87.79%	86.89%	
D4355	Full Mouth Debridement	$ 134.74	70% Billed Charges	$ 220.94	87.12%	65.09%	
D4910	Periodontal Maintenance	$ 112.36	70% Billed Charges	$ 167.68	95.72%	72.02%	
D5110	Complete Denture - Maxillary	$ 1,269.80	70% Billed Charges	$ 1,828.47	98.29%	72.68%	
D5120	Complete Denture - Mandibular	$ 1,269.80	70% Billed Charges	$ 1,869.10	98.29%	72.68%	
D5130	Immediate Denture - Maxillary	$ 1,316.68	70% Billed Charges	$ 1,851.90	100.00%	74.26%	
D5140	Immediate Denture - Mandibular	$ 1,316.68	70% Billed Charges	$ 1,925.52	100.00%	74.26%	
D5211	Maxillary Partial Denture - Resin Based	$ 1,019.57	70% Market Rate	$ 1,453.76	100.00%	82.29%	
D5212	Mandibular Partial Denture - Resin Based	$ 1,019.57	70% Billed Charges	$ 1,458.67	100.00%	82.29%	
D5213	Maxillary Partial Denture - Cast Metal Framework	$ 1,299.24	70% Billed Charges	$ 1,902.24	100.00%	69.07%	
D5214	Mandibular Partial Denture - Cast Metal Framework	$ 1,299.24	70% Billed Charges	$ 1,829.60	100.00%	69.07%	
D5225	Maxillary Partial Denture - Flexible Base	$ 1,045.10	70% Market Rate	$ 1,635.19	100.00%	70.00%	Less than 50 Claims
D5226	Mandibular Partial Denture - Flexible Base	$ 1,045.10	70% Market Rate	$ 1,549.17	100.00%	70.00%	Less than 50 Claims
D5410	Adjust Complete Denture - Maxillary	$ 56.71	70% Billed Charges	$ 76.62	100.00%	67.52%	
D5411	Adjust Complete Denture - Mandibular	$ 56.71	70% Billed Charges	$ 85.10	100.00%	67.52%	
D5421	Adjust Partial Denture - Maxillary	$ 58.10	70% Market Rate	$ 72.36	100.00%	70.00%	Less than 50 Claims
D5422	Adjust Partial Denture - Mandibular	$ 58.10	70% Market Rate	$ 77.28	100.00%	70.00%	Less than 50 Claims
D5511	Repair Broken Complete Denture Base, Mandibular	$ 142.10	70% Market Rate	$ 235.25	100.00%	70.00%	Less than 50 Claims
D5512	Repair Broken Complete Denture Base, Maxillary	$ 142.10	70% Market Rate	$ 249.10	100.00%	70.00%	Less than 50 Claims
D5520	Replace Missing Or Broken Teeth	$ 116.60	70% Billed Charges	$ 203.05	82.03%	71.53%	
D5611	Repair Resin Partial Denture Base, Mandibular	$ 128.56	70% Market Rate	$ 219.41	89.15%	62.41%	Less than 50 Claims
D5612	Repair Resin Partial Denture Base, Maxillary	$ 128.56	70% Market Rate	$ 215.07	89.15%	62.41%	Less than 50 Claims
D5621	Repair Cast Partial Framework, Mandibular	$ 155.05	70% Market Rate	$ 224.50	100.00%	70.48%	Less than 50 Claims
D5622	Repair Cast Partial Framework, Maxillary	$ 155.05	70% Market Rate	No Billed Charges	100.00%	69.53%	No Billed Charges
D5630	Repair Or Replace Broken Retentive/Clasping Materials - Per Tooth	$ 155.40	70% Market Rate	$ 220.88	100.00%	70.00%	Less than 50 Claims
D5640	Replace Missing Or Broken Teeth – Partial Denture – Per tooth	$ 124.60	70% Market Rate	$ 223.69	100.00%	70.00%	Less than 50 Claims
D5650	Add Tooth To Existing Partial Denture - Per Tooth	$ 168.71	70% Billed Charges	$ 262.97	91.65%	76.00%	
D5660	Add Clasp To Existing Partial Denture - Per Tooth	$ 191.80	70% Market Rate	$ 249.37	100.00%	70.00%	Less than 50 Claims
D5710	Rebase Complete Maxillary Denture	$ 443.10	70% Market Rate	$ 625.00	100.00%	70.00%	Less than 50 Claims
