

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D0000	MISSED/BROKEN APPOINTMENT (For Tracking Only)	NOT ALLOWED	NA	NONE	N
D0120	PERIODIC ORAL EVALUATION	\$39.00	N	NONE	N
D0140	LIMITED ORAL EVALUATION	\$54.85	N	NONE	N
D0145	ORAL EVALUATION OF PATIENT UNDER 3 YEARS	\$48.75	N	0 – 3	N
D0150	COMPREHENSIVE ORAL EVALUATION	\$42.66	N	NONE	N
D0160	DETAILED & EXTENSIVE ORAL EVALUATION-PROBLEM FOCUSED	\$39.00	N	NONE	N
D0170	RE-EVALUATION-LIMITED-PROBLEM FOCUSED	\$36.56	N	NONE	N
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$78.61	N	19 – 20	N
D0191	ASSESSMENT OF A PATIENT	\$18.75	N	NONE	N
D0210	COMPLETE INTRAORAL SERIES XRAYS	\$109.69	N	NONE	N
D0220	INTRAORAL X-RAY- PERIAPICAL 1ST FILM	\$18.29	N	NONE	N
D0230	INTRAORAL X-RAY- PERIAPICAL EACH ADDITIONAL FILM	\$17.06	N	NONE	N
D0240	INTRAORAL X-RAY- OCCLUSAL FILM	\$19.50	N	0 – 20	N
D0270	BITEWING X-RAY - SINGLE FILM	\$21.94	N	NONE	N
D0272	BITEWING X-RAY - TWO FILMS	\$29.25	N	NONE	N
D0274	BITEWING X-RAY - FOUR FILMS	\$42.66	N	NONE	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$39.00	N	NONE	N
D0322	TOMOGRAPHIC SURVEY	\$36.56	N	0 – 20	N
D0330	PANORAMIC FILM	\$73.13	N	6 & UP	N
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION JAWS	\$301.88	Y	0-20	N
D0412	BLOOD GLUCOSE LEVEL TEST	\$2.78	N	NONE	N
D0460	PULP VITALITY TESTS	\$30.48	N	0 – 20	N
D0470	DIAGNOSTIC CASTS	\$42.66	N	0 – 20	N
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	MP	N	NONE	N
D1110	PROPHYLAXIS, ADULT	\$60.94	N	12 & UP	N
D1120	PROPHYLAXIS, CHILD	\$42.66	N	0 – 11	N
D1206	TOPICAL FLUORIDE VARNISH	\$42.66	N	0 – 20	N
D1208	TOPICAL APPLICATION OF FLUORIDE	\$24.38	N	0 – 20	N
D1310	NUTRITIONAL COUNSELING	\$12.19	N	0 – 3	N
D1320	TOBACCO COUNSELING	\$16.50	N	0 – 20	N
D1330	ORAL HYGIENE INSTRUCTIONS	\$12.19	N	4 – 20	N
D1351	SEALANT	\$34.13	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D1354	INTERIM CRIES ARRESTING MEDICAMENT	\$34.13	N	0 – 20	N
D1510	SPACE MAINTAINER	\$176.73	N	0 – 20	N
D1516	FIXED BILAT SPACE MAINT, MAXILLARY	\$298.60	N	0 – 20	N
D1517	FIXED BILAT SPACE MAINT, MANDIBULAR	\$298.60	N	0 – 20	N
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MAXILLARY	\$39.00	N	0 – 20	N
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MANDIBULAR	\$39.00	N	0 – 20	N
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	\$39.00	N	0 – 20	N
D1575	SPACE MAINTAINER, DISTAL SHOE	\$176.73	N	0 – 20	N
D1999	UNSPECIFIED PREVENTATIVE PROCEDURE	MP	N	NONE	N
D2140	AMALGAM, ONE SURFACE	\$95.06	N	0 – 20	N
D2150	AMALGAM, TWO SURFACE	\$117.00	N	0 – 20	N
D2160	AMALGAM, THREE SURFACE	\$143.94	N	0 – 20	N
D2161	AMALGAM, FOUR OR MORE SURFACE	\$164.54	N	0 – 20	N
D2330	RESIN-BASED COMPOSITE, ONE SURFACE, ANTERIOR	\$99.94	N	0 – 20	N
D2331	RESIN-BASED COMPOSITE, TWO SURFACE, ANTERIOR	\$119.44	N	0 – 20	N
D2332	RESIN-BASED COMPOSITE, THREE SURFACE, ANTERIOR	\$160.88	N	0 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D2335	RESIN-BASED COMPOSITE, FOUR OR MORE SURFACES, ANTERIOR	\$170.63	N	0 – 20	N
D2390	COMPOSITE CROWN, ANTERIOR	\$207.19	N	0 – 20	N
D2391	RESIN-BASED COMPOSITE, ANY SURFACE, POSTERIOR	\$95.06	N	0 – 20	N
D2392	RESIN-BASED COMPOSITE, TWO SURFACE, POSTERIOR	\$117.00	N	0 – 20	N
D2393	RESIN BASED COMPOSITE, THREE SURFACE, POSTERIOR	\$143.94	N	0 – 20	N
