

State of Idaho
Medicaid Dental Fee Schedule

CDT	Description	Fees As Of	Fees As Of
		07.01.2023	07.01.2023
		Basic Children and Enhanced Children Participants	Aged and Disabled Waiver and Developmentally Disabled Waiver Participants
0120	Periodic Oral Evaluation - established patient	\$20.53	\$32.22
0140	Limited oral evaluation - problem focused	\$27.15	\$27.15
0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$27.90	\$0.00
0150	Comprehensive oral evaluation - new or established patient	\$29.19	\$40.88
0160	Detailed and extensive oral evaluation- problem focused, by report	\$41.31	\$0.00
0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$26.79	\$0.00
0210	Intraoral - complete series of radiographic images	\$59.17	\$59.17
0220	Intraoral - periapical first radiographic image	\$10.51	\$22.20
0230	Intraoral - periapical each additional radiographic image	\$9.48	\$21.17
0240	Intraoral - occlusal radiographic image	\$8.70	\$0.00
0270	Bitewing - single radiographic image	\$8.93	\$8.93
0272	Bitewings - two radiographic images	\$17.16	\$15.87
0273	Bitewings - three radiographic images	\$20.84	\$20.84
0274	Bitewings - four radiographic images	\$25.11	\$36.80
0277	Vertical bitewings - 7 to 8 radiographic images	\$55.57	\$55.57
0330	Panoramic radiographic image	\$39.69	\$39.69
0999	Unspecified diagnostic procedure, by report	MP	MP
1110	Prophylaxis - adult	\$42.97	\$54.66
1120	Prophylaxis - child	\$30.46	\$0.00
1206	Topical application of fluoride varnish	\$14.84	\$0.00
1208	Topical application of fluoride - excluding varnish	\$14.84	\$26.53
1351	Sealant - per tooth	\$22.12	\$0.00
1352	Preventive Resin Restoration	\$20.83	\$0.00
1354	Interim caries arresting medicament application per tooth	\$17.00	\$17.00
1510	Space maintainer - fixed - unilateral	\$103.20	\$0.00
1516	Space maintainer - fixed - bilateral, maxillary	\$130.98	\$0.00
1517	Space maintainer - fixed - bilateral, mandibular	\$130.98	\$0.00
1520	Space maintainer - removable - unilateral	\$76.41	\$0.00
1526	Space maintainer - removable - bilateral, maxillary	\$140.90	\$0.00
1527	Space maintainer - removable - bilateral, mandibular	\$140.90	\$0.00
1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$19.85	\$0.00
1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$19.85	\$0.00
1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$19.85	\$0.00
1575	Distal shoe space maintainer - fixed - unilateral	\$103.20	\$0.00
1781	Vaccine administration - human papillomavirus - Dose 1	\$131.73	\$0.00
1782	Vaccine administration - human papillomavirus - Dose 2	\$128.75	\$0.00
1783	Vaccine administration - human papillomavirus - Dose 3	\$216.81	\$0.00
1999	Unspecified preventive procedure, by report	MP	MP
2140	Amalgam - one surface, primary or permanent	\$51.25	\$51.25
2150	Amalgam - two surfaces, primary or permanent	\$67.22	\$67.22
2160	Amalgam - three surfaces, primary or permanent	\$79.22	\$79.22
2161	Amalgam - four or more surfaces, primary or permanent	\$70.15	\$70.15
2330	Resin-based composite - one surface, anterior	\$66.56	\$66.56
2331	Resin-based composite - two surfaces, anterior	\$86.53	\$86.53
2332	Resin-based composite - three surfaces, anterior	\$105.17	\$105.17
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$94.20	\$94.20
2391	Resin-based composite - one surface, posterior, primary	\$51.25	\$39.42
2391	Resin-based composite - one surface, posterior, permanent	\$58.45	\$70.14
2392	Resin-based composite - two surfaces, posterior, primary	\$67.22	\$51.71
2392	Resin-based composite - two surfaces, posterior, permanent	\$76.27	\$87.96
2393	Resin-based composite - three surfaces, posterior, primary	\$79.22	\$60.94
2393	Resin-based composite - three surfaces, posterior, permanent	\$88.36	\$88.36
2394	Resin-based composite - four or more surfaces, posterior	\$70.15	\$101.72
2710	Crown - resin-based composite (indirect)	\$233.18	\$0.00