D5711	Rebase Complete Mandibular Denture	$ 443.10	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D5720	Rebase Maxillary Partial Denture	$ 363.30	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D5721	Rebase Mandibular Partial Denture	$ 363.30	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D5730	Reline Complete Maxillary Denture (Chairside)	$ 238.00	70% Market Rate	$ 390.80	100.00%	70.00%	Less than 50 Claims
D5731	Reline Complete Mandibular Denture (Chairside)	$ 238.00	70% Market Rate	$ 353.34	100.00%	70.00%	Less than 50 Claims
D5740	Reline Maxillary Partial Denture (Chairside)	$ 200.20	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D5741	Reline Mandibular Partial Denture (Chairside)	$ 200.20	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D5750	Reline Complete Maxillary Denture (Laboratory)	$ 386.31	70% Billed Charges	$ 556.43	100.00%	76.05%	
D5751	Reline Complete Mandibular Denture (Laboratory)	$ 386.31	70% Market Rate	$ 544.95	100.00%	76.05%	
D5760	Reline Maxillary Partial Denture (Laboratory)	$ 355.60	70% Market Rate	$ 537.00	100.00%	70.00%	Less than 50 Claims
D5761	Reline Mandibular Partial Denture (Laboratory)	$ 355.60	70% Market Rate	$ 555.20	100.00%	70.00%	Less than 50 Claims
D5765	Soft Liner for Complete or Partial Removable Denture- Indirect	$ 324.80	70% Market Rate	$ 337.79	100.00%	70.00%	Less than 50 Claims
D5810	Interim Complete Denture (Maxillary)	$ 531.65	70% Market Rate	$ 840.88	100.00%	69.50%	Less than 50 Claims
D5811	Interim Complete Denture (Mandibular)	$ 531.65	70% Market Rate	$ 749.75	100.00%	70.51%	Less than 50 Claims
D5820	Interim Partial Denture (Maxillary)	$ 417.81	70% Billed Charges	$ 680.99	91.63%	71.06%	
D5821	Interim Partial Denture (Mandibular)	$ 417.81	70% Billed Charges	$ 612.84	91.63%	71.06%	
D5850	Tissue Conditioning, Maxillary	$ 111.30	70% Market Rate	$ 194.40	100.00%	70.00%	Less than 50 Claims
D5851	Tissue Conditioning, Mandibular	$ 111.30	70% Market Rate	$ 215.38	100.00%	70.00%	Less than 50 Claims
D5864	Overdenture – Partial Maxillary - natural tooth borne	$ 1,131.90	70% Market Rate	$ 1,200.00	100.00%	69.48%	Less than 50 Claims

D5866	Overdenture – Partial Mandibular - natural tooth borne	$ 1,131.90	70% Market Rate	$ 2,163.50	100.00%	70.52%	Less than 50 Claims
D5899	Removable Prosthodontic Procedure, By Report	$ 489.30	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6205	Pontic-Indirect Resin Based	$ 508.90	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6210	Pontic, Cast High Noble Metal	$ 773.50	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6211	Pontic, Cast Predominantly Base Metal	$ 625.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6212	Pontic, Cast Noble Metal	$ 716.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6214	Pontic-Indirect Resin Based	$ 616.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6240	Pontic, Porcelain Fused to High Noble Me	$ 811.30	70% Market Rate	$ 1,320.00	99.91%	69.94%	Less than 50 Claims
D6241	Pontic, Porcelain Fused to Predominantly	$ 766.58	70% Market Rate	$ 1,137.33	99.92%	69.94%	Less than 50 Claims
D6242	Pontic, Porcelain Fused to Noble Metal	$ 792.85	70% Market Rate	$ 1,200.00	99.88%	69.92%	Less than 50 Claims