D2394	RESIN BASED COMPOSITE, FOUR OR MORE SURFACES, POSTERIOR	\$164.54	N	0 – 20	N
D2510	INLAY, METALLIC, ONE SURFACE	\$95.06	N	0 – 20	N
D2520	INLAY, METALLIC, TWO SURFACES	\$117.00	N	0 – 20	N
D2530	INLAY, METALLIC, THREE OR MORE SURFACES	\$143.94	N	0 – 20	N
D2542	ONLAY, METALLIC, TWO SURFACES	\$117.00	N	0 – 20	N
D2543	ONLAY, METALLIC, THREE SURFACES	\$143.94	N	0 – 20	N
D2544	ONLAY, METALLIC, FOUR OR MORE SURFACES	\$164.54	N	0 – 20	N
D2610	INLAY, PORCELAIN/CERAMIC, ONE SURFACE	\$95.06	N	0 – 20	N
D2620	INLAY, PORCELAIN/CERAMIC, TWO SURFACES	\$117.00	N	0 – 20	N
D2630	INLAY, PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$143.94	N	0 – 20	N
D2642	ONLAY, PORCELAIN/CERAMIC, TWO SURFACES	\$117.00	N	0 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D2643	ONLAY, PORCELAIN/CERAMIC, THREE SURFACES	\$143.94	N	0 – 20	N
D2644	ONLAY, PORCELAIN/CERAMIC, FOUR OR MORE SURFACES	\$164.54	N	0 – 20	N
D2650	INLAY, COMPOSITE/RESIN, ONE SURFACE	\$95.06	N	0 – 20	N
D2651	INLAY, COMPOSITE/RESIN, TWO SURFACES	\$117.00	N	0 – 20	N
D2652	INLAY, COMPOSITE/RESIN, THREE OR MORE SURFACES	\$143.94	N	0 – 20	N
D2662	ONLAY, COMPOSITE/RESIN, TWO SURFACES	\$117.00	N	0 – 20	N
D2663	ONLAY, COMPOSITE/RESIN, THREE SURFACES	\$143.94	N	0 – 20	N
D2664	ONLAY, COMPOSITE/RESIN, FOUR OR MORE SURFACES	\$164.54	N	0 – 20	N
D2710	CROWN, RESIN-BASED COMPOSITE (INDIRECT)	\$227.81	N	14 – 20	N
D2720	CROWN, RESIN WITH HIGH NOBLE METAL	\$481.41	N	14 – 20	N
D2721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL	\$246.19	N	14 – 20	N
D2722	CROWN, RESIN WITH NOBLE METAL	\$372.94	N	14 – 20	N
D2740	CROWN, PORCELAIN/CERAMIC SUBSTRATE	\$731.25	N	14 – 20	N
D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	\$731.25	N	14 – 20	N
D2751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$731.25	N	14 – 20	N
D2752	CROWN, PORCELAIN FUSED TO NOBLE METAL	\$731.25	N	14 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$731.25	N	14 – 20	N
D2780	CROWN, 3/4 CAST HIGH NOBLE METAL	\$731.25	N	14 – 20	N
D2781	CROWN, 3/4 CAST PREDOMINANTLY BASE METAL	\$731.25	N	14 – 20	N
D2782	CROWN, 3/4 CAST NOBLE METAL	\$731.25	N	14 – 20	N
D2783	CROWN, 3/4 PORCELAIN/CERAMIC	\$731.25	N	14 – 20	N
D2790	CROWN, FULL CAST HIGH NOBLE METAL	\$658.13	N	14 – 20	N
D2791	CROWN, FULL CAST PERDONMINANTLY BASE METAL	\$511.88	N	14 – 20	N
D2792	CROWN, FULL CAST NOBLE METAL	\$511.88	N	14 – 20	N
D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE	\$30.48	N	0 – 20	N
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$30.48	N	0 – 20	N
D2920	RECEMENT CROWN	\$36.56	N	0 – 20	N
D2929	PREFABRICATED PORC/CERA CROWN – PRIMARY	\$197.44	N	0 – 20	N
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	\$165.75	N	0 – 20	N
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	\$197.44	N	0 – 20	N
D2932	PREFABRICATED RESIN CROWN	\$154.79	N	0 – 20	N
D2933	PREFABRICATED S.S.CROWN WITH RESIN WINDOW	\$197.44	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D2934	PREFABRICATED ESTHETIC COATED S.S. CROWN, PRIMARY	\$127.98	N	0 – 20	N
D2940	PROTECTIVE RESIN	\$42.66	N	0 – 20	N
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$157.23	N	0 – 20	N
D2951	PIN RETENTION, PER TOOTH, IN ADDITION TO RESTORATION	\$35.35	N	0 – 20	N
D2952	CAST POST AND CORE, INDIRECTLY FABRICATED	\$152.35	N	0 – 20	N
