

State	Adult Denture Coverage	Preauthorization (Y/N)	Rate (D5110-D5140)	Annual Limit (\$)	Notes
Alabama					
Alaska		Yes	D5110: \$1,119.80 D5120: \$1,145.25	\$1,150 per year, can combine this year allowance and next years allowance for dentures.	
Arizona					
Arkansas		No	\$500.00	\$500 for dentist's service, lab fee excluded from limit	Arkansas Medicaid will only provide one denture for a lifetime; Partials are covered as well, but there is a preauthorization requirement
California		Yes	D5110-D5140: \$450.00		
Colorado		Yes	D5110: \$834.72 D5120: \$836.22 D5130: \$834.72 D5140: \$836.22		Colorado will only provide one denture for a lifetime
Connecticut		Yes	D5110: \$ 692.90 D5120: \$692.90		Denture prosthesis construction is limited to one time per each 7-year period, except if health is in jeopardy with absence of denture
Delaware					
District of Columbia		No	D5110: \$1,000 D5120: \$1,000		If there is a pre-existing prosthesis, it must be at least five years old and unserviceable to qualify for replacement.
Florida		Yes	D5110: \$311.37 D5120: \$311.37		1 upper, 1 lower, or 1 set of full dentures; upper, 1 lower, or 1 set of partial dentures. Frequency is not defined; but relining is eligible every 366 days.; Fee schedule for 2024 has not been released at this time.
Georgia					
Hawaii		Yes	Oahu: D5110 - D5120: \$634.20 D5130-D5140: \$691.50 Other: D5110-D5120: \$687.05 D5130 - D5140: \$749.13		Limited to 1 per 5 years per prosthesis
Idaho		Yes	D5110 - D5120: \$549.29 D5130-D5140: \$499.19		One (1) D5110, D5130, or D5211 per seven (7) years, per patient. If submitted more than seven (7) years from any prior D5110 with a code of D5512 in history within the past 12 months, the fee for D5110/D5120 will be reduced by the fee for the D5512/D5511 by the same provider, office, or group.
Illinois		Yes	D5110 - D5120: \$444.09 D5130-D5140: \$376.35		

<b>Indiana</b>		Yes	D5110: \$559.03 D5120:\$562.39 D5130: \$583.98 D5140: \$588.19	\$600	The IHCP waives the 60-day waiting period between the date of the last extraction and the date of the initial impression. The IHCP does not reimburse for additional charges related to furnishing the dentures before the 60-day waiting period. Providers can hold the patient responsible for these additional charges if the provider gives the patient advance notice and documents this in the record as described previously. The IHCP provides reimbursement for dentures once every six years.
<b>Iowa</b>		No	D5110: \$532.22 D5120:\$527.11 D5130: \$562.94 D5140: \$511.76	\$1,000	Limits to once every five years
<b>Kansas</b>		Yes	D5110: \$1106.14 D5120:\$1107.92		Limits to once every five years
<b>Kentucky</b>		No	D5110: \$656.11 D5120:\$611.73 D5130: \$567.40 D5140: \$543.95		Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year period. Denture repairs should not exceed three times in 12-month period; and a broken tooth on denture should exceed once per 12-month period.
<b>Louisiana</b>		Yes	D5110-D5140: \$837.00		Only one complete or partial denture per arch is allowed in an eight-year period. The eight-year period begins from the date the previous complete or partial denture for the same arch was delivered. Since the Adult Denture Program does not reimburse for extractions, providers must make final arrangements for the removal of the remaining teeth prior to starting an immediate denture. Other regulations around the Adult Denture Program can be found here: <a href="https://ldh.la.gov/assets/medicaid/DBPMP/DBPM_Manual.pdf">https://ldh.la.gov/assets/medicaid/DBPMP/DBPM_Manual.pdf</a>
<b>Maine</b>		Yes	D5110 - D5120: \$743.59 D5130 - D5140:\$771.27		One partial or complete denture every five years.
<b>Maryland</b>					
<b>Massachusetts</b>		No	D5110: \$730 D5120:\$730 D5130: \$767 D5140: \$766		One per 7 years for complete dentures; One per lifetime for immediate dentures
<b>Michigan</b>		No	D5110: \$939 D5120:\$932.50 D5130: \$1,039.25 D5140: \$1,041.75		Covered once every five years per arch.