D6245	Pontic, Porcelain/Ceramic	$ 857.44	70% Market Rate	$ 1,264.36	99.91%	69.94%	Less than 50 Claims
D6250	Pontic, Resin with High Noble Metal	$ 554.40	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6251	Pontic Resin with Predominantly Base Metal	$ 497.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6252	Pontic Resin with Noble Metal	$ 533.40	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6545	Cast Metal Retainer, Resin Banded Fixed	$ 501.90	70% Market Rate	$ 360.00	100.00%	70.00%	Less than 50 Claims
D6548	Retainer, Porc/Ceramic For Resin Bonded Fixed Prosthesis	$ 522.20	70% Market Rate	$ 733.33	100.00%	70.00%	Less than 50 Claims
D6710	Crown-Indirect Resin Based Composite	$ 508.90	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6720	Crown, Resin with High Noble Metal	$ 554.40	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6721	Crown, Resin with Predominantly Base Metal	$ 497.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6722	Crown, Resin with Noble Metal	$ 533.40	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6740	Retainer- Crown- Porcelain/Ceramic	$ 857.44	70% Market Rate	$ 1,271.11	99.91%	69.94%	
D6750	Crown, Porcelain Fused to High Noble Metal	$ 811.30	70% Market Rate	$ 1,338.33	99.91%	69.94%	Less than 50 Claims
D6751	Crown, Porcelain Fused to Predominately Base Metal	$ 766.58	70% Market Rate	$ 1,197.00	99.92%	69.94%	Less than 50 Claims
D6752	Crown, Porcelain Fused to Noble Metal	$ 792.85	70% Market Rate	$ 1,200.00	99.88%	69.92%	Less than 50 Claims
D6780	Three Fourth Cast Gold Crown	$ 714.70	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6781	Crown, 3/4 Cast Predominantly Base Metal	$ 546.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6782	Crown, 3/4 Cast Noble Metal	$ 590.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6783	Crown, 3/4 Porcelain/Ceramic	$ 718.20	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6790	Crown, Full Cast High Noble Metal	$ 784.33	70% Market Rate	No Billed Charges	99.86%	69.90%	No Billed Charges
D6791	Crown, Full Cast Predominantly Base Metal	$ 625.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6792	Crown, Full Cast Noble Metal	$ 716.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6794	Crown (Titanium)	$ 616.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	$ 178.87	70% Market Rate	No Billed Charges	99.82%	69.87%	No Billed Charges
D6930	Re-Cement Fixed Partial Denture	$ 113.40	70% Market Rate	$ 261.78	100.00%	70.00%	Less than 50 Claims
D7111	Extraction, Coronal Remnants - Primary Tooth	$ 104.61	70% Billed Charges	$ 159.90	93.46%	91.76%	
D7140	Extraction, Erupted Tooth	$ 141.51	70% Billed Charges	$ 234.74	86.12%	88.44%	
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone	$ 243.47	70% Billed Charges	$ 347.82	100.00%	86.34%	
D7220	Removal Of Impacted Tooth - Soft Tissue	$ 272.52	70% Billed Charges	$ 400.28	97.26%	87.63%	
D7230	Removal Of Impacted Tooth - Partially Bony	$ 384.11	70% Billed Charges	$ 577.03	95.09%	96.75%	
D7240	Removal Of Impacted Tooth - Completely Bony	$ 453.52	70% Billed Charges	$ 672.13	96.39%	95.28%	
