

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D0120	PERIODIC ORAL EVALUATION	\$31.20	N	NONE	N
D0140	LIMITED ORAL EVALUATION	\$43.88	N	NONE	N
D0145	ORAL EVALUATION OF PATIENT UNDER 3 YEARS	\$39.00	N	0 – 3	N
D0150	COMPREHENSIVE ORAL EVALUATION	\$34.13	N	NONE	N
D0160	DETAILED & EXTENSIVE ORAL EVALUATION-PROBLEM FOCUSED	\$31.20	N	NONE	N
D0170	RE-EVALUATION-LIMITED-PROBLEM FOCUSED	\$29.25	N	NONE	N
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$62.89	N	19 – 20	N
D0191	ASSESSMENT OF A PATIENT	\$15.00	N	NONE	N
D0210	COMPLETE INTRAORAL SERIES XRAYS	\$87.75	N	NONE	N
D0220	INTRAORAL X-RAY- PERIAPICAL 1ST FILM	\$14.63	N	NONE	N
D0230	INTRAORAL X-RAY- PERIAPICAL EACH ADDITIONAL FILM	\$13.65	N	NONE	N
D0240	INTRAORAL X-RAY- OCCLUSAL FILM	\$15.60	N	0 – 20	N
D0270	BITEWING X-RAY - SINGLE FILM	\$17.55	N	NONE	N
D0272	BITEWING X-RAY - TWO FILMS	\$23.40	N	NONE	N
D0274	BITEWING X-RAY - FOUR FILMS	\$34.13	N	NONE	N
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$31.20	N	NONE	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D0322	TOMOGRAPHIC SURVEY	\$29.25	N	0 – 20	N
D0330	PANORAMIC FILM - DOS PRIOR TO 7/1/2021	\$58.50	N	5 & UP	N
D0330	PANORAMIC FILM - DOS 7/1/2021 AND FORWARD	\$58.50	N	6 & UP	N
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION JAWS	\$241.50	Y	0-20	N
D0412	BLOOD GLUCOSE LEVEL TEST	\$2.22	N	NONE	N
D0460	PULP VITALITY TESTS	\$24.38	N	0 – 20	N
D0470	DIAGNOSTIC CASTS	\$34.13	N	0 – 20	N
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	MP	N	NONE	N
D1110	PROPHYLAXIS, ADULT	\$48.75	N	12 & UP	N
D1120	PROPHYLAXIS, CHILD	\$34.13	N	0 – 11	N
D1206	TOPICAL FLUORIDE VARNISH	\$34.13	N	0 – 14	N
D1208	TOPICAL APPLICATION OF FLUORIDE	\$19.50	N	0 – 14	N
D1310	NUTRITIONAL COUNSELING	\$9.75	N	0 – 3	N
D1320	TOBACCO COUNSELING	\$13.20	N	12 – 20	N
D1330	ORAL HYGIENE INSTRUCTIONS	\$9.75	N	4 – 20	N
D1351	SEALANT	\$27.30	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D1352	PREVENTATIVE RESTORATION	\$27.30	N	0 – 20	N
D1354	INTERIM CARIES ARRESTING MEDICAMENT	\$27.30	N	0 – 20	N
D1510	SPACE MAINTAINER	\$141.38	N	0 – 20	N
D1516	FIXED BILAT SPACE MAINT, MAXILLARY	\$238.88	N	0 – 20	N
D1517	FIXED BILAT SPACE MAINT, MANDIBULAR	\$238.88	N	0 – 20	N
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MAXILLARY	\$31.20	N	0 – 20	N
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MANDIBULAR	\$31.20	N	0 – 20	N
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$31.20	N	0 – 20	N
D1575	SPACE MAINTAINER, DISTAL SHOE	\$141.38	N	0 – 20	N
D1999	UNSPECIFIED PREVENTATIVE PROCEDURE	MP	N	NONE	N
D2140	AMALGAM, ONE SURFACE	\$76.05	N	0 – 20	Y
D2150	AMALGAM, TWO SURFACE	\$93.60	N	0 – 20	Y
D2160	AMALGAM, THREE SURFACE	\$111.15	N	0 – 20	Y
D2161	AMALGAM, FOUR OR MORE SURFACE	\$131.63	N	0 – 20	Y
D2330	RESIN-BASED COMPOSITE, ONE SURFACE, ANTERIOR	\$79.95	N	0 – 20	Y
D2331	RESIN-BASED COMPOSITE, TWO SURFACE, ANTERIOR	\$95.55	N	0 – 20	Y