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST SAME TOOTH	\$152.35	N	0 – 20	N
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$207.19	N	0 – 20	N
D2955	POST REMOVAL NOT IN CONJUNCTION WITH ENDO THERAPY	\$32.91	N	0 – 20	N
D2957	EACH ADDITIONAL PREFABRICATED POST	\$125.23	N	0 – 20	N
D2961	LABIAL VENEER - RESIN LAMINATE, LABORATORY	\$686.46	N	0 – 20	N
D2962	LABIAL VENEER - PORCELAIN LAMINATE, LABORATORY	\$548.44	N	0 – 20	N
D2980	CROWN REPAIR	\$54.85	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
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	MP	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D3110	PULP CAP - DIRECT, EXCLUDING FINAL RESTORATION	\$30.48	N	0 – 20	N
D3120	PULP CAP- INDIRECT, EXCLUDING FINAL RESTORATION	\$30.48	N	0 – 20	N
D3220	THERAPEUTIC PULPOTOMY	\$104.81	N	0 – 20	N
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TOOTH	\$121.88	N	0 – 20	N
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH	\$121.88	N	0 – 20	N
D3230	PULPAL THERAPY, ANTERIOR PRIMARY TOOTH	\$46.10	N	0 – 20	N
D3240	PULPAL THERAPY, POSTERIOR PRIMARY TOOTH	\$82.88	N	0 – 20	N
D3310	ENDODONTIC THERAPY, ANTERIOR	\$612.55	N	0 – 20	N
D3320	ENDODONTIC THERAPY, BICUSPID	\$686.94	N	0 – 20	N
D3330	ENDODONTIC THERAPY, MOLAR	\$837.63	N	0 – 20	N
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON- SURGICAL ACCESS	\$73.13	N	0 – 20	N
D3332	INCOMPLETE ENDODONTIC THERAPY, INOPERABLE, FRACTURED TOOTH	\$409.50	N	0 – 20	N
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$188.30	N	0 – 20	N
D3346	RETREATMENT, ROOT CANAL - ANTERIOR	\$734.83	N	0 – 20	N
D3347	RETREATMENT, ROOT CANAL - BICUSPID	\$851.70	N	0 – 20	N
D3348	RETREATMENT, ROOT CANAL - MOLAR	\$1004.28	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D3351	APEXIFICATION/RECALCIFICATION, INITIAL VISIT	\$119.44	N	0 – 20	N
D3352	APEXIFICATION/RECALCIFICATION, INTERIM MEDICAITON REPLACEMENT	\$65.81	N	0 – 20	N
D3353	APEXIFICATION/RECALCIFICATION, FINAL VISIT	\$387.56	N	0 – 20	N
D3410	APICOECTOMY/PERIRADICULAR SURGERY, ANTERIOR	\$287.23	N	0 – 20	N
D3421	APICOECTOMY/PERIRADICULAR SURGERY, BICUSPID, FIRST ROOT	\$337.79	N	0 – 20	N
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR	\$371.18	N	0 – 20	N
D3426	APICOECTOMY/PERIADICULAR SURGERY, EACH ADDITIONAL ROOT	\$52.41	N	0 – 20	N
D3430	RETROGRADE FILLING, PER ROOT	\$48.75	N	0 – 20	N
D3450	ROOT AMPUTATION	\$388.48	N	0-20	N
D3470	INTENTIONAL REIMPLANTATION	\$202.31	N	0 – 20	N
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$103.29	N	0 – 20	N
D3920	HEMISECTION, NOT INCLUDING ROOT CANAL THERAPY	\$295.24	N	0 – 20	N
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL/POST	\$134.36	N	0 – 20	N
D3999	UNSPECIFIED ENDODONTIC PROCEDURE	MP	N	0 – 20	N
D4210	GINGIVECTOMY OR GINGIVOPLASTY, 4 OR MORE TEETH	\$213.29	N	0 – 20	N
D4211	GINGIVECTOMY OR GINGIVOPLASTY, 1 TO 3 TEETH	\$80.44	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D4212	GINGIVECTOMY/PLASTY, RESTORATIVE, PER TOOTH	\$149.91	N	0 – 20	N
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING	\$535.64	N	0 – 20	N
D4241	GINGIVAL FLAP PROCEDURE, 1 TO 3 TEETH	\$309.86	N	0 – 20	N
D4245	APICALLY POSITIONED FLAP	\$394.88	N	0 – 20	N
D4249	CLINICAL CROWN LENGTHENING	\$586.83	N	0 – 20	N