D7241	Removal Of Impacted Tooth - Completely Bony, With Complications	$ 482.18	70% Billed Charges	$ 861.03	80.00%	85.19%	
D7250	Removal Of Residual Tooth Roots	$ 225.78	70% Billed Charges	$ 358.36	90.01%	80.35%	
D7251	Coronectomy - Intentional Partial Tooth Removal, Impacted Teeth Only	$ 284.20	70% Market Rate	$ 676.36	100.00%	70.00%	Less than 50 Claims
D7260	Oroantral Fistula Closure	$ 388.50	70% Market Rate	$ 525.00	100.00%	70.00%	Less than 50 Claims
D7270	Tooth Re-Implantation And/Or Stabilization	$ 298.20	70% Market Rate	$ 570.95	100.00%	70.00%	Less than 50 Claims
D7280	Exposure Of An Unerupted Tooth	$ 457.35	70% Billed Charges	$ 747.82	87.37%	110.74%	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	$ 197.36	70% Billed Charges	$ 320.91	87.86%	66.01%	
D7285	Incisional Biopsy Of Oral Tissue – Hard	$ 181.30	70% Market Rate	$ 583.19	100.00%	70.00%	Less than 50 Claims
D7286	Incisional Biopsy Of Oral Tissue – Soft	$ 210.70	70% Market Rate	$ 498.40	100.00%	70.00%	Less than 50 Claims
D7288	Brush Biopsy - Transepithelial Sample Collection	$ 112.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7290	Surgical Repositioning Of Teeth	$ 287.70	70% Market Rate	$ 702.50	100.00%	70.00%	Less than 50 Claims
D7291	Transseptal Fiberotomy, By Report	$ 133.70	70% Market Rate	$ 78.00	100.00%	70.00%	Less than 50 Claims
D7310	In Conjunction With Extractions - Four Or More Teeth Per Quadrant	$ 217.99	70% Billed Charges	$ 311.42	100.00%	78.41%	
D7311	In Conjunction With Extractions - One To Three Teeth Per Quadrant	$ 177.63	70% Billed Charges	$ 253.75	100.00%	69.12%	
D7320	Not In Conjunction With Extractions - Four Or More Teeth/Quadrant	$ 214.20	70% Market Rate	$ 627.98	100.00%	70.00%	Less than 50 Claims
D7321	Not In Conjunction With Extractions - One To Three Teeth/Quadrant	$ 173.60	70% Market Rate	$ 346.20	100.00%	70.00%	Less than 50 Claims
D7340	Uncomplicated (Per Arch)	$ 407.40	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7350	Complicated (Per Arch)	$ 693.70	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7410	Excision Of Benign Lesion Up To 1.25 Cm	$ 219.80	70% Market Rate	$ 558.21	100.00%	70.00%	Less than 50 Claims

D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	$ 273.00	70% Market Rate	$ 780.99	100.00%	70.00%	Less than 50 Claims
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Diameter Up To 1.25 Cm	$ 278.60	70% Market Rate	$ 1,206.90	100.00%	70.00%	Less than 50 Claims
D7451	Cm	$ 426.30	70% Market Rate	$ 1,586.33	100.00%	70.00%	Less than 50 Claims
D7460	Cm	$ 220.50	70% Market Rate	$ 519.33	100.00%	70.00%	Less than 50 Claims
D7461	1.25 Cm	$ 506.80	70% Market Rate	$ 1,176.00	100.00%	70.00%	Less than 50 Claims
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	$ 284.20	70% Market Rate	$ 1,326.65	100.00%	70.00%	Less than 50 Claims
D7472	Removal Of Torus Palatinus	$ 294.00	70% Market Rate	$ 1,641.00	100.00%	70.00%	Less than 50 Claims
D7473	Removal Of Torus Mandibularis	$ 634.35	70% Billed Charges	$ 1,132.77	80.00%	114.09%	
D7485	Reduction Of Osseous Tuberosity	$ 273.00	70% Market Rate	$ 1,205.00	100.00%	70.00%	Less than 50 Claims
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	$ 145.60	70% Market Rate	$ 483.33	100.00%	70.00%	Less than 50 Claims
