

**NC Medicaid Dental Reimbursement Rates  
Rural Health Centers  
Effective Date: March 1, 2020**

**Taxonomies: 261QR1300X Specialty: 075**

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>

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<b>CDT Code</b>	<b>Description</b>	<b>Medicaid Rate</b>
D0120	Periodic oral evaluation - established patient	28.90
D0140	Limited oral evaluation - problem focused	41.19
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	39.91
D0150	Comprehensive oral evaluation - new or established patient	49.98
D0160	Detailed and extensive oral evaluation - problem focused, by report	76.48
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	32.19
D0210	Intraoral - complete series of radiographic images	80.43
D0220	Intraoral - periapical first radiographic image	16.70
D0230	Intraoral - periapical each additional radiographic image	13.48
D0240	Intraoral - occlusal radiographic image	17.90
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	24.10
D0270	Bitewing - single radiographic image	12.71
D0272	Bitewings - two radiographic images	20.73
D0273	Bitewings - three radiographic images	28.30
D0274	Bitewings - four radiographic images	35.94
D0310	Sialography	111.32
D0320	Temporomandibular joint arthrogram, including injection	226.96
D0330	Panoramic radiographic image	66.38
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	58.71
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	56.21
D0470	Diagnostic casts	47.93
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	56.20
D0999	TELEPHONIC PATIENT ENCOUNTER, AUDIO ONLY	23.10
D1110	Prophylaxis - adult	42.69
D1120	Prophylaxis - child	30.48
D1206	Topical application of fluoride varnish	17.61
D1208	Topical application of fluoride - excluding varnish	18.53

<b>CDT Code</b>	<b>Description</b>	<b>Medicaid Rate</b>
D1351	Sealant - per tooth	32.02
D1354	Interim caries arresting medicament application - per tooth	11.55
D1510	Space maintainer - fixed - unilateral	213.94
D1516	Space maintainer - fixed - bilateral, maxillary	299.51
D1517	Space maintainer - fixed - bilateral, mandibular	299.51
D1575	Distal shoe space maintainer - fixed - unilateral	213.94
D2140	Amalgam - one surface, primary or permanent	79.57
D2150	Amalgam - two surfaces, primary or permanent	100.82
D2160	Amalgam - three surfaces, primary or permanent	116.72
D2161	Amalgam - four or more surfaces, primary or permanent	128.49
D2330	Resin-based composite - one surface, anterior	73.83
D2331	Resin-based composite - two surfaces, anterior	91.21
D2332	Resin-based composite - three surfaces, anterior	107.82
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	136.58
D2390	Resin-based composite crown, anterior	194.16
D2391	Resin-based composite - one surface, posterior	85.15
D2392	Resin-based composite - two surfaces, posterior	112.97
D2393	Resin-based composite - three surfaces, posterior	137.40
D2394	Resin-based composite - four or more surfaces, posterior	166.48
D2930	Prefabricated stainless steel crown - primary tooth	161.64
D2931	Prefabricated stainless steel crown - permanent tooth	173.84
D2932	Prefabricated resin crown	189.92
D2933	Prefabricated stainless steel crown with resin window	211.80
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	211.80
D2940	Protective restoration	44.56
D2949	Restorative foundation for an indirect restoration	Manually Priced
D2950	Core buildup, including any pins when required	110.07
D2951	Pin retention - per tooth, in addition to restoration	26.73
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	90.85
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	90.85
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	160.45
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	213.94
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	317.71
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	375.47
D3330	Endodontic therapy, molar (excluding final restoration)	459.23
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	159.60
D3352	Apexification/recalcification - interim medication replacement	116.12
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	232.25
D3355	Pulpal regeneration - initial visit	Manually Priced
D3356	Pulpal regeneration - interim medication replacement	Manually Priced