D4260	OSSEOUS SURGERY, 4 OR MORE CONTIGUOUS TEETH	\$893.04	N	0 – 20	N
D4261	OSSEOUS SURGERY 1 TO 3 TEETH	\$478.98	N	0 – 20	N
D4263	BONE REPLACEMENT GRAFT, FIRST SITE	\$319.01	N	0 – 20	N
D4264	BONE REPLACEMENT GRAFT, EACH ADDITIONAL SITE	\$363.80	N	0 – 20	N
D4265	BIOLOGIC MATERIALS TO AID REGEN	\$365.93	N	0 – 20	N
D4266	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER	\$329.06	N	0 – 20	N
D4267	GUIDED TISSUE REGENERATION, NONRESORBABLE BARRIER	\$423.21	N	0 – 20	N
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$604.49	N	0 – 20	N
D4270	PEDICLE SOFT TISSUE GRAFT PROCE	\$634.36	N	0 – 20	N
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT	\$775.13	N	0 – 20	N
D4274	DISTAL OR PROXIMAL WEDGE	\$439.66	N	0 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D4275	SOFT TISSUE ALLOGRAFT	\$582.26	N	0 – 20	N
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
D4341	PERIODONTAL SCALING	\$146.25	N	0 – 20	N
D4342	PERIODONTAL SCALING 1 TO 3 TEETH	\$121.88	N	0 – 20	N
D4346	SCALING IN PRESENCE OF INFLAMMATION	\$109.69	N	NONE	N
D4355	FULL MOUTH DEBRIDEMENT	\$109.69	N	NONE	N
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS	MP	N	0 – 20	N
D4910	PERIODONTAL MAINTENANCE	\$79.83	N	0 – 20	N
D4920	UNSCHEDULED DRESSING CHANGE	\$82.26	N	0 – 20	N
D4999	UNSPECIFIED PERIODONTAL PROCEDURE	MP	N	0 – 20	N
D5110	COMPLETE DENTURE, MAXILLARY	\$975.00	N	0 – 20	N
D5120	COMPLETE DENTURE, MANDIBULAR	\$975.00	N	0 – 20	N
D5130	IMMEDIATE DENTURE, MAXILLARY	\$975.00	N	0 – 20	N
D5140	IMMEDIATE DENTURE, MANDIBULAR	\$975.00	N	0 – 20	N

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D5211	MAXILLARY PARTIAL DENTURE, RESIN BASED	\$731.25	N	0 – 20	N
D5212	MANDIBULAR PARTIAL DENTURE, RESIN BASED	\$731.25	N	0 – 20	N
D5213	MAXILLARY PARTIAL DENTURE, CAST METAL FRAMEWORK	\$731.25	N	0 – 20	N
D5214	MANDIBULAR PARTIAL DENTURE, CAST METAL FRAMEWORK	\$731.25	N	0 – 20	N
D5225	MAXILLARY PARTIAL DENTURE, FLEXIBLE BASE	\$621.56	N	0 – 20	N
D5226	MANDIBULAR PARTIAL DENTURE, FLEXIBLE BASE	\$621.56	N	0 – 20	N
D5410	ADJUST COMPLETE DENTURE, MAXILLARY	\$60.94	N	NONE	Y
D5411	ADJUST COMPLETE DENTURE, MANDIBULAR	\$60.94	N	NONE	Y
D5421	ADJUST PARTIAL DENTURE, MAXILLARY	\$19.50	N	NONE	Y
D5422	ADJUST PARTIAL DENTURE, MANDIBULAR	\$19.50	N	NONE	Y
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$48.75	N	NONE	Y
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$48.75	N	NONE	Y
D5520	REPLACE TEETH - DENTURE	\$43.88	N	NONE	Y
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$63.38	N	NONE	Y
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$63.38	N	NONE	Y
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$42.66	N	NONE	Y

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PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$42.66	N	NONE	Y
D5630	REPAIR OR REPLACE BROKEN CLASP	\$109.69	N	NONE	Y
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$82.88	N	NONE	Y
D5650	ADD TOOTH TO EXISTING PARTIAL	\$103.43	N	NONE	Y
D5660	ADD CLASP TO EXISTING PARTIAL	\$85.31	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	\$195.00	N	0 – 20	N
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$188.91	N	0 – 20	N
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$158.44	N	0 – 20	N
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$158.44	N	0 – 20	N
