

Dec. 30, 2025
MB# 25-042

MEDICAID BULLETIN

TO: Dental Providers

SUBJECT: Dental Services Policy Updates

Effective for dates of service on or after Jan. 1, 2026, the South Carolina Department of Health and Human Services (SCDHHS) will update certain State Plan general anesthesia and moderate sedation services administered by dental providers who hold the appropriate dental sedation permit issued by the authorizing licensing board. These changes are needed to comply with the 2026 American Dental Association (ADA), Current Dental Terminology (CDT™)¹ code updates received from the Centers for Medicare and Medicaid Services in December 2025.

These policy updates will be published in the [Dental Services provider manual](#) by Jan. 1, 2026.

Criteria, limitations and reimbursement rates for these CDT codes are included below.

2026 CDT Code Updates

SCDHHS will update procedure codes and add coverage for the general anesthesia and moderate sedation services listed in the table below. These services are reimbursable for full-benefit Healthy Connections Medicaid members as follows:

- For Healthy Connections Medicaid members up to 21 years of age and for members who are enrolled in the Intellectual Disability and Related Disabilities (ID/RD) waiver program, these services are covered when administered by any dental provider with the appropriate dental sedation permit.
- For members aged 21 years or older who are not enrolled in the ID/RD waiver these services are covered with the limitations below:
 - Medically necessary in-office dental sedation services, administered to any Medicaid member aged 21 or older, are allowed ONLY for treatment by an oral surgeon.
 - Medically necessary in-office dental sedation services, administered by any dental provider with the appropriate dental sedation permit, are allowed ONLY when administered to Healthy Connections members aged 21 years and older that have a special needs diagnosis.

^[1] Current Dental Terminology © 2025 American Dental Association. All rights reserved

Code	Description	Criteria and Limitations	Rate (Children & ID/RD Waiver)	Rate (Adult)
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof	Allowed one unit of D9224 per one day per patient. Not allowed in conjunction with D9222, D9223, D9230, D9239, D9243, D9244, D9245, D9246, D9247 or D9920.	\$270	\$90.24
D9225	Administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof	Allowed up to five units of D9225 per one day per patient. Allowed with D9224 only. Not allowed in conjunction with D9222, D9223, D9230, D9239, D9243, D9244, D9245, D9246, D9247 or D9920.	\$95	\$90.24
D9244	In-office administration of minimal sedation – single drug – enteral	Allowed one unit of D9244 per one day per patient. Not allowed in conjunction with D9222, D9223, D9224, D9225, D9230, D9239, D9243, D9245, D9246, D9247 or D9920.	\$144	\$98.30
D9245	Administration of moderate sedation – enteral	Allowed one unit of D9245 per one day per patient. Not allowed in conjunction with D9222, D9223, D9224, D9225, D9230, D9239, D9243, D9244, D9246, D9247 or D9920.	\$144	\$98.30
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15-minute increment, or any portion thereof	Allowed one unit of D9246 per one day per patient. Not allowed in conjunction with D9222, D9223, D9224, D9225, D9230, D9239, D9243, D9244, D9245 or D9920.	\$130	\$85
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof	Allowed one unit of D9247 per one day per patient. Allowed in conjunction with D9246 only. Not allowed in conjunction with D9222, D9223, D9224, D9225, D9230, D9239, D9243, D9244, D9245 or D9920.	\$14	\$13.30

Additional Coverage Updates

SCDHHS will also add coverage for the following orthodontic services under the Early Periodic Diagnostic and Treatment benefit when rendered to full-benefit Healthy Connections Medicaid members up to 21 years of age.

These services will be subject to prior authorization requests.

Code	Nomenclature	Prior Authorization	Criteria and Limitations	Rate
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Yes	Allowed one of D8070, D8080, or D8091 per lifetime, per patient.	\$2,400
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Yes	Allowed for comprehensive treatment. Allowed two D8670 or two D8671 per case (at one-third and two-thirds through the course of comprehensive treatment). Not allowed within five months of D8070, or D8080 or D8091. Not allowed within five months of D8670 or D8671.	\$1,000

Providers should direct any questions related to this bulletin to 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/
Eunice Medina