<b>CDT Code</b>	<b>Description</b>	<b>Medicaid Rate</b>
D3357	Pulpal regeneration - completion of treatment	Manually Priced
D3410	Apicoectomy - anterior	300.14
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bound spaces per quadrant	287.04
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bound spaces per quadrant	106.59
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	338.25
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	285.84
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	112.64
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	65.52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	42.69
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	75.48
D4910	Periodontal maintenance	57.28
D5110	Complete denture - maxillary	655.21
D5120	Complete denture - mandibular	655.21
D5130	Immediate denture - maxillary	710.76
D5140	Immediate denture - mandibular	732.74
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	485.90
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	485.90
D5410	Adjust complete denture - maxillary	35.64
D5411	Adjust complete denture - mandibular	35.64
D5421	Adjust partial denture - maxillary	35.64
D5422	Adjust partial denture - mandibular	35.64
D5511	Repair broken complete denture base, mandibular	86.44
D5512	Repair broken complete denture base, maxillary	86.44
D5520	Replace missing or broken teeth - complete denture (each tooth)	72.86
D5611	Repair resin partial denture base, mandibular	86.44
D5612	Repair resin partial denture base, maxillary	86.44
D5621	Repair cast partial framework, mandibular	117.42
D5622	Repair cast partial framework, maxillary	117.42
D5630	Repair or replace broken retentive/clasping materials - per tooth	165.80
D5640	Replace broken teeth - per tooth	73.39
D5650	Add tooth to existing partial denture	89.10
D5660	Add clasp to existing partial denture - per tooth	133.71
D5730	Reline complete maxillary denture (chairside)	152.01
D5731	Reline complete mandibular denture (chairside)	152.01
D5740	Reline maxillary partial denture (chairside)	149.39
D5741	Reline mandibular partial denture (chairside)	154.01
D5750	Reline complete maxillary denture (laboratory)	193.42
D5751	Reline complete mandibular denture (laboratory)	193.42
D5760	Reline maxillary partial denture (laboratory)	188.70
D5761	Reline mandibular partial denture (laboratory)	188.70
D5876	Add metal substructure to acrylic full denture (per arch)	86.44

<b>CDT Code</b>	<b>Description</b>	<b>Medicaid Rate</b>
D6985	Pediatric partial denture, fixed	384.21
D7111	Extraction, coronal remnants - primary tooth	57.76
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	71.18
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, in indicated	122.37
D7220	Removal of impacted tooth - soft tissue	139.21
D7230	Removal of impacted tooth - partially bony	185.97
D7240	Removal of impacted tooth - completely bony	216.62
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	259.94
D7250	Removal of residual tooth roots (cutting procedure)	133.44
D7251	Coronectomy - intentional partial tooth removal	Manually Priced
D7260	Oroantral fistula closure	439.87
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	236.83
D7280	Surgical access of an unerupted tooth	213.14
D7283	Placement of device to facilitate eruption of impacted tooth	239.72
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	157.78
D7286	Incisional biopsy of oral tissue - soft	121.19
D7288	Brush biopsy - transepithelial sample collection	121.19
D7295	Harvest of bone for use in autogenous grafting procedure	Manually Priced
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	115.32
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	107.82
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	168.25
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	150.96
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	604.98
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1,120.79
D7410	Excision of benign lesion up to 1.25 cm	180.91
D7411	Excision of benign lesion greater than 1.25 cm	236.93
D7412	Excision of benign lesion, complicated	322.06
D7413	Excision of malignant lesion up to 1.25 cm	268.02
D7414	Excision of malignant lesion greater than 1.25 cm	392.31
D7415	Excision of malignant lesion, complicated	470.12
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	216.15
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	385.98
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	205.34
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	263.16
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	272.94