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D2332	RESIN-BASED COMPOSITE, THREE SURFACE, ANTERIOR	\$128.70	N	0 – 20	Y
D2335	RESIN-BASED COMPOSITE, FOUR OR MORE SURFACES, ANTERIOR	\$136.50	N	0 – 20	Y
D2390	COMPOSITE CROWN, ANTERIOR	\$165.75	N	0 – 20	Y
D2391	RESIN-BASED COMPOSITE, ONE SURFACE, POSTERIOR	\$76.05	N	0 – 20	Y
D2392	RESIN-BASED COMPOSITE, TWO SURFACE, POSTERIOR	\$93.60	N	0 – 20	Y
D2393	RESIN BASED COMPOSITE, THREE SURFACE, POSTERIOR	\$111.15	N	0 – 20	Y
D2394	RESIN BASED COMPOSITE, FOUR OR MORE SURFACES, POSTERIOR	\$131.63	N	0 – 20	Y
D2510	INLAY, METALLIC, ONE SURFACE	\$76.05	N	0 – 20	Y
D2520	INLAY, METALLIC, TWO SURFACES	\$93.60	N	0 – 20	Y
D2530	INLAY, METALLIC, THREE OR MORE SURFACES	\$111.15	N	0 – 20	Y
D2542	ONLAY, METALLIC, TWO SURFACES	\$93.60	N	0 – 20	Y
D2543	ONLAY, METALLIC, THREE SURFACES	\$111.15	N	0 – 20	Y
D2544	ONLAY, METALLIC, FOUR OR MORE SURFACES	\$131.63	N	0 – 20	Y
D2610	INLAY, PORCELAIN/CERAMIC, ONE SURFACE	\$76.05	N	0 – 20	Y
D2620	INLAY, PORCELAIN/CERAMIC, TWO SURFACES	\$93.60	N	0 – 20	Y
D2630	INLAY, PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$111.15	N	0 – 20	Y

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D2642	ONLAY, PORCELAIN/CERAMIC, TWO SURFACES	\$93.60	N	0 – 20	Y
D2643	ONLAY, PORCELAIN/CERAMIC, THREE SURFACES	\$111.15	N	0 – 20	Y
D2644	ONLAY, PORCELAIN/CERAMIC, FOUR OR MORE SURFACES	\$131.63	N	0 – 20	Y
D2650	INLAY, COMPOSITE/RESIN, ONE SURFACE	\$76.05	N	0 – 20	Y
D2651	INLAY, COMPOSITE/RESIN, TWO SURFACES	\$93.60	N	0 – 20	Y
D2652	INLAY, COMPOSITE/RESIN, THREE OR MORE SURFACES	\$111.15	N	0 – 20	Y
D2662	ONLAY, COMPOSITE/RESIN, TWO SURFACES	\$93.60	N	0 – 20	Y
D2663	ONLAY, COMPOSITE/RESIN, THREE SURFACES	\$111.15	N	0 – 20	Y
D2664	ONLAY, COMPOSITE/RESIN, FOUR OR MORE SURFACES	\$131.63	N	0 – 20	Y
D2710	CROWN, RESIN-BASED COMPOSITE (INDIRECT)	\$185.25	N	14 – 20	Y
D2720	CROWN, RESIN WITH HIGH NOBLE METAL	\$385.13	N	14 – 20	Y
D2721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL	\$196.95	N	14 – 20	Y
D2722	CROWN, RESIN WITH NOBLE METAL	\$298.35	N	14 – 20	Y
D2740	CROWN, PORCELAIN/CERAMIC SUBSTRATE	\$585.00	N	14 – 20	Y
D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	\$585.00	N	14 – 20	Y
D2751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$585.00	N	14 – 20	Y

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D2752	CROWN, PORCELAIN FUSED TO NOBLE METAL	\$585.00	N	14 – 20	Y
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$585.00	N	14 – 20	Y
D2780	CROWN, 3/4 CAST HIGH NOBLE METAL	\$585.00	N	14 – 20	Y
D2781	CROWN, 3/4 CAST PREDOMINANTLY BASE METAL	\$585.00	N	14 – 20	Y
D2782	CROWN, 3/4 CAST NOBLE METAL	\$585.00	N	14 – 20	Y
D2783	CROWN, 3/4 PORCELAIN/CERAMIC	\$585.00	N	14 – 20	Y
D2790	CROWN, FULL CAST HIGH NOBLE METAL	\$526.50	N	14 – 20	Y
D2791	CROWN, FULL CAST PERDONMINANTLY BASE METAL	\$409.50	N	14 – 20	Y
D2792	CROWN, FULL CAST NOBLE METAL	\$409.50	N	14 – 20	Y
D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE	\$24.38	N	0 – 20	Y
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$24.38	N	0 – 20	Y
D2920	RECEMENT CROWN	\$29.25	N	0 – 20	Y
D2929	PREFABRICATED PORC/CERA CROWN – PRIMARY	\$157.95	N	0 – 20	Y
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$132.60	N	0 – 20	Y
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$157.95	N	0 – 20	Y
D2932	PREFABRICATED RESIN CROWN	\$123.83	N	0 – 20	Y

