NC Medicaid Dental Reimbursement Rates
Ambulatory Surgical Center Services Dental
Effective Date: April 21, 2015
Taxonomy: 261QA1903X **Specialty:** 068

The inclusion of a rate on this table does not guarantee that a service is covered.
Refer to the NC Medicaid and Health Choice Clinical Coverage Policies on the DHB website.
https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/dental-program-clinical-coverage-policies

An Ambulatory Surgical Center (ASC) must submit claims for dental facility use with an electronic claim in NCTracks.
Paper claims are no longer accepted. These claims will be reimbursed based on the total time for each case, as follows:

ASC Group	Total Time	Reimbursement
1	Up to 30 minutes	$307.50
2	31–60 minutes	$411.85
3	61–90 minutes	$470.95
4	Over 90 minutes	$581.76

List of Ambulatory Surgical Center Dental Codes
D7285 D7286 D7288 D7410 D7411 D7412 D7413 D7414 D7415 D7440 D7441 D7460 D7461
D7465 D7490 D7540 D7610 D7620 D7630 D7640 D7650 D7660 D7680 D7710 D7720 D7730
D7740 D7750 D7760 D7780 D7810 D7820 D7830 D7840 D7850 D7858 D7860 D7865 D7870
D7872 D7873 D7910 D7911 D7912 D7920 D7940 D7941 D7943 D7944 D7945 D7946 D7947
D7948 D7949 D7950 D7955 D7980 D7981 D7982 D7983 D7990 D7991

Providers must complete the claim as instructed below:
1. Enter the place of service code as "24" for the ASC.
2. Enter the dental procedure codes (Code on Dental Procedures and Nomenclature CDT-2015) for the services provided by the
3. Note: All dental codes begin with the "D" prefix. Only the dental procedure codes (CDT-2015) listed in the clinical coverage policy
4. Enter modifier SG for each procedure code.
5. Enter all charges on detail line 1 of the claim.
6. Enter the total operating room time on detail line 1 of the claim (one unit = one minute).
7. For all remaining detail lines, enter the number of times (units) each dental procedure was provided with zero charges
8. Submit all dental procedure codes on one electronic claim for the surgery date.