2721	Crown – resin with predominantly base metal	\$148.84	\$0.00
2740	Crown - porcelain/ceramic substrate	\$362.86	\$0.00
2750	Crown – porcelain fused to high noble metal	\$362.86	\$0.00
2751	Crown – porcelain fused to predominantly base metal	\$362.86	\$0.00
2752	Crown – porcelain fused to noble metal	\$362.86	\$0.00
2790	Crown – full cast high noble metal	\$362.86	\$0.00
2791	Crown – full cast predominantly base metal	\$362.86	\$0.00
2792	Crown – full cast noble metal	\$362.86	\$0.00
2920	Re-cement or re-bond crown	\$30.75	\$30.75
2930	Prefabricated stainless steel crown – primary tooth	\$103.13	\$0.00
2931	Prefabricated stainless steel crown – permanent tooth	\$107.84	\$0.00
2932	Prefabricated resin crown	\$108.41	\$0.00
2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$108.41	\$0.00
2940	Protective restoration	\$29.76	\$29.76
2950	Core buildup, including any pins when required	\$70.44	\$0.00
2954	Prefabricated post and core in addition to crown	\$79.38	\$0.00
2980	Crown repair necessitated by restorative material failure	\$59.54	\$0.00
2999	Unspecified restorative procedure, by report	MP	MP
3110	Pulp cap – direct (excluding final restoration)	\$23.82	\$0.00
3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction	\$59.53	\$49.61
3221	Pulpal debridement, primary and permanent teeth	\$59.53	\$49.61
3230	Pulpal therapy (resorbable filling) Anterior	\$59.53	\$0.00
3240	Pulpal therapy (resorbable filling) Posterior	\$59.53	\$0.00
3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$250.00	\$0.00
3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$321.00	\$0.00
3330	Endodontic therapy, molar (excluding final restoration)	\$375.00	\$0.00
4210	Gingivectomy or gingivoplasty – four or more teeth or tooth bounded spaces per quadrant	\$158.76	\$0.00
4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$105.17	\$0.00
4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$69.63	\$82.61
4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$48.71	\$61.69
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$69.63	\$69.63
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$41.68	\$41.68
4910	Periodontal maintenance	\$43.01	\$55.99
5110	Complete denture – maxillary	\$466.36	\$549.29
5120	Complete denture – mandibular	\$466.36	\$549.29
5130	Immediate denture – maxillary	\$486.21	\$499.19
5140	Immediate denture – mandibular	\$486.21	\$499.19
5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$292.71	\$292.71
5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$292.71	\$292.71
5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$496.13	\$0.00
5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$496.13	\$0.00
5410	Adjust complete denture – maxillary	\$19.85	\$19.85
5411	Adjust complete denture – mandibular	\$24.80	\$24.80
5421	Adjust partial denture – maxillary	\$25.79	\$25.79
5422	Adjust partial denture – mandibular	\$23.82	\$23.82
5511	Repair broken complete denture base, mandibular	\$55.57	\$55.57
5512	Repair broken complete denture base, maxillary	\$55.57	\$55.57
5520	Replace missing or broken teeth – complete denture (each tooth)	\$42.66	\$0.00
5611	Repair resin partial denture base, mandibular	\$49.61	\$0.00
5612	Repair resin partial denture base, maxillary	\$49.61	\$0.00
5621	Repair cast partial framework, mandibular	\$81.37	\$0.00
5622	Repair cast partial framework, maxillary	\$81.37	\$0.00
5630	Repair or replace broken retentive/clasping materials - per tooth	\$63.51	\$0.00
5640	Replace broken teeth - per tooth	\$41.68	\$0.00
5650	Add tooth to existing partial denture	\$54.58	\$0.00
5660	Add clasp to existing partial denture - per tooth	\$69.45	\$0.00
5730	Reline complete maxillary denture (chairside)	\$87.31	\$0.00
5731	Reline complete mandibular denture (chairside)	\$90.29	\$0.00
5740	Reline maxillary partial denture (chairside)	\$100.22	\$0.00
5741	Reline mandibular partial denture (chairside)	\$100.22	\$0.00
5750	Reline complete maxillary denture (laboratory)	\$127.01	\$127.01
5751	Reline complete mandibular denture (laboratory)	\$127.01	\$127.01
5760	Reline maxillary partial denture (laboratory)	\$90.29	\$0.00
5761	Reline mandibular partial denture (laboratory)	\$104.19	\$0.00