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue	$ 139.30	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	$ 161.00	70% Market Rate	$ 167.44	100.00%	70.00%	Less than 50 Claims
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue	$ 137.90	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7530	Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Tissue	$ 135.80	70% Market Rate	$ 168.57	100.00%	70.00%	Less than 50 Claims
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal	$ 289.80	70% Market Rate	$ 939.00	100.00%	70.00%	Less than 50 Claims
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	$ 276.50	70% Market Rate	$ 486.24	100.00%	70.00%	Less than 50 Claims
D7771	Alveolus, Closed Reduction Stabilization Of Teeth	$ 947.80	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7880	Occlusal Orthotic Device, By Report	$ 541.10	70% Market Rate	$ 679.67	100.00%	70.00%	Less than 50 Claims
D7881	Occlusal Orthotic Device Adjustment	$ 49.70	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7899	Unspecified Tmd Therapy, By Report	$ 350.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7910	Suture Of Recent Small Wounds Up To 5 Cm	$ 151.20	70% Market Rate	$ 113.00	100.00%	70.00%	Less than 50 Claims
D7961	Buccal/labial frenectomy (frenulectomy)	$ 267.11	70% Billed Charges	$ 457.82	83.35%	63.45%	
D7962	Lingual frenectomy (frenulectomy)	$ 348.07	70% Billed Charges	$ 513.48	96.84%	82.68%	
D7963	Frenuloplasty	$ 266.00	70% Market Rate	$ 750.00	100.00%	70.00%	Less than 50 Claims
D7970	Excision Of Hyperplastic Tissue - Per Arch	$ 217.00	70% Market Rate	$ 882.75	100.00%	70.00%	Less than 50 Claims
D7971	Excision Of Pericoronal Gingiva	$ 128.10	70% Market Rate	$ 289.41	100.00%	70.00%	Less than 50 Claims
D7979	Non-Surgical Sialolithotomy	$ 68.60	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7981	Excision Of Salivary Gland	$ 763.00	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D7999	Unspecified Oral Surgery Procedure, By Report	70% UCC	70% UCC	$ 236.00	100.00%	NA	Less than 50 Claims
D8020	Limited Treatment Of The Transitional Dentition	$ 2,457.41	70% Market Rate	$ 4,485.64	125.07%	87.55%	
D8030	Limited Treatment Of The Adolescent Dentition	$ 1,790.82	70% Market Rate	$ 3,428.33	105.19%	73.64%	Less than 50 Claims
D8040	Limited Treatment Of The Adult Dentition	$ 2,061.38	70% Market Rate	No Billed Charges	101.62%	71.13%	No Billed Charges
D8070	Comprehensive Treatment Of The Transitional Dentition	$ 4,553.39	70% Market Rate	$ 2,217.45	116.34%	81.44%	Less than 50 Claims
D8080	Comprehensive Treatment Of The Adolescent Dentition	$ 5,205.21	70% Market Rate	$ 2,546.00	125.78%	88.04%	
D8090	Comprehensive Treatment Of The Adult Dentition	$ 5,637.70	70% Market Rate	$ 2,935.59	133.56%	93.49%	
D8091	Comprehensive Orthodontic Rreatment With Orthognathic Surgery	$ 6,483.35	70% Market Rate	No Billed Charges	139.63%	97.74%	No Billed Charges
D8210	Removable Appliance Therapy	$ 611.39	70% Market Rate	$ 869.33	105.23%	73.66%	Less than 50 Claims
D8220	Fixed Appliance Therapy	$ 874.48	70% Market Rate	$ 983.00	106.77%	74.74%	Less than 50 Claims
