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# PUBLIC NOTICE

## Public Notice of Final Action for Setting Payment Rates for Dental Services

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following actions regarding its methods and standards for setting payment rates for dental services under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for services provided on or after July 1, 2024, SCDHHS will amend the South Carolina Title XIX State Plan to update the reimbursement rates for the State Plan covered dental services delivered to beneficiaries who are under 21 years of age as follows:

### STATE PLAN DENTAL SERVICES PREVENTIVE DENTAL BENEFIT

PROCEDURE CODE	Description	Current Rate	New Rate
D0120	Periodic oral evaluation - established patient	\$24	\$28
D0140	Limited oral evaluation - problem focused	\$39	\$40
D0145	Oral evaluation for a patient under three years of age	\$63	\$70
D0150	Comprehensive oral evaluation - new or established patient	\$42	\$49
D0160	Detailed and extensive oral evaluation - problem focused	\$75	\$90
D0210	Intraoral - comprehensive series of radiographic images	\$56	\$85
D0220	Intraoral - periapical first radiographic image	\$13	\$15
D0230	Intraoral - periapical each additional radiographic image	\$11	\$13
D0270	Bitewing - single radiographic image	\$12.50	\$15
D0272	Bitewings - two radiographic images	\$19	\$21
D0274	Bitewings - four radiographic images	\$28	\$32
D0330	Panoramic radiographic image	\$50.50	\$63
D1110	Prophylaxis - adult	\$50.50	\$56
D1120	Prophylaxis - child	\$35	\$38
D1206	Topical application of fluoride varnish	\$16.50	\$19
D1208	Topical application of fluoride - excluding varnish	\$16.50	\$19
D1351	Sealant - per tooth	\$30	\$33
D1510	Space maintainer - fixed, unilateral - per quadrant	\$173	\$190
D1516	Space maintainer - fixed - bilateral, maxillary	\$243	\$270
D1517	Space maintainer - fixed - bilateral, mandibular	\$243	\$270
D2330	Resin-based composite - one surface, anterior	\$100	\$120
D2331	Resin-based composite - two surfaces, anterior	\$100	\$120

D2332	Resin-based composite - three surfaces, anterior	\$106.30	\$130
D2335	Resin-based composite - four or more surfaces	\$135	\$160
D2390	Resin-based composite crown, anterior	\$153	\$250
D2391	Resin-based composite - one surface, posterior	\$110	\$117
D2392	Resin-based composite - two surfaces, posterior	\$110	\$118
D2393	Resin-based composite - three surfaces, posterior	\$135	\$152
D2394	Resin-based composite - four or more surfaces, posterior	\$175	\$200
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$140	\$183
D2930	Prefabricated stainless steel crown - primary tooth	\$140	\$147
D2931	Prefabricated stainless steel crown - permanent tooth	\$145	\$180
D2932	Prefabricated resin crown	\$153	\$176
D2934	Prefabricated esthetic coated stainless-steel crown - primary tooth	\$135	\$175
D2950	Core buildup, including any pins when required	\$135	\$150
D2951	Pin retention - per tooth, in addition to restoration	\$39.50	\$50
D2954	Prefabricated post and core in addition to crown	\$153	\$175
D3220	Therapeutic pulpotomy (excluding final restoration)	\$85	\$96
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$385	\$440
D3320	Endodontic therapy, premolar tooth (excl. final restoration)	\$465	\$501
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$560	\$600
D5110	Complete denture - maxillary	\$660	\$720
D5120	Complete denture - mandibular	\$660	\$720
D5211	Maxillary partial denture - resin base	\$565	\$700
D5212	Mandibular partial denture - resin base	\$650	\$700
D5511	Repair broken complete denture base, mandibular	\$83	\$90
D5512	Repair broken complete denture base, maxillary	\$83	\$90
D5520	Replace missing broken teeth - complete denture (each tooth)	\$75	\$90
D5611	Repair resin partial denture base, mandibular	\$81	\$85
D5612	Repair resin partial denture base, maxillary	\$81	\$85
D5640	Replace broken teeth - per tooth	\$66	\$92
D7111	Extraction, coronal remnants - primary tooth	\$67	\$68
D7140	Extraction, erupted tooth or exposed root (simple)	\$143.40	\$144
D7210	Extraction, erupted tooth requiring removal of bone (surgical)	\$143.40	\$144
D7220	Removal of impacted tooth - soft tissue	\$240	\$242
D7230	Removal of impacted tooth - partially bony	\$240	\$242
D7240	Removal of impacted tooth - completely bony	\$281	\$285
D7241	Removal of impacted tooth – bony, with unusual complication	\$355	\$360
D7250	Removal of residual tooth roots (cutting procedure)	\$155	\$165
D9222	Deep sedation/general anesthesia - first 15 minutes	\$94	\$270
D9223	Deep sedation/general anesthesia - each subsequent 15 min	\$94	\$95
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$32.50	\$35
D9239	Intravenous moderate sedation/analgesia- first 15 minutes	\$88	\$120
D9243	Intravenous moderate sedation/analgesia - each 15 min	\$88	\$90
D9248	Non-intravenous conscious sedation	\$75	\$109

<b>D9310</b>	Consultation – from referral by dentist or physician	\$63	\$76
<b>D9420</b>	Hospital or ambulatory surgical center call	\$88	\$98
<b>D9920</b>	Behavior management	\$52	\$71

SCDHHS is updating rates to support the provider network and ensure access to care for these services.

Based on the action noted above, SCDHHS anticipates a budget impact of approximately \$19.6 million (total dollars) per year.

Copies of this notice are available at each South Carolina Healthy Connections Medicaid county office and at [www.scdhhs.gov](http://www.scdhhs.gov) for public review. Additional information regarding these actions is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Bureau of Policy, 1801 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9 a.m. and 5 p.m.

Robert M. Kerr  
Director

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If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html> .