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D2933	PREFABRICATED S.S.CROWN WITH RESIN WINDOW	\$157.95	N	0 – 20	Y
D2934	PREFABRICATED ESTHETIC COATED S.S. CROWN, PRIMARY	\$102.38	N	0 – 20	Y
D2940	PROTECTIVE RESIN	\$34.13	N	0 – 20	N
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$125.78	N	0 – 20	N
D2951	PIN RETENTION, PER TOOTH, IN ADDITION TO RESTORATION	\$28.28	N	0 – 20	N
D2952	CAST POST AND CORE, INDIRECTLY FABRICATED	\$121.88	N	0 – 20	N
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST SAME TOOTH	\$121.88	N	0 – 20	N
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$165.75	N	0 – 20	N
D2955	POST REMOVAL NOT IN CONJUNCTION WITH ENDO THERAPY	\$26.33	N	0 – 20	N
D2957	EACH ADDITIONAL PREFABRICATED POST	\$100.18	N	0 – 20	N
D2961	LABIAL VENEER - RESIN LAMINATE, LABORATORY	\$549.17	N	0 – 20	Y
D2962	LABIAL VENEER - PORCELAIN LAMINATE, LABORATORY	\$438.75	N	0 – 20	Y
D2980	CROWN REPAIR	\$43.88	N	0 – 20	N
D2981	INLAY REPAIR	MP	N	NONE	N
D2982	ONLAY REPAIR	MP	N	NONE	N
D2983	VENEER REPAIR	MP	N	NONE	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	MP	N	0 – 20	N
D3110	PULP CAP - DIRECT, EXCLUDING FINAL RESTORATION	\$24.38	N	0 – 20	Y
D3120	PULP CAP- INDIRECT, EXCLUDING FINAL RESTORATION	\$24.38	N	0 – 20	Y
D3220	THERAPEUTIC PULPOTOMY	\$83.85	N	0 – 20	Y
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH	\$97.50	N	0 – 20	Y
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH	\$97.50	N	0 – 20	Y
D3230	PULPAL THERAPY, ANTERIOR PRIMARY TOOTH	\$36.08	N	0 – 20	Y
D3240	PULPAL THERAPY, POSTERIOR PRIMARY TOOTH	\$66.30	N	0 – 20	Y
D3310	ENDODONTIC THERAPY, ANTERIOR	\$490.04	N	0 – 20	Y
D3320	ENDODONTIC THERAPY, BICUSPID	\$569.55	N	0 – 20	Y
D3330	ENDODONTIC THERAPY, MOLAR	\$670.10	N	0 – 20	Y
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON- SURGICAL ACCESS	\$58.50	N	0 – 20	N
D3332	INCOMPLETE ENDODONTIC THERAPY, INOPERABLE, FRACTURED TOOTH	\$327.60	N	0 – 20	N
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$150.64	N	0 – 20	N
D3346	RETREATMENT, ROOT CANAL - ANTERIOR	\$587.86	N	0 – 20	N
D3347	RETREATMENT, ROOT CANAL - BICUSPID	\$681.36	N	0 – 20	N
D3348	RETREATMENT, ROOT CANAL - MOLAR	\$803.42	N	0 – 20	N