<b>Minnesota</b>		Yes	D5110: \$474.45 D5120:\$479.56 D5130: \$479.56 D5140: \$474.45		All prosthodontics have a service limit of one every years years. If requesting replacement of existing prosteheiss, explain why current one cannot be relined, rebased or repaired.
<b>Mississippi</b>					
<b>Missouri</b>		No	D5110: \$1,608.00 D5120:\$1,627.20 D5130: \$1,690.40 D5140: \$1,703.20		Coverage is very limited for dentures for those under 21, pregnant women, the blind, and those in nursing home; Immediate dentures are restricted to once in a lifetime.
<b>Montana</b>		No, only for replacements	D5110: \$922.50 D5120:\$922.50 D5130: \$1,014.75 D5140: \$1,014.75		Full dentures may be replaced every 10 years; partials can be replaced every five years; one lost pair of dentures in a person's lifetime is covered.
<b>Nebraska</b>		Yes	D5110 - D5120: \$797.17 D5130 - D5140:\$646.86		Covered 180 days after lacement of interim dentures; relines, rebses and adjustments are included in the 180 days after placement and not billable after that time. Immediate dentures are considered a permanent denture
<b>Nevada</b>		No, only exceptional circumstances (stolen, fire, lost with natura ldisaster, etc.)	D5110 - D5120: \$676.50 D5130-D5140:\$732.88		Full (or partial) may be provided when medically necessary to prevent the progression of weight loss and prmote adequate mastication; limits reimbursement to once every five years.
<b>New Hampshire</b>		No	D5110-D5140: \$840.00	\$1,500 yearly limit	Only individuals who are nursing facility residents, individuals with development disability, acquired brain disorders, individuals in need of home & community-based services may qualify
<b>New Jersey</b>		Yes	D5110: \$2,127.67 (N) or \$1,882.33 (S) D5120: \$2,217.67 (N) or \$1,886.51 (S) D5130-D5140:\$2,304.11(N) or \$2038.93 (S)		*Under rate, (N) = North, (S) = South, each set covered every 7.5 years
<b>New Mexico</b>		Yes	D5110 - D5120: \$783.40 D5130-D5140:\$840.53		One of each arch per 60 months per patient
<b>New York</b>		Yes	D5110: \$ 565.60 D5120: \$565.60		Complete dentures and partial dentures will not be replaced for a minimum of 8 years, unless with prior approval with dentist explanation of why dentures must be replaced
<b>North Carolina</b>		Yes, will need preauthorization for replacement dentures before 10 years.	D5110 - D5120: \$611.52** D5130-D5140:\$663.38**		Only one denture is allowed per arch every 10 years; Medicaid does not cover temporary or interim dentures. Rates are from 2022 Fee Schedule as current fees are behind a membership portal.
<b>North Dakota</b>		Yes	D5110: \$1,087.40 D5120:\$1,102.44 D5130: \$1,150.08 D5140: \$1,161.79		All dentures have a 7-year time; immediate dentures have a one-time limit for life.

<b>Ohio</b>		Yes	D5110-D5140: \$764.40		\$3 co-pay per visit for non-pregnant individuals who are not residing in a nursing or intermediate care facility
<b>Oklahoma</b>		Yes	D5110 - D5120: \$839.25** D5130-D5140:\$923.18**		Limited to one(1) every five (5) years for adults under age twenty-five (25) and one (1) every seven years for adults twenty-five (25) years old and older. Rates are from 2023 Fee Schedule as current fees have not been uploaded to state website.
<b>Oregon</b>		Yes	D5110-D5140: \$354.63		Full dentures every 10 years, partial dentures every five years.
<b>Pennsylvania</b>		Yes	D5110-D5140: \$525.00		Only one set per lifetime, absent any approve exceptions. That one set includes one partial or full upper denture, and one partial or full lower denture.
<b>Rhode Island</b>		No, except in special circumstances for replacement	D5110: \$ 730.00 D5120: \$730.00		Allows one set of partial and/or complete dentures during a 5-year period from any provider.
<b>South Carolina</b>					
<b>South Dakota</b>		Yes	D5110: \$1,182.27 D5120:\$1,197.37 D5130: \$1,360.75 D5140: \$1,401.23	\$2,000 limit for plan, but dentures are exempted	Allows one set of dentures/partials every five years
<b>Tennessee</b>		Yes, extensive treatment plans may undergo second review	All dental services are capped at 100% of the Tennessee Adjusted Medicare amount applicable at the time of service. If there is no appropriate Medicare amount (in many instances), then the maximum amount allowed under the the Medical Fee Schedule is usually and customary, which is 80% of billed charges.		Allows one set of dentures every five years
<b>Texas</b>					
<b>Utah</b>		Yes	D5110: \$1,182.27 D5120:\$1,197.37 D5130: \$1,360.75 D5140: \$1,401.23		Utah's program for adults is very limited to 65 years or older, those who are blind, parents who are at 60% of the FPL or individuals who are at or below 5% FPL chronically homeless, involved in the criminal justice system, or undergoing substance use treatment.
<b>Vermont</b>		No	D5110-D5140: \$1251.75	\$1,500	Dentures are limited to 1 per arch per 5 years. However, replacement denture(s) will be considered in less than 5 years in the following circumstances: stolen, fire, or circumstances beyond a patient's control.

<b>Virginia</b>		Yes	D5110-D5140: \$1251.75		In general, if there is a pre-existing removable prosthesis (includes partial and full dentures), it must be at least 5 years old and unserviceable to qualify for replacement. Narrative of medical necessity must be included in preauthorization along with radiographs.
<b>Washington</b>		No, only PA for replacement	D5110-D5120: \$780.45		One initial maxillary complete denture and one initial mandibular complete denture per client; One replacement maxillary complete and one replacement mandibular complete denture per client's lifetime, if medically necessary and a minimum of 5 years has elapsed.
<b>West Virginia</b>					
<b>Wisconsin</b>		Yes	D5110: \$613.28 D5120: \$613.69		Wisconsin Medicaid may reimburse for full dentures when a member has only one or two remaining teeth per arch if this treatment would maintain proper anchorage and if the denture could be converted to a full denture by a simple repair, in the event of tooth loss. Generally, given reasonable care and maintenance, a prosthesis should last at least five years. Coverage of removable prosthodontic services is limited to one new full or partial denture per arch per five years unless unusual circumstances are documented with the PA
<b>Wyoming</b>					Only coverage for repairs or relines of dentures

*Legend*

	Yes
	No
	Eligibility Limitations

*Program Contact:*

This chart was created on February 7, 2024. For more information, please contact Ian Hedges, Director of Medicaid and Medicare Program Policy at [hedgesi@ada.org](mailto:hedgesi@ada.org)

*\*Due to evolving developments in the regulatory/legislative environments, this grid is subject to change and may not reflect current benefits, rates or limitations.*