D5730	RELINE COMPLETE MAXILLARY DENTURE, CHAIRSIDE	\$182.81	N	NONE	Y
D5731	RELINE COMPLETE MANDIBULAR DENTURE, CHAIRSIDE	\$182.81	N	NONE	Y
D5740	RELINE MAXILLARY PARTIAL DENTURE, CHAIRSIDE	\$73.13	N	NONE	Y
D5741	RELINE MANDIBULAR PARTIAL DENTURE, CHAIRSIDE	\$73.13	N	NONE	Y
D5750	RELINE COMPLETE MAXILLARY DENTURE, LABORATORY	\$225.48	N	NONE	Y

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D5751	RELINE COMPLETE MANDIBULAR DENTURE, LABORATORY	\$225.48	N	NONE	Y
D5760	RELINE MAXILLARY PARTIAL DENTURE, LABORATORY	\$127.98	N	NONE	Y
D5761	RELINE MANDIBULAR PARTIAL DENTURE, LABORATORY	\$127.98	N	NONE	Y
D5810	INTERIM COMPLETE DENTURE, MAXILLARY	\$243.75	N	0 – 20	N
D5811	INTERIM COMPLETE DENTURE, MANDIBULAR	\$243.75	N	0 – 20	N
D5820	INTERIM PARTIAL DENTURE, MAXILLARY	\$329.06	N	0 – 20	N
D5821	INTERIM PARTIAL DENTURE, MANDIBULAR	\$219.38	N	0 – 20	N
D5850	TISSUE CONDITIONING, MAXILLARY	\$36.56	N	0 – 20	N
D5851	TISSUE CONDITIONING, MANDIBULAR	\$48.75	N	0 – 20	N
D5862	PRECISION ATTACHMENT	\$277.88	Y	0 – 20	N
D5863	OVERDENTURE COMPLETE MAX	MP	Y	17 – 20	N
D5864	OVERDENTURE PARTIAL MAX	MP	Y	17 – 20	N
D5865	OVERDENTURE COMPLETE MANDIBULAR	MP	Y	17 – 20	N
D5866	OVERDENTURE PARTIAL MANDIBULAR	MP	Y	17 – 20	N
D5952	SPEECH AID PROSTHESIS	\$2,567.05	N	0 – 20	N
D5960	SPEECH AID PROSTHESIS-MODIFICATION	\$60.94	N	0 – 20	N

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D5986	FLUORIDE GEL CARRIER	MP	N	0 – 20	N
D5991	TOPICAL MEDICAMENT CARRIER	\$121.35	N	0 – 20	N
D6010	SURGICAL PLACEMENT OF IMPLANT	MP	Y	17 – 20	N
D6040	SURGICAL PLACEMENT, EPOSTEAL IMPLANT	MP	Y	17 – 20	N
D6050	SURGICAL PLACEMENT	MP	Y	17 – 20	N
D6051	INTERIM ABUTMENT	MP	Y	17 – 20	N
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	MP	Y	17 – 20	N
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	MP	Y	17 – 20	N
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	MP	Y	17 – 20	N
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	MP	Y	17 – 20	N
D6059	ABUTMENT SUPPORTED PORC FUSED CROWN, HIGH NOBLE METAL	MP	Y	17 – 20	N
D6060	ABUTMENT SUPPORTED PORC FUSED CROWN, PREDOMINANTLY BASE	MP	Y	17 – 20	N
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED CROWN, NOBLE METAL	MP	Y	17 – 20	N
D6062	ABUTMENT SUPPORTED CAST CROWN, HIGH NOBLE METAL	MP	Y	17 – 20	N
D6063	ABUTMENT SUPPORTED CAST CROWN, PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N
D6064	ABUTMENT SUPPORTED CAST CROWN, NOBLE METAL	MP	Y	17 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D6065	IMPLANT SUP PORCELAIN/ CERAMIC CROWN	MP	Y	17 – 20	N
D6066	IMPLANT SUP PORCELAIN CROWN, TITANIUM,T.ALLOY, HIGH NOBLE	MP	Y	17 – 20	N
D6067	IMPLANT SUP METAL CROWN, TITANIUM,T.ALLOY, HIGH NOBLE	MP	Y	17 – 20	N
D6068	ABUTMENT SUP RETAINER FOR PORCELAIN/CERAMIC FPD	MP	Y	17 – 20	N
D6069	ABUTMENT SUP RETAINER FOR PORCELAIN FUSED FPD, HIGH NOBLE	MP	Y	17 – 20	N
D6070	ABUTMENT RETAINER PORCELAIN FUSED FPD, PREDOMINATELY BASE	MP	Y	17 – 20	N
D6071	ABUTMENT SUPPORTED RETAINER PORC FUSED FPD, NOBLE METAL	MP	Y	17 – 20	N
D6072	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, HIGH NOBLE	MP	Y	17 – 20	N
D6073	ABUTMENT SUP RETAINER CAST METAL FPD, PREDOMINATELY BASE	MP	Y	17 – 20	N
D6074	ABUTMENT SUPPORTED RETAINER CAST METAL FPD, NOBLE METAL	MP	Y	17 – 20	N