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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D3351	APEXIFICATION/RECALCIFICATION, INITIAL VISIT	\$95.55	N	0 – 20	N
D3352	APEXIFICATION/RECALCIFICATION, INTERIM MEDICAITON REPLACEMENT	\$52.65	N	0 – 20	N
D3353	APEXIFICATION/RECALCIFICATION, FINAL VISIT	\$310.05	N	0 – 20	N
D3410	APICOECTOMY/PERIRADICULAR SURGERY, ANTERIOR	\$229.78	N	0 – 20	N
D3421	APICOECTOMY/PERIRADICULAR SURGERY, BICUSPID, FIRST ROOT	\$270.23	N	0 – 20	N
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR	\$296.94	N	0 – 20	N
D3426	APICOECTOMY/PERIADICULAR SURGERY, EACH ADDITIONAL ROOT	\$41.93	N	0 – 20	N
D3430	RETROGRADE FILLING, PER ROOT	\$39.00	N	0 – 20	N
D3470	INTENTIONAL REIMPLANTATION	\$161.85	N	0 – 20	N
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$82.63	N	0 – 20	N
D3920	HEMISECTION, NOT INCLUDING ROOT CANAL THERAPY	\$236.19	N	0 – 20	N
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL/POST	\$107.49	N	0 – 20	N
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	MP	N	0 – 20	N
D4210	GINGIVECTOMY OR GINGIVOPLASTY, 4 OR MORE TEETH	\$170.63	N	0 – 20	N
D4211	GINGIVECTOMY OR GINGIVOPLASTY, 1 TO 3 TEETH	\$64.35	N	0 – 20	N
D4212	GINGIVECTOMY/PLASTY, RESTORATIVE, PER TOOTH	\$119.93	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING	\$428.51	N	0 – 20	N
D4241	GINGIVAL FLAP PROCEDURE, 1 TO 3 TEETH	\$247.89	N	0 – 20	N
D4245	APICALLY POSITIONED FLAP	\$315.90	N	0 – 20	N
D4249	CLINICAL CROWN LENGTHENING	\$469.46	N	0 – 20	N
D4260	OSSEOUS SURGERY, 4 OR MORE CONTIGUOUS TEETH	\$714.43	N	0 – 20	N
D4261	OSSEOUS SURGERY 1 TO 3 TEETH	\$383.18	N	0 – 20	N
D4263	BONE REPLACEMENT GRAFT, FIRST SITE	\$255.21	N	0 – 20	N
D4264	BONE REPLACEMENT GRAFT, EACH ADDITIONAL SITE	\$291.04	N	0 – 20	N
D4265	BIOLOGIC MATERIALS TO AID REGEN	\$292.74	N	0 – 20	N
D4266	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER	\$263.25	N	0 – 20	N
D4267	GUIDED TISSUE REGENERATION, NONRESORBABLE BARRIER	\$338.57	N	0 – 20	N
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$485.19	N	0 – 20	N
D4270	PEDICLE SOFT TISSUE GRAFT PROCE	\$507.49	N	0 – 20	N
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT	\$620.10	N	0 – 20	N
D4274	DISTAL OR PROXIMAL WEDGE	\$351.73	N	0 – 20	N
D4275	SOFT TISSUE ALLOGRAFT	\$465.81	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D4276	COMBINED CONNECT TISSUE & GRAFT	MP	N	0 – 20	N
D4277	SOFT TISSUE GRAFT – FIRST TOOTH	MP	N	0 – 20	N
D4278	SOFT TISSUE GRAFT – ADDITIONAL TOOTH	MP	N	0 – 20	N
D4320	PROVISIONAL SPLINTING, INTRACORONAL	\$254.48	N	0 – 20	N
D4321	PROVISIONAL SPLINTING, EXTRACORONAL	\$141.38	N	0 – 20	N
D4341	PERIODONTAL SCALING	\$117.00	N	0 – 20	N
D4342	PERIODONTAL SCALING 1 TO 3 TEETH	\$97.50	N	0 – 20	N
D4346	SCALING IN PRESENCE OF INFLAMMATION	\$87.75	N	NONE	N
D4355	FULL MOUTH DEBRIDEMENT	\$87.75	N	NONE	N
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	MP	N	0 – 20	N
D4910	PERIODONTAL MAINTENANCE	\$63.86	N	0 – 20	N
D4920	UNSCHEDULED DRESSING CHANGE	\$65.81	N	0 – 20	N
D4999	UNSPECIFIED PERIODONTAL PROCEDURE	MP	N	0 – 20	N
D5110	COMPLETE DENTURE, MAXILLARY	\$780.00	N	0 – 20	Y
D5120	COMPLETE DENTURE, MANDIBULAR	\$780.00	N	0 – 20	Y
D5130	IMMEDIATE DENTURE, MAXILLARY	\$780.00	N	0 – 20	Y
D5140	IMMEDIATE DENTURE, MANDIBULAR	\$780.00	N	0 – 20	Y

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASED	\$585.00	N	0 – 20	Y
D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASED	\$585.00	N	0 – 20	Y
D5213	MAXILLARY PARTIAL DENTURE, CAST METAL FRAMEWORK	\$585.00	N	0 – 20	Y
D5214	MANDIBULAR PARTIAL DENTURE, CAST METAL FRAMEWORK	\$585.00	N	0 – 20	Y
D5225	MAXILLARY PARTIAL DENTURE, FLEXIBLE BASE	\$497.25	N	0 – 20	Y
D5226	MANDIBULAR PARTIAL DENTURE, FLEXIBLE BASE	\$497.25	N	0 – 20	Y
D5410	ADJUST COMPLETE DENTURE, MAXILLARY	\$48.75	N	NONE	Y
D5411	ADJUST COMPLETE DENTURE, MANDIBULAR	\$48.75	N	NONE	Y
D5421	ADJUST PARTIAL DENTURE, MAXILLARY	\$15.60	N	NONE	Y
D5422	ADJUST PARTIAL DENTURE, MANDIBULAR	\$15.60	N	NONE	Y
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$39.00	N	NONE	Y
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$39.00	N	NONE	Y
D5520	REPLACE TEETH - DENTURE	\$35.10	N	NONE	Y
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$50.70	N	NONE	Y
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$50.70	N	NONE	Y
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$34.13	N	NONE	Y

