Medicaid Dental Rates 2016 - Regional State Comparison

Children	North Dakota	Montana	South Dakota	Minnesota	Wyoming
D0120 - Periodic Oral Examination	$ 30.20	$ 23.65	$ 27.88	$ 18.70	$ 32.00
D0150 - Comprehensive Oral Evaluation	$ 45.09	$ 33.78	$ 41.83	$ 25.50	$ 35.00
D0210 - Intraoral - complete series	$ 94.54	$ 67.56	$ 87.46	$ 57.80	$ 90.00
D0272 - Bitewings - two films	$ 29.09	$ 20.27	$ 26.62	$ 17.00	$ 24.00
D0330 - Panoramic film	$ 72.90	$ 54.05	$ 68.46	$ 46.75	$ 60.00
D1120 - Prophylaxis - child	$ 38.83	$ 33.78	$ 38.03	$ 18.34	$ 35.00
D1206 - Topical application of fluoride	$ 25.82	$ 20.27	$ 22.82	$ 14.00	$ 35.00
D1351 - Sealant - per tooth	$ 30.98	$ 27.02	$ 30.43	$ 17.30	$ 28.00
D2150 - Amalgam - two surfaces	$ 94.01	$ 74.32	$ 91.27	$ 41.65	$ 96.00
D2331 - Resin-based composite - two surfaces, anterior	$ 115.07	$ 101.34	$ 107.76	$ 48.95	$ 98.00
D2751 - Crown -porcelain fused to predominantly base metal	$ 647.07	$ 540.48	$ 485.96	N/C	$ 600.00
D2930 -Prefabricated stainless steel crown - primary tooth	$ 157.97	$ 135.12	$ 157.20	$ 76.51	$ 136.00
D3220 - Therapeutic pulpotomy	$ 98.39	$ 101.34	$ 83.67	$ 40.80	$ 86.00
D3310 - Anterior (excluding final restoration)	$ 436.96	$ 344.56	$ 399.33	$ 178.55	$ 502.60
D7140 - Extraction, erupted tooth or exposed root	$ 84.47	$ 74.32	$ 82.41	$ 44.70	$ 70.00

Adults	North Dakota	Montana	South Dakota	Minnesota	Wyoming
D0120 - Periodic Oral Examination	$ 28.45	$ 23.65	$ 27.88	$ 12.22	$ 32.00
D0150 - Comprehensive Oral Evaluation	$ 47.28	$ 33.78	$ 41.83	$ 15.93	$ 35.00
D0210 - Intraoral - complete series	$ 85.58	$ 67.56	$ 87.46	$ 38.75	$ 90.00
D0272 - Bitewings - two films	$ 27.48	$ 20.27	$ 26.62	$ 11.20	$ 24.00
D0330 - Panoramic film	$ 67.21	$ 54.05	$ 68.46	$ 35.69	$ 60.00
D1110 - Prophylaxis - adult	$ 56.47	$ 50.67	$ 53.26	$ 26.52	$ 50.00
D1208 - Topical application of fluoride	$ 21.14	$ 16.89	$ 22.82	$ 13.81	N/C
D2150 - Amalgam - two surfaces	$ 95.30	$ 74.32	$ 91.27	$ 41.65	$ 96.00
D2331 - Resin-based composite - two surfaces, anterior	$ 112.87	$ 101.34	$ 107.76	$ 48.95	$ 98.00
D2751 - Crown -porcelain fused to predominantly base metal	$ 568.72	$ 540.48	$ 485.96	N/C	N/C
D2930 -Prefabricated stainless steel crown - primary tooth	$ 157.16	$ 135.12	N/C	$ 76.51	N/C
D3110 - Pulp cap, direct (exlcuding final restoration)	$ 46.50	$ 42.23	N/C	N/C	N/C
D3310 - Anterior (excluding final restoration)	$ 412.87	$ 344.56	$ 399.33	$ 178.55	N/C
D7140 - Extraction, erupted tooth or exposed root	$ 90.87	$ 74.32	$ 82.41	$ 44.70	$ 70.00

Note: Information collected from State Fee Schedules located on each state's Medicaid website