

NC Medicaid Dental Reimbursement Rates

General Dentist, Oral Surgeon, Pediatric Dentist, Periodontist, & Orthodontist

Effective Date: January 1, 2018

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 DMA website.

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CDT 2016 Code	Description	Medicaid Rate
D0120	Periodic oral evaluation	24.51
D0140	Limited oral evaluation - problem focused	34.94
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	34.55
D0150	Comprehensive oral evaluation - new or established patient	42.41
D0160	Detailed and extensive oral evaluation - problem focused, by report	64.89
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	27.32
D0210	Intraoral - complete series of radiographic image	68.25
D0220	Intraoral - periapical first radiographic image	14.18
D0230	Intraoral - periapical each additional radiographic image	11.44
D0240	Intraoral - occlusal radiographic image	15.19
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	20.46
D0270	Bitewing - single radiographic image	10.79
D0272	Bitewings - two radiographic images	17.59
D0273	Bitewings - three radiographic images	24.02
D0274	Bitewings - four radiographic images	30.50
D0310	Sialography	91.62
D0320	Temporomandibular joint arthrogram, including injection	186.79
D0330	Panoramic radiographic image	56.32
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis	49.81
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	46.25
D0470	Diagnostic casts	40.66
D0473	Accession of tissue, gross and microscopic examination	46.25
D1110	Prophylaxis - adult	36.21
D1120	Prophylaxis - child	25.87
D1206	Topical application of fluoride varnish	15.25
D1208	Topical application of fluoride	15.72
D1351	Sealant - per tooth	27.17
D1354	Interim caries arresting medicament application - per tooth	10.00
D1510	Space maintainer - fixed - unilateral	181.53
D1515	Space maintainer - fixed - bilateral	254.14
D1575	Distal shoe space maintainer - fixed - unilateral	181.53
D2140	Amalgam - one surface, primary or permanent	71.02
D2150	Amalgam - two surfaces, primary or permanent	89.99
D2160	Amalgam - three surfaces, primary or permanent	104.19
D2161	Amalgam - four or more surfaces, primary or permanent	114.69
D2330	Resin-based composite - one surface, anterior	62.64
D2331	Resin-based composite - two surfaces, anterior	77.39
D2332	Resin-based composite - three surfaces, anterior	91.49
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	115.89
D2390	Resin-based composite crown, anterior	164.74
D2391	Resin-based composite - one surface, posterior	76.00
D2392	Resin-based composite - two surfaces, posterior	100.84
D2393	Resin-based composite - three surfaces, posterior	122.64
D2394	Resin-based composite - four or more surfaces, posterior	148.60
D2930	Prefabricated stainless steel crown - primary tooth	137.15
D2931	Prefabricated stainless steel crown - permanent tooth	147.49
D2932	Prefabricated resin crown	161.15
D2933	Prefabricated stainless steel crown with resin window	179.71
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	179.71

CDT 2016 Code	Description	Medicaid Rate
D2940	Protective restoration	37.80
D2950	Core buildup, including any pins	93.39
D2951	Pin retention - per tooth, in addition to restoration	22.68
D3220	Therapeutic pulpotomy (excluding final restoration)	77.09
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	77.09
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	136.15
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	181.53
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	269.56
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	318.58
D3330	Endodontic therapy, molar (excluding final restoration)	389.65
D3351	Apexification/recalcification/pulpal regeneration - initial visit	131.36
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	95.57
D3353	Apexification/recalcification - final visit	191.15
D3410	Apicoectomy/periradicular surgery - anterior	247.02
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	236.24
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant	87.74
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	278.39
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth per quadrant	235.25
D4341	Periodontal scaling and root planing - four or more contiguous teeth per quadrant	95.57
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	55.59
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	36.21
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	64.04
D4910	Periodontal maintenance	47.14
D5110	Complete denture - maxillary	555.93
D5120	Complete denture - mandibular	555.93
D5130	Immediate denture - maxillary	603.07
D5140	Immediate denture - mandibular	603.07
D5211	Maxillary partial denture - resin base	412.27
D5212	Mandibular partial denture - resin base	412.27
D5410	Adjust complete denture - maxillary	30.24
D5411	Adjust complete denture - mandibular	30.24
D5421	Adjust partial denture - maxillary	30.24
D5422	Adjust partial denture - mandibular	30.24
D5511	Repair broken complete denture base, mandibular	73.33
D5512	Repair broken complete denture base, maxillary	73.33
D5520	Replace missing or broken teeth - complete denture (each tooth)	61.82
D5611	Repair resin partial denture base, mandibular	73.33
D5612	Repair resin partial denture base, maxillary	73.33
D5621	Repair cast partial framework, mandibular	99.62
D5622	Repair cast partial framework, maxillary	99.62
D5630	Repair or replace broken clasp	140.68
D5640	Replace broken teeth - per tooth	62.26
D5650	Add tooth to existing partial denture	75.60
D5660	Add clasp to existing partial denture	113.45
D5730	Reline complete maxillary denture (chairside)	128.97
D5731	Reline complete mandibular denture (chairside)	128.97
D5740	Reline maxillary partial denture (chairside)	126.75
D5741	Reline mandibular partial denture (chairside)	126.75
D5750	Reline complete maxillary denture (laboratory)	164.10
D5751	Reline complete mandibular denture (laboratory)	164.10
D5760	Reline maxillary partial denture (laboratory)	160.11
D5761	Reline mandibular partial denture (laboratory)	160.11
D6985	Pediatric partial denture, fixed	326.00
D7111	Extraction, coronal remnants - deciduous tooth	49.01
D7140	Extraction, erupted tooth or exposed root	60.40
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	103.83