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	MP	Y	17 – 20	N
D6076	IMPLANT RETAINER, PORCELAIN FUSED FPD,TITANIUM, HIGH NOBLE	MP	Y	17 – 20	N
D6077	IMPLANT RETAINER, CAST METAL FPD, TITANIUM, T.ALLOY, HIGH NOBLE	MP	Y	17 – 20	N
D6080	IMPLANT MAINTENENCE PROCEDURES,	MP	Y	17 – 20	N
D6085	PROVISIONAL IMPLANT CROWN	\$197.44	Y	17 – 20	N
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS	MP	Y	17 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D6091	REPLACE SEMI PREC OR PREC OF IMPLANT	MP	Y	17 – 20	N
D6092	RECEMENT IMPLANT	MP	Y	17 – 20	N
D6093	RECEMENT SUPPORTED FIXED PARTIAL	MP	Y	17 – 20	N
D6094	SUPPORTED CROWN	MP	Y	17 – 20	N
D6100	IMPLANT REMOVAL	MP	Y	17 – 20	N
D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	MP	Y	17 – 20	N
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING	MP	Y	17 – 20	N
D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	MP	Y	17 – 20	N
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	MP	Y	17 – 20	N
D6199	UNSPECIFIED IMPLANT PROCEDURE	MP	Y	17 – 20	N
D6210	PONTIC, CAST HIGH NOBLE METAL				
	PONTIC, CAST HIGH NOBLE METAL	MP	Y	17 – 20	N
D6211	PONTIC, CAST PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N
D6212	PONTIC, CAST NOBLE METAL	MP	Y	17 – 20	N
D6240	PONTIC, PORCELAIN FUSED TO HIGH NOBLE METAL	MP	Y	17 – 20	N
D6241	PONTIC, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D6242	PONTIC, PORCELAIN FUSED TO NOBLE METAL	MP	Y	17 – 20	N
D6245	PONTIC - PORCELAIN/CERAMIC	MP	Y	17 – 20	N
D6250	PONTIC, RESIN WITH HIGH NOBLE METAL	MP	Y	17 – 20	N
D6251	PONTIC, RESIN WITH PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N
D6252	PONTIC, RESIN WITH NOBLE METAL	MP	Y	17 – 20	N
D6253	PROVISIONAL PONTIC	MP	Y	17 – 20	N
D6545	RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	MP	Y	17 – 20	N
D6548	RETAINER, PORC/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	MP	Y	17 – 20	N
D6600	INLAY, PORCELAIN/CERAMIC, 2 SURFACES	MP	Y	17 – 20	N
D6601	INLAY, PORCELAIN/CERAMIC, 3 OR MORE SURFACES	MP	Y	17 – 20	N
D6602	INLAY, CAST HIGH NOBLE METAL, 2 SURFACES	MP	Y	17 – 20	N
D6603	INLAY, CAST HIGH NOBLE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	N
D6604	INLAY, PREDOMINANTLY BASE METAL, 2 SURFACES	MP	Y	17 – 20	N
D6605	INLAY, PREDOMINANTLY BASE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	N
D6606	INLAY, CAST NOBLE METAL, 2 SURFACES	MP	Y	17 – 20	N
D6607	INLAY, CAST NOBLE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D6608	ONLAY- PORCELAIN/CERAMIC, TWO SURFACE	MP	Y	17 – 20	N
D6609	ONLAY- PORCELAIN/CERAMIC, THREE OR MORE SURFACES	MP	Y	17 – 20	N
D6610	ONLAY- CAST HIGH NOBLE METAL, TWO SURFACE	MP	Y	17 – 20	N
D6611	ONLAY- CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	MP	Y	17 – 20	N
D6612	ONLAY- CAST PREDOMINANTLY BASE METAL, TWO SURFACE	MP	Y	17 – 20	N
D6613	ONLAY- CAST PREDOMINANTLY BASE METAL, 3 OR MORE SURFACES	MP	Y	17 – 20	N
D6614	ONLAY- CAST NOBLE METAL, TWO SURFACES	MP	Y	17 – 20	N
D6615	ONLAY- CAST NOBLE METAL, THREE OR MORE SURFACES	MP	Y	17 – 20	N
D6710	CROWN, INDIRECT RESIN BASED COMPOSITE	MP	Y	17 – 20	N
D6720	CROWN, RESIN WITH HIGH NOBLE METAL	MP	Y	17 – 20	N
D6721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N
D6722	CROWN, RESIN WITH NOBLE METAL	MP	Y	17 – 20	N
