

**NC Medicaid Dental Reimbursement Rates
Ambulatory Surgical Center Services Dental**

Effective Date: March 1, 2020

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>

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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	\$322.88
2	31–60 minutes	\$432.44
3	61–90 minutes	\$494.50
4	Over 90 minutes	\$610.85

Ambulatory Surgical Center Dental Codes

D0120 - D9999

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.