

Dec. 7, 2022
 MB# 22-032

MEDICAID BULLETIN

TO: Dental Providers

SUBJECT: State Plan Dental Rates Increases

The South Carolina Department of Health and Human Services (SCDHHS) is updating the rates for selected State Plan dental services rendered on or after Jan. 1, 2023, to Healthy Connections Medicaid members who are under 21 years of age or who are enrolled in the Intellectual Disability and Related Disabilities (ID/RD) waiver. These rates apply only to providers enrolled in Healthy Connections Medicaid Program as a “dental” provider type.

STATE PLAN DENTAL SERVICES Preventive Dental Benefit

PROCEDURE CODE	Description	Current Rate	New Rate
D0120	Periodic oral evaluation - established patient	\$23.00	\$24.00
D0140	Limited oral evaluation - problem focused	\$38.50	\$39.00
D0145	Oral evaluation for a patient under three years of age	\$36.00	\$63.00
D0150	Comprehensive oral evaluation - new or established patient	\$40.50	\$42.00
D0160	Detailed and extensive oral evaluation - problem focused	\$74.00	\$75.00
D0210	Intraoral - comprehensive series of radiographic images	\$50.09	\$56.00
D0220	Intraoral - periapical first radiographic image	\$12.83	\$13.00
D0230	Intraoral - periapical each additional radiographic image	\$10.39	\$11.00
D0240	Intraoral - occlusal radiographic image	\$18.94	\$21.00
D0270	Bitewing - single radiographic image	\$12.22	\$12.50
D0272	Bitewings - two radiographic images	\$18.94	\$19.00
D0274	Bitewings - four radiographic images	\$27.51	\$28.00
D0330	Panoramic radiographic image	\$50.09	\$50.50
D1110	Prophylaxis - adult	\$50.40	\$50.50
D1120	Prophylaxis - child	\$34.80	\$35.00
D1206	Topical application of fluoride varnish	\$16.20	\$16.50
D1208	Topical application of fluoride - excluding varnish	\$16.20	\$16.50
D1354	Application of caries arresting medicament - per tooth	\$10.00	\$15.00
D1510	Space maintainer - fixed, unilateral - per quadrant	\$172.80	\$173.00



D1516	Space maintainer - fixed - bilateral, maxillary	\$242.40	\$243.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$242.40	\$243.00
D2140	Amalgam - one surface, primary or permanent	\$61.09	\$65.00
D2150	Amalgam - two surfaces, primary or permanent	\$79.42	\$80.00
D2160	Amalgam - three surfaces, primary or permanent	\$95.91	\$98.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$116.68	\$118.00
D2330	Resin-based composite - one surface, anterior	\$68.42	\$100.00
D2331	Resin-based composite - two surfaces, anterior	\$86.75	\$100.00
D2335	Resin-based composite - four or more surfaces	\$125.85	\$135.00
D2390	Resin-based composite crown, anterior	\$152.73	\$153.00
D2391	Resin-based composite - one surface, posterior	\$80.03	\$110.00
D2392	Resin-based composite - two surfaces, posterior	\$104.46	\$110.00
D2393	Resin-based composite - three surfaces, posterior	\$129.51	\$135.00
D2394	Resin-based composite - four or more surfaces, posterior	\$158.83	\$175.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$126.46	\$140.00
D2930	Prefabricated stainless steel crown - primary tooth	\$126.46	\$140.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$142.96	\$145.00
D2932	Prefabricated resin crown	\$152.73	\$153.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$126.46	\$135.00
D2950	Core buildup, including any pins when required	\$120.96	\$135.00
D2951	Pin retention - per tooth, in addition to restoration	\$27.50	\$39.50
D2954	Prefabricated post and core in addition to crown	\$152.73	\$153.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$81.86	\$85.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$346.38	\$385.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$423.36	\$465.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$546.76	\$560.00
D5110	Complete denture - maxillary	\$659.17	\$660.00
D5120	Complete denture - mandibular	\$659.17	\$660.00
D5211	Maxillary partial denture - resin base	\$556.54	\$565.00
D5212	Mandibular partial denture - resin base	\$646.33	\$650.00
D5511	Repair broken complete denture base, mandibular	\$72.09	\$83.00
D5512	Repair broken complete denture base, maxillary	\$72.09	\$83.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$59.87	\$75.00
D5611	Repair resin partial denture base, mandibular	\$78.20	\$81.00
D5612	Repair resin partial denture base, maxillary	\$78.20	\$81.00
D5640	Replace broken teeth - per tooth	\$65.98	\$66.00
D7111	Extraction, coronal remnants - primary tooth	\$66.60	\$67.00
D7140	Extraction, erupted tooth or exposed root (simple)	\$88.80	\$143.40
D7220	Removal of impacted tooth - soft tissue	\$179.40	\$240.00
D7230	Removal of impacted tooth - partially bony	\$238.80	\$240.00
D7240	Removal of impacted tooth - completely bony	\$280.80	\$281.00
D7241	Removal of impacted tooth – bony, with unusual surgical complication	\$352.80	\$355.00
D7250	Removal of residual tooth roots (cutting procedure)	\$151.20	\$155.00
D9222	Deep sedation/general anesthesia - first 15 minutes	\$90.24	\$94.00

D9223	Deep sedation/general anesthesia - each subsequent 15 min	\$90.24	\$94.00
D9239	Intravenous moderate sedation/analgesia- first 15 minutes	\$74.00	\$88.00
D9243	Intravenous moderate sedation/analgesia - each subsequent 15 min	\$74.00	\$88.00
D9248	Non-intravenous conscious sedation	\$65.80	\$75.00
D9310	Consultation – from referral by dentist or physician	\$62.00	\$63.00
D9420	Hospital or ambulatory surgical center call	\$87.50	\$88.00
D9920	Behavior management	\$51.70	\$52.00

The updated dental rates will be published on SCDHHS' Dental Fee Schedule [available on the agency's website](#) by Jan. 1, 2023.

For questions about this Medicaid bulletin, please contact the DentaQuest Provider Service Center at (888) 307-6553 or carolinaproviders@dentaquest.com.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Robert M. Kerr