D6740	CROWN, PORCELAIN/CERAMIC	MP	Y	17 – 20	N
D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL	MP	Y	17 – 20	N
D6751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N
D6752	CROWN, PORCELAIN FUSED TO NOBLE METAL	MP	Y	17 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D6780	CROWN, 3/4 CAST HIGH NOBLE METAL	MP	Y	17 – 20	N
D6781	CROWN, 3/4 CAST PREDOMINANTLY BASE METAL	MP	Y	17 – 20	N
D6782	CROWN, 3/4 CAST NOBLE METAL	MP	Y	17 – 20	N
D6783	CROWN, 3/4 PORCELAIN/CERAMIC	MP	Y	17 – 20	N
D6790	CROWN, FULL CAST HIGH NOBLE METAL	MP	Y	17 – 20	N
D6791	CROWN, FULL CAST PERDONMINANTLY BASE METAL	MP	Y	17 – 20	N
D6792	CROWN, FULL CAST NOBLE METAL	MP	Y	17 – 20	N
D6793	PROVISIONAL RETAINER CROWN	MP	Y	17 – 20	N
D6794	CROWN (TITANIUM)	MP	Y	17 – 20	N
D6920	CONNECTOR BAR	MP	Y	17 – 20	N
D6930	RECEMENT FIXED PARTIAL DENTURE	\$78.00	N	17 – 20	N
D6940	STRESS BREAKER	MP	Y	17 – 20	N
D6980	FIXED PARTIAL DENTURE REPAIR	MP	Y	17 – 20	N
D6985	PEDIATRIC PARTIAL DENTURE	MP	Y	0 – 20	N
D6999	UNSPECIFIED PROSTHODONTIC PROCEDURE	MP	Y	17 – 20	N
D7111	EXTRACTION CORONAL REMNANTS-DECIDUOUS TOOT	\$63.38	N	NONE	Y

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$85.84	N	NONE	Y
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$160.88	N	NONE	Y
D7220	REMOVAL IMPACTED TOOTH, SOFT TISSUE	\$195.00	N	NONE	Y
D7230	REMOVAL IMPACTED TOOTH, PARTIALLY BONY	\$217.19	N	NONE	Y
D7240	REMOVAL IMPACTED TOOTH, COMPLETELY BONY	\$262.70	N	NONE	Y
D7241	REM. IMPACTED TOOTH, COMPLETE BONY, UNUSUAL COMPLICATIONS	\$292.50	N	NONE	Y
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS, CUTTING PROCEDURE	\$146.25	N	NONE	Y
D7261	PRIMARY CLOSURE OF SINUS PERFORATION	MP	N	0 – 20	N
D7270	TOOTH REIMPLANTATION/STABILIZATION	\$219.38	N	0 – 20	N
D7280	SURGICAL ACCESS OF UNERUPTED TOOTH	\$192.64	N	0 – 20	N
D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	MP	N	0 – 20	N
D7283	PLACE DEVICE ON IMPACTED TOOTH	\$121.49	N	0 – 20	N
D7286	BIOPSY OF ORAL TISSUE – SOFT	\$182.81	N	0 – 20	N
D7287	EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION	MP	N	0 – 20	N
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3	\$203.84	N	0 – 20	N
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS -1 TO 3	\$320.84	N	0 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM, SOFT TISSUES LESIONS	\$146.25	N	NONE	N
D7411	EXCISION OF BENIGN LESION GREATER , SOFT TISSUE	\$152.35	N	NONE	N
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR; DIAMETER UP TO 1.25 CM	\$236.51	N	0 – 20	N
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR; DIAMETER GREATER THAN 1.25 CM	\$354.78	N	0 – 20	N
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR- LESION: DIAMETER UP TO 1.25 CM	\$236.51	N	0 – 20	N
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR- LESION: DIAMETER GREATER THAN 1.25	\$354.78	N	0 – 20	N
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	\$146.25	N	0 – 20	N
D7510	INCISION AND DRAINAGE OF ABSCESS, INTRAORAL SOFT TISSUE	\$87.75	N	NONE	N
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCATANEOUS ALVEOLAR TISSUE	\$232.84	N	0-20	N
D7880	OCCLUSAL ORTHOTIC DEVICE	\$192.82	N	0 – 20	N
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$170.00	N	NONE	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

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