5931	Obturator prosthesis, surgical	\$486.21	\$0.00
5932	Obturator prosthesis, definitive	\$506.05	\$0.00
5982	Surgical stent	\$89.30	\$0.00
5988	Surgical splint	\$109.15	\$0.00
5999	Unspecified maxillofacial prosthesis, by report	MP	\$0.00
6930	Re-cement or re-bond fixed partial denture	\$41.68	\$0.00
6980	Fixed partial denture repair necessitated by restorative material failure	\$94.27	\$0.00
7111	Extraction, coronal remnants – deciduous tooth	\$42.66	\$42.66
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$58.59	\$70.22
7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including el	\$102.51	\$115.49
7220	Removal of impacted tooth – soft tissue	\$98.31	\$98.31
7230	Removal of impacted tooth – partially bony	\$114.68	\$114.68
7240	Removal of impacted tooth – completely bony	\$148.49	\$148.49
7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$149.50	\$149.50
7250	Surgical removal of residual tooth roots (cutting procedure)	\$78.85	\$78.85
7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$65.48	\$0.00
7280	Surgical access of an unerupted tooth	\$153.60	\$0.00
7286	Incisional biopsy of oral tissue – soft	\$0.00	\$112.64
7510	Incision and drainage of abscess – intraoral soft tissue	\$42.66	\$42.66
7910	Suture of recent small wounds up to 5 cm	\$21.83	\$0.00
7961	Buccal / labial frenectomy (frenulectomy)	\$99.23	\$0.00
7962	Lingual frenectomy (frenulectomy)	\$99.23	\$0.00
7970	Excision of hyperplastic tissue - per arch	\$0.00	\$76.41
7971	Excision of pericoronal gingiva	\$39.69	\$0.00
7999	Unspecified oral surgery procedure, by report	MP	\$0.00
8080	Comprehensive orthodontic treatment of the adolescent dentition	\$992.26	\$0.00
8660	Pre-orthodontic treatment examination to monitor growth and development	\$75.00	\$0.00
8670	Periodic orthodontic treatment visit	\$83.35	\$0.00
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$148.84	\$0.00
8999	Unspecified orthodontic procedure, by report	MP	\$0.00
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$34.73	\$34.73
9222	Deep sedation/general anesthesia – first 15 minutes	\$56.11	\$56.11
9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$56.11	\$56.11
9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$25.75	\$24.46
9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$56.11	\$56.11
9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$56.11	\$56.11
9248	Non-intravenous conscious sedation	\$75.58	\$75.58
9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physici	\$29.76	\$29.76
9410	House/extended care facility call	\$29.76	\$34.22
9420	Hospital or ambulatory surgical center call	\$92.27	\$92.27
9920	Behavior management, by report	\$21.83	\$28.40
9999	Unspecified adjunctive procedure, by report	MP	\$0.00

Note: Please consult your Provider Manual for the complete list of covered services for each program. All procedures listed as manually priced (MP) require a narrative and are subject to review and approval.