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D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$34.13	N	NONE	Y
D5630	REPAIR OR REPLACE BROKEN CLASP	\$87.75	N	NONE	Y
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$66.30	N	NONE	Y
D5650	ADD TOOTH TO EXISTING PARTIAL	\$82.74	N	NONE	Y
D5660	ADD CLASP TO EXISTING PARTIAL	\$68.25	N	NONE	Y
D5670	REPLACE ALL TEETH AND ACRYLIC, CAST METAL FRAMEWORK, MAX.	MP	N	NONE	Y
D5671	REPLACE ALL TEETH AND ACRYLIC, CAST METAL FRAMEWORK, MAN..	MP	N	NONE	Y
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$156.00	N	0 – 20	Y
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$151.13	N	0 – 20	Y
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$126.75	N	0 – 20	Y
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$126.75	N	0 – 20	Y
D5730	RELINE COMPLETE MAXILLARY DENTURE, CHAIRSIDE	\$146.25	N	NONE	Y
D5731	RELINE COMPLETE MANDIBULAR DENTURE, CHAIRSIDE	\$146.25	N	NONE	Y
D5740	RELINE MAXILLARY PARTIAL DENTURE, CHAIRSIDE	\$58.50	N	NONE	Y
D5741	RELINE MANDIBULAR PARTIAL DENTURE, CHAIRSIDE	\$58.50	N	NONE	Y
D5750	RELINE COMPLETE MAXILLARY DENTURE, LABORATORY	\$180.38	N	NONE	Y

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D5751	RELINE COMPLETE MANDIBULAR DENTURE, LABORATORY	\$180.38	N	NONE	Y
D5760	RELINE MAXILLARY PARTIAL DENTURE, LABORATORY	\$102.38	N	NONE	Y
D5761	RELINE MANDIBULAR PARTIAL DENTURE, LABORATORY	\$102.38	N	NONE	Y
D5810	INTERIM COMPLETE DENTURE, MAXILLARY	\$195.00	N	0 – 20	Y
D5811	INTERIM COMPLETE DENTURE, MANDIBULAR	\$195.00	N	0 – 20	Y
D5820	INTERIM PARTIAL DENTURE, MAXILLARY	\$263.25	N	0 – 20	Y
D5821	INTERIM PARTIAL DENTURE, MANDIBULAR	\$175.50	N	0 – 20	Y
D5850	TISSUE CONDITIONING, MAXILLARY	\$29.25	N	0 – 20	Y
D5851	TISSUE CONDITIONING, MANDIBULAR	\$39.00	N	0 – 20	Y
D5862	PRECISION ATTACHMENT	\$222.30	Y	0 – 20	Y
D5863	OVERDENTURE COMPLETE MAX	MP	Y	17 – 20	Y
D5864	OVERDENTURE PARTIAL MAX	MP	Y	17 – 20	Y
D5865	OVERDENTURE COMPLETE MANDIBULAR	MP	Y	17 – 20	Y
D5866	OVERDENTURE PARTIAL MANDIBULAR	MP	Y	17 – 20	Y
D5952	SPEECH AID PROSTHESIS	\$2,053.64	N	0 – 20	N
D5960	SPEECH AID PROSTHESIS-MODIFICATION	\$48.75	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D5986	FLUORIDE GEL CARRIER	MP	N	0 – 20	N
D5991	TOPICAL MEDICAMENT CARRIER	\$90.68	N	0 – 20	N
D6010	SURGICAL PLACEMENT OF IMPLANT	\$1,170.00	Y	17 – 20	Y
D6040	SURGICAL PLACEMENT, EPOSTEAL IMPLANT	MP	Y	17 – 20	Y
D6050	SURGICAL PLACEMENT	MP	Y	17 – 20	Y
D6051	INTERIM ABUTMENT	MP	Y	17 – 20	Y
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	MP	Y	17 – 20	Y
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	MP	Y	17 – 20	Y
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	MP	Y	17 – 20	Y
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	MP	Y	17 – 20	Y
D6059	ABUTMENT SUPPORTED PORC FUSED CROWN, HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6060	ABUTMENT SUPPORTED PORC FUSED CROWN, PREDOMINANTLY BASE	MP	Y	17 – 20	Y
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED CROWN, NOBLE METAL	MP	Y	17 – 20	Y
D6062	ABUTMENT SUPPORTED CAST CROWN, HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6063	ABUTMENT SUPPORTED CAST CROWN, PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6064	ABUTMENT SUPPORTED CAST CROWN, NOBLE METAL	MP	Y	17 – 20	Y
D6065	IMPLANT SUP PORCELAIN/ CERAMIC CROWN	MP	Y	17 – 20	Y