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	\$198.35	N	0 – 20	N
D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$150.00	N	0-20	N
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$150.00	N	0 – 20	N
D7963	FRENULOPLASTY	\$195.00	N	0 – 20	N
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$731.25/ ARCH	Y	6 - 11	N
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$731.25/ ARCH	Y	6 - 11	N
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$731.25/ ARCH	Y	6 - 11	N
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT, ADOLESCENT DENTITION	\$1,462.50	Y	12 – 14	N
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT, ADULTDENTITION	\$1,462.50	Y	15 – 18	N
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION	\$91.41	IF THE CLIENT IS UNDER 12	0 – 18	N
D8670	PERIODIC ORTHODONTIC TREATMENT	\$365.63	Y	12 – 18	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D8680	ORTHODONTIC REMOVAL & RETENTION	\$731.25	Y	12 – 18	N
D8691	REPAIR OF ORTHODONTIC APPLIANCE	\$63.38	N	12 – 20	N
D8692	REPAIR OF LOST OR BROKEN RETAINER	\$182.81	N	12 – 20	N
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	\$39.00	N	12 – 20	N
D8694	REPAIR FIXED RETAINERS	\$63.38	N	12 – 20	N
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	\$182.81	Y	12 – 20	N
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	\$182.81	Y	12 – 20	N
D8999	ORTHODONTIC ENCOUNTER CODE FOR FQHC, RHC, & IHS/TRIBAL HEALTH CLINICS	MP	N	12 – 20	N
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN	\$70.69	N	NONE	N
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$131.01	N	NONE	N
D9223	GENERAL ANESTHESIA EACH ADDITIONAL 15 MIN	\$89.43	N	NONE	N
D9230	NITROUS OXIDE	\$30.48	N	NONE	N
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	\$76.18	N	NONE	N
D9243	IV SEDATION EACH ADDITIONAL 15 MIN	\$38.09	N	NONE	N
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$121.88	N	NONE	N
D9310	CONSULTATION, DIAG SERVICE OTHER THAN REQUESTING DENTIST	\$60.94	N	NONE	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$29.25	N	0 – 20	N
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$170.63	N	0 – 20	N
D9430	OFFICE VISIT, OBSERVATION, REGULAR HOURS, NO OTHER SVCS	\$42.66	N	0 – 20	N
D9440	OFFICE VISIT, AFTER REGULAR HOURS	\$91.41	N	0 – 20	N
D9450	CASE PRESENTATION, DETAILED/EXTENSIVE TREATMENT PLANNING	MP	N	0 – 20	N
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$30.48	N	0 – 20	N
D9630	OTHER DRUGS AND/OR MEDICAMENTS	UP TO \$29.25	N	0 – 20	N
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$18.29	N	0 – 20	N
D9911	APPLICATION OF DESEN. RESIN FOR CERVICAL SURF, PER TOOTH	\$12.19	N	0 – 20	N
D9920	BEHAVIOR MANAGEMENT	UP TO \$58.50	N	0 – 10	N
D9930	TREATMENT OF COMPLICATIONS POST SURGICAL	\$31.69	N	NONE	N
D9944	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	\$241.03	N	0 - 20	N
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$241.03	N	0 - 20	N
D9950	OCCLUSION ANALYSIS	\$168.19	N	0 – 20	N
D9951	OCCLUSAL ADJUSTMENT, LIMITED	\$42.66	N	0 – 20	N
D9952	OCCLUSAL ADJUSTMENT	\$353.74	N	0 – 20	N

WYOMING MEDICAID DENTAL FEE SCHEDULE - 2026 RATES

PROCEDURE CODE	DESCRIPTION	FEE	PA REQUIRED	AGE LIMIT	CO-PAY
D9999	DENTAL ENCOUNTER CODE FOR FQHC, RHC, IHS/TRIBAL HEALTH CLINICS	MP	N	NONE	N