<b>CDT Code</b>	<b>Description</b>	<b>Medicaid Rate</b>
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	408.71
D7465	Destruction of lesion(s) by physical or chemical method, by report	156.72
D7471	Removal of lateral exostosis (maxilla or mandible)	252.85
D7472	Removal of torus palatinus	293.53
D7473	Removal of torus mandibularis	291.95
D7485	Reduction of osseous tuberosity	263.12
D7490	Radical resection of maxilla or mandible	3,428.64
D7510	Incision and drainage of abscess - intraoral soft tissue	124.36
D7520	Incision and drainage of abscess - extraoral soft tissue	275.70
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	141.52
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	270.19
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	351.79
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	442.02
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,769.71
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,390.37
D7630	Mandible - open reduction (teeth immobilized, if present)	1,743.77
D7640	Mandible - closed reduction (teeth immobilized, if present)	1,369.83
D7650	Malar and/or zygomatic arch - open reduction	1,582.20
D7660	Malar and/or zygomatic arch - closed reduction	1,344.44
D7670	Alveolus - closed reduction, may include stabilization of teeth	550.09
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,655.91
D7710	Maxilla - open reduction	1,864.27
D7720	Maxilla - closed reduction	1,357.40
D7730	Mandible - open reduction	1,891.29
D7740	Mandible - closed reduction	1,464.40
D7750	Malar and/or zygomatic arch - open reduction	1,667.58
D7760	Malar and/or zygomatic arch - closed reduction	1,845.90
D7770	Alveolus - open reduction stabilization of teeth	1,080.73
D7780	Facial bones - complicated reduction with fixation and multiple approaches	3,180.62
D7810	Open reduction of dislocation	1,726.48
D7820	Closed reduction of dislocation	210.74
D7830	Manipulation under anesthesia	276.67
D7840	Condylectomy	2,233.34
D7850	Surgical discectomy, with/without implant	2,251.18
D7858	Joint reconstruction	1,545.18
D7860	Arthrotomy	688.87
D7865	Arthroplasty	1,164.16
D7870	Arthrocentesis	143.20
D7872	Arthroscopy - diagnosis, with or without biopsy	535.78
D7873	Arthroscopy - lavage and lysis of adhesions	637.70
D7910	Suture of recent small wounds up to 5 cm	192.92
D7911	Complicated suture - up to 5 cm	299.73
D7912	Complicated suture - greater than 5 cm	372.00
D7920	Skin graft (identify defect covered, location and type of graft)	987.26

<b>CDT Code</b>	<b>Description</b>	<b>Medicaid Rate</b>
D7940	Osteoplasty - for orthognathic deformities	1,606.09
D7941	Osteotomy - mandibular rami	4,197.74
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,866.04
D7944	Osteotomy - segmented or subapical	3,210.98
D7945	Osteotomy - body of mandible	3,334.85
D7946	LeFort I (maxilla - total)	3,911.30
D7947	LeFort I (maxilla - segmented)	3,953.59
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	4,527.06
D7949	LeFort II or LeFort III - with bone graft	5,199.38
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1,110.46
D7955	Repair of maxillofacial soft and/or hard tissue defect	1,417.40
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	198.13
D7963	Frenuloplasty	311.08
D7971	Excision of pericoronal gingiva	171.16
D7972	Surgical reduction of fibrous tuberosity	297.20
D7979	Non-surgical sialolithotomy	Manually Priced
D7980	Surgical sialolithotomy	351.97
D7981	Excision of salivary gland, by report	621.99
D7982	Sialodochoplasty	673.84
D7983	Closure of salivary fistula	443.10
D7990	Emergency tracheotomy	499.84
D7991	Coronoidectomy	1,588.68
D8070	Comprehensive orthodontic treatment of the transitional dentition (banding)	Manually Priced
D8070	Comprehensive orthodontic treatment of the transitional dentition (periodic orthodontic treatment visit)	Manually Priced
D8080	Comprehensive orthodontic treatment of the adolescent dentition	917.24
D8670	Periodic orthodontic treatment visit	107.82
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Manually Priced
D9110	Palliative (emergency) treatment of dental pain - minor procedure	47.69
D9222	Deep sedation/general anesthesia - first 15 minutes	77.80
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	77.80
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	48.14
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	79.13
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	79.13
D9410	House/extended care facility call	83.86
D9420	Hospital or ambulatory surgical center call	132.59
D9440	Office visit - after regularly scheduled hours	67.54
D9610	Therapeutic parenteral drug, single administration	40.53
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	64.99

CDT Code	Description	Medicaid Rate
D9613	Infiltration of sustained released therapeutic drug - single or multiple sites	Manually Priced
D9995	Teledentistry - synchronous; real-time encounter	65.63
D9996	TELEDENTISTRY - ASYNCHRONOUS	23.10

**Providers should always bill their usual and customary charges. Please use the monthly NC**