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D6066	IMPLANT SUP PORCELAIN CROWN, TITANIUM,T.ALLOY, HIGH NOBLE	MP	Y	17 – 20	Y
D6067	IMPLANT SUP METAL CROWN, TITANIUM,T.ALLOY, HIGH NOBLE	MP	Y	17 – 20	Y
D6068	ABUTMENT SUP RETAINER FOR PORCELAIN/CERAMIC FPD	MP	Y	17 – 20	Y
D6069	ABUTMENT SUP RETAINER FOR PORCELAIN FUSED FPD, HIGH NOBLE	MP	Y	17 – 20	Y
D6070	ABUTMENT RETAINER PORCELAIN FUSED FPD, PREDOMINATELY BASE	MP	Y	17 – 20	Y
D6071	ABUTMENT SUPPORTED RETAINER PORC FUSED FPD, NOBLE METAL	MP	Y	17 – 20	Y
D6072	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, HIGH NOBLE	MP	Y	17 – 20	Y
D6073	ABUTMENT SUP RETAINER CAST METAL FPD, PREDOMINATELY BASE	MP	Y	17 – 20	Y
D6074	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, NOBLE METAL	MP	Y	17 – 20	Y
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	MP	Y	17 – 20	Y
D6076	IMPLANT RETAINER, PORCELAIN FUSED FPD,TITANIUM, HIGH NOBLE	MP	Y	17 – 20	Y
D6077	IMPLANT RETAINER, CAST METAL FPD, TITANIUM, T.ALLOY, HIGH NOBLE	MP	Y	17 – 20	Y
D6080	IMPLANT MAINTENENCE PROCEDURES,	MP	Y	17 – 20	Y
D6085	PROVISIONAL IMPLANT CROWN	\$157.95	Y	17 – 20	Y
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS	MP	Y	17 – 20	Y
D6091	REPLACE SEMI PREC OR PREC OF IMPLANT	MP	Y	17 – 20	Y



## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D6092	RECEMENT IMPLANT	MP	Y	17 – 20	Y
D6093	RECEMENT SUPPORTED FIXED PARTIAL	MP	Y	17 – 20	Y
D6094	SUPPORTED CROWN	MP	Y	17 – 20	Y
D6095	REPAIR IMPLANT ABUTMENT	MP	Y	17 – 20	Y
D6100	IMPLANT REMOVAL	MP	Y	17 – 20	Y
D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	MP	Y	17 – 20	Y
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING	MP	Y	17 – 20	Y
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	MP	Y	17 – 20	Y
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	MP	Y	17 – 20	Y
D6199	UNSPECIFIED IMPLANT PROCEDURE	MP	Y	17 – 20	Y
D6210	PONTIC, CAST HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6211	PONTIC, CAST PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6212	PONTIC, CAST NOBLE METAL	MP	Y	17 – 20	Y
D6240	PONTIC, PORCELAIN FUSED TO HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6241	PONTIC, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6242	PONTIC, PORCELAIN FUSED TO NOBLE METAL	MP	Y	17 – 20	Y
D6245	PONTIC - PORCELAIN/CERAMIC	MP	Y	17 – 20	Y

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D6250	PONTIC, RESIN WITH HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6251	PONTIC, RESIN WITH PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6252	PONTIC, RESIN WITH NOBLE METAL	MP	Y	17 – 20	Y
D6253	PROVISIONAL PONTIC	MP	Y	17 – 20	Y
D6545	RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	MP	Y	17 – 20	Y
D6548	RETAINER, PORC/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	MP	Y	17 – 20	Y
D6600	INLAY, PORCELAIN/CERAMIC, 2 SURFACES	MP	Y	17 – 20	Y
D6601	INLAY, PORCELAIN/CERAMIC, 3 OR MORE SURFACES	MP	Y	17 – 20	Y
D6602	INLAY, CAST HIGH NOBLE METAL, 2 SURFACES	MP	Y	17 – 20	Y
D6603	INLAY, CAST HIGH NOBLE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	Y
D6604	INLAY, PREDOMINANTLY BASE METAL, 2 SURFACES	MP	Y	17 – 20	Y
D6605	INLAY, PREDOMINANTLY BASE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	Y
D6606	INLAY, CAST NOBLE METAL, 2 SURFACES	MP	Y	17 – 20	Y
D6607	INLAY, CAST NOBLE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	Y
D6608	ONLAY- PORCELAIN/CERAMIC, TWO SURFACE	MP	Y	17 – 20	Y
D6609	ONLAY- PORCELAIN/CERAMIC, THREE OR MORE SURFACES	MP	Y	17 – 20	Y