D8695	Removal Of Fixed Orthodontic Appliance	$ 59.72	70% Market Rate	$ 180.25	120.16%	84.11%	Less than 50 Claims
D8696	Repair Of Orthodontic Appliance - Maxillary	$ 76.98	70% Market Rate	No Billed Charges	103.75%	71.95%	No Billed Charges
D8697	Repair Of Orthodontic Appliance - Mandibular	$ 76.98	70% Market Rate	No Billed Charges	103.75%	73.32%	No Billed Charges
D8698	Re-cement or re-bond fixed retainer - maxillary	$ 104.20	70% Market Rate	$ 114.50	112.77%	78.94%	Less than 50 Claims
D8699	Re-cement or re-bond fixed retainer - mandibular	$ 104.20	70% Market Rate	$ 95.06	112.77%	78.94%	Less than 50 Claims
D8703	Replacement Of Lost Or Broken Retainer - Maxillary	$ 200.31	70% Market Rate	$ 180.89	106.77%	74.74%	Less than 50 Claims
D8704	Replacement Of Lost Or Broken Retainer - Mandibular	$ 200.31	70% Market Rate	$ 223.13	106.77%	74.74%	Less than 50 Claims
D8999	Unspecified Orthodontic Procedure, By Report	$ 373.71	70% Market Rate	$ 410.17	106.77%	74.74%	Less than 50 Claims
D9110	Palliative Treatment Of Dental Pain - Minor Procedure	$ 90.30	70% Market Rate	$ 164.64	100.00%	70.00%	
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	$ 268.21	70% Billed Charges	$ 388.55	98.61%	116.11%	
D9223	Administration of Deep sedation/general anesthesia – each subsequent 15 minute increment or any portion thereof	$ 206.08	70% Billed Charges	$ 309.80	95.03%	167.55%	
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment or any portion thereof	$ 268.21	70% Market Rate	No Billed Charges	168.05%	117.64%	No Billed Charges
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment or any increment thereof	$ 206.08	70% Market Rate	No Billed Charges	243.31%	170.32%	No Billed Charges
D9230	Administration of Nitrous Oxide	$ 45.34	70% Billed Charges	$ 71.14	91.04%	76.84%	
D9239	Administration of moderate sedation intravenous – first 15 minute increment or any portion thereof	$ 199.42	70% Billed Charges	$ 298.34	95.49%	81.73%	

D9243	Administration of moderate sedation intravenous – each subsequent 15 minute increment or any portion thereof	$ 147.80	70% Billed Charges	$ 215.41	98.02%	108.68%	
D9410	House / Extended Care Facility Call	$ 112.00	70% Market Rate	$ 136.55	100.00%	70.00%	Less than 50 Claims
D9420	Hospital Or Ambulatory Surgical Center Call	$ 229.27	70% Billed Charges	$ 355.10	92.23%	69.26%	
D9430	Office Visit For Observation - No Other Services	$ 44.80	70% Market Rate	$ 77.06	100.00%	70.00%	
D9930	Treatment Of Complications (Post-Surgical)	$ 54.60	70% Market Rate	$ 119.45	100.00%	70.00%	Less than 50 Claims
D9943	Occlusal Guard Adjustment	$ 55.30	70% Market Rate	No Billed Charges	100.00%	70.00%	No Billed Charges
D9944	Occlusal Guard - Hard Appliance, Full Arch	$ 351.60	70% Billed Charges	$ 502.29	100.00%	48.36%	
D9945	Occlusal Guard - Soft Appliance, Full Arch	$ 130.20	70% Market Rate	$ 244.92	100.00%	70.00%	Less than 50 Claims
D9946	Occlusal Guard - Hard Appliance, Partial Arch	$ 282.80	70% Market Rate	$ 431.33	100.00%	70.00%	Less than 50 Claims
D9920	Behavior Management (For Patients With Developmental Disabilities Only)	$ 119.46	70% Billed Charges	$ 142.48	119.78%	99.55%	