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D6610	ONLAY- CAST HIGH NOBLE METAL, TWO SURFACE	MP	Y	17 – 20	Y
D6611	ONLAY- CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	MP	Y	17 – 20	Y
D6612	ONLAY- CAST PREDOMINANTLY BASE METAL, TWO SURFACE	MP	Y	17 – 20	Y
D6613	ONLAY- CAST PREDOMINANTLY BASE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	Y
D6614	ONLAY- CAST NOBLE METAL, TWO SURFACES	MP	Y	17 – 20	Y
D6615	ONLAY- CAST NOBLE METAL, THREE OR MORE SURFACES	MP	Y	17 – 20	Y
D6710	CROWN, INDIRECT RESIN BASED COMPOSITE	MP	Y	17 – 20	Y
D6720	CROWN, RESIN WITH HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6722	CROWN, RESIN WITH NOBLE METAL	MP	Y	17 – 20	Y
D6740	CROWN, PORCELAIN/CERAMIC	MP	Y	17 – 20	Y
D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6752	CROWN, PORCELAIN FUSED TO NOBLE METAL	MP	Y	17 – 20	Y
D6780	CROWN, 3/4 CAST HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6781	CROWN, 3/4 CAST PREDOMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6782	CROWN, 3/4 CAST NOBLE METAL	MP	Y	17 – 20	Y
D6783	CROWN, 3/4 PORCELAIN/CERAMIC	MP	Y	17 – 20	Y

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D6790	CROWN, FULL CAST HIGH NOBLE METAL	MP	Y	17 – 20	Y
D6791	CROWN, FULL CAST PERDONMINANTLY BASE METAL	MP	Y	17 – 20	Y
D6792	CROWN, FULL CAST NOBLE METAL	MP	Y	17 – 20	Y
D6793	PROVISIONAL RETAINER CROWN	MP	Y	17 – 20	Y
D6794	CROWN (TITANIUM)	MP	Y	17 – 20	Y
D6920	CONNECTOR BAR	MP	Y	17 – 20	Y
D6930	RECEMENT FIXED PARTIAL DENTURE	\$62.40	N	17 – 20	Y
D6940	STRESS BREAKER	MP	Y	17 – 20	Y
D6980	FIXED PARTIAL DENTURE REPAIR	MP	Y	17 – 20	Y
D6985	PEDIATRIC PARTIAL DENTURE	MP	Y	0 – 20	Y
D6999	UNSPECIFIED PROSTHODONTIC PROCEDURE	MP	Y	17 – 20	Y
D7111	EXTRACTION CORONAL REMNANTS-DECIDUOUS TOOT	\$50.70	N	NONE	Y
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$68.25	N	NONE	Y
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$128.70	N	NONE	Y
D7220	REMOVAL IMPACTED TOOTH, SOFT TISSUE	\$156.00	N	NONE	Y
D7230	REMOVAL IMPACTED TOOTH, PARTIALLY BONY	\$170.63	N	NONE	Y
D7240	REMOVAL IMPACTED TOOTH, COMPLETELY BONY	\$195.00	N	NONE	Y

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D7241	REM. IMPACTED TOOTH, COMPLETE BONY, UNUSUAL COMPLICATIONS	\$234.00	N	NONE	Y
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS, CUTTING PROCEDURE	\$117.00	N	NONE	Y
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	MP	N	0 – 20	N
D7270	TOOTH REIMPLANTATION/STABILIZATION	\$175.50	N	0 – 20	N
D7280	SURGICAL ACCESS OF UNERUPTED TOOTH	\$154.11	N	0 – 20	N
D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	MP	N	0 – 20	N
D7283	PLACE DEVICE ON IMPACTED TOOTH	\$97.19	N	0 – 20	N
D7286	BIOPSY OF ORAL TISSUE – SOFT	\$146.25	N	0 – 20	N
D7287	EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION	MP	N	0 – 20	N
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3	\$163.07	N	0 – 20	N
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS -1 TO 3	\$256.67	N	0 – 20	N
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM, SOFT TISSUES LESIONS	\$117.00	N	NONE	N
D7411	EXCISION OF BENIGN LESION GREATER , SOFT TISSUE	\$121.88	N	NONE	N
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR; DIAMETER UP TO 1.25 CM	\$189.21	N	0 – 20	N
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR; DIAMETER GREATER THAN 1.25 CM	\$283.82	N	0 – 20	N
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR- LESION: DIAMETER UP TO 1.25 CM	\$189.21	N	0 – 20	N

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR- LESION: DIAMETER GREATER THAN	\$283.82	N	0 – 20	N
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	\$117.00	N	0 – 20	N
D7510	INCISION AND DRAINAGE OF ABSCES, INTRAORAL SOFT TISSUE	\$87.75	N	NONE	N
D7880	OCCLUSAL ORTHOTIC DEVICE	MP	N	0 – 20	N
D7941	OSTEOTOMY – MANDIBULAR RAMI	MP	Y	0 – 20	N
D7943	OSTEOTOMY- MANDIBULAR RAMI WITH BONE GRAFT	MP	Y	0 – 20	N
D7944	OSTEOTOMY- SEGMENTED OR SUBAPICAL	MP	Y	0 – 20	N
D7945	OSTEOTOMY - BODY OF MANDIBLE	MP	Y	0 – 20	N
D7946	LEFORT I- MAXILLA-TOTAL	MP	Y	0 – 20	N
D7947	LEFORT I- MAXILLA-SEGMENTED	MP	Y	0 – 20	N
D7948	LEFORT II OR LEFORT III	MP	Y	0 – 20	N
D7949	LEFORT II OR LEFORT III- WITH BONE GRAFT	MP	N	0 – 20	N
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CART GRAFT OF THE MAND OR MAX	MP	Y	0 – 20	N
D7952	SINUS AUGMENTATION	MP	N	0 – 20	N
D7953	BONE REPLACEMENT GRAFT	\$158.68	N	0 – 20	N
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$120.00	N	0-20	N

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$120.00	N	0 – 20	N
D7963	FRENULOPLASTY	\$156.00	N	0 – 20	N
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT	\$585.00 / ARCH	Y	6 – 11	Y
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT, ADOLESCENT DENTITION	\$1,170.00	Y	12 – 14	Y
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT, ADULTDENTITION	\$1,170.00	Y	15 – 18	Y
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION	\$73.13	IF THE CLIENT IS UNDER 12	0 – 18	Y
D8670	PERIODIC ORTHODONTIC TREATMENT	\$292.50	Y	12 – 18	Y
D8680	ORTHODONTIC REMOVAL & RETENTION	\$585.00	Y	12 – 18	Y
D8690	FINAL BALANCE PAYMENT	MP	Y	12 – 18	Y
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	\$146.25	Y	12 – 20	Y
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	\$146.25	Y	12 – 20	Y
D8999	ORTHODONTIC ENCOUNTER CODE FOR FQHC, RHC, & IHS/TRIBAL HEALTH CLINICS	MP	N	12 – 20	Y
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	\$56.55	N	NONE	N
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$104.81	N	NONE	N
D9223	GENERAL ANESTHESIA EACH ADDITIONAL 15 MIN	\$52.41	N	NONE	N
D9230	NITROUS OXIDE	\$24.38	N	0 – 19	N

## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST 15 MINUTES	\$60.94	N	NONE	N
D9243	IV SEDATION EACH ADDITIONAL 15 MIN	\$30.47	N	NONE	N
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$97.50	N	NONE	N
D9310	CONSULTATION, DIAG SERVICE OTHER THAN REQUESTING DENTIST	\$48.75	N	NONE	N
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$23.40	N	0 – 20	N
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$136.50	N	0 – 20	N
D9430	OFFICE VISIT, OBERSERVATION, REGULAR HOURS, NO OTHER SVCS	\$34.13	N	0 – 20	N
D9440	OFFICE VISIT, AFTER REGULAR HOURS	\$73.13	N	0 – 20	N
D9450	CASE PRESENTATION, DETAILED/EXTENSIVE TREATMENT PLANNING	MP	N	0 – 20	N
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$24.38	N	0 – 20	N
D9630	OTHER DRUGS AND/OR MEDICAMENTS	UP TO \$29.25	N	0 – 20	N
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$14.63	N	0 – 20	N
D9911	APPLICATION OF DESEN. RESIN FOR CERVICAL SURF, PER TOOTH	\$9.75	N	0 – 20	N
D9920	BEHAVIOR MANAGEMENT	UP TO \$58.50	N	0 – 10	N
D9930	TREATMENT OF COMPLICATIONS POST SURGICAL	\$25.35	N	NONE	N
D9944	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCHCH	\$192.82	Y	0 - 20	N



## WYOMING MEDICAID DENTAL FEE SCHEDULE - 2022 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	* CO-PAY
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$192.82	Y	0 - 20	N
D9950	OCCLUSION ANALYSIS	\$134.55	N	0 - 20	N
D9951	OCCLUSAL ADJUSTMENT, LIMITED	\$34.13	N	0 - 20	N
D9952	OCCLUSAL ADJUSTMENT	\$282.99	N	0 - 20	N
D9986	MISSED/BROKEN APPOINTMENT (For Tracking Only)	NOT ALLOWED	NA	NONE	N
D9999	DENTAL ENCOUNTER CODE FOR FQHC, RHC, IHS/TRIBAL HEALTH CLINICS	MP	N	NONE	N

\* Any codes that indicate Copay are strictly for members on Kid Care CHIP and Adult Medicaid Plans.