CDT 2016 Code	Description	Medicaid Rate
D7220	Removal of impacted tooth - soft tissue	118.12
D7230	Removal of impacted tooth - partially bony	157.79
D7240	Removal of impacted tooth - completely bony	183.80
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	220.56
D7250	Removal of residual tooth roots (cutting procedure)	113.22
D7260	Oroantral fistula closure	362.02
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	200.95
D7280	Exposure of an unerupted tooth	180.86
D7283	Placement of device to facilitate eruption of impacted tooth	203.40
D7285	Biopsy of oral tissue - hard (bone, tooth)	129.86
D7286	Biopsy of oral tissue - soft (all others)	102.84
D7288	Brush biopsy - transepithelial sample collection	102.84
D7310	Alveoloplasty in conjunction with extractions - four or more tooth spaces, per quadrant	97.84
D7311	Alveoloplasty in conjunction with extractions - one to three tooth spaces, per quadrant	91.49
D7320	Alveoloplasty not in conjunction with extractions - four or more tooth spaces, per quadrant	142.76
D7321	Alveoloplasty not in conjunction with extractions - one to three tooth spaces, per quadrant	128.09
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	497.92
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)	922.44
D7410	Excision of benign lesion up to 1.25 cm	153.49
D7411	Excision of benign lesion greater than 1.25 cm	201.02
D7412	Excision of benign lesion, complicated	265.06
D7413	Excision of malignant lesion up to 1.25 cm	220.59
D7414	Excision of malignant lesion greater than 1.25 cm	322.88
D7415	Excision of malignant lesion, complicated	386.92
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	177.90
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	317.68
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	169.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	216.59
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	224.64
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	336.38
D7465	Destruction of lesion(s) by physical or chemical method, by report	132.98
D7471	Removal of lateral exostosis (maxilla or mandible)	214.53
D7472	Removal of torus palatinus	249.06
D7473	Removal of torus mandibularis	247.72
D7485	Reduction of osseous tuberosity	223.26
D7490	Radical resection of mandible with bone graft	2,821.88
D7510	Incision and drainage of abscess - intraoral soft tissue	105.52
D7520	Incision and drainage of abscess - extraoral soft tissue	226.91
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	120.08
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	222.37
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	289.54
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	363.80
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,456.53
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,144.32
D7630	Mandible - open reduction (teeth immobilized, if present)	1,435.17
D7640	Mandible - closed reduction (teeth immobilized, if present)	1,127.41
D7650	Malar and/or zygomatic arch - open reduction	1,302.20
D7660	Malar and/or zygomatic arch - closed reduction	1,106.52
D7670	Alveolus - closed reduction, may include stabilization of teeth	452.75
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,185.90
D7710	Maxilla - open reduction	1,534.36
D7720	Maxilla - closed reduction	1,117.19
D7730	Mandible - open reduction	1,556.59
D7740	Mandible - closed reduction	1,205.24
D7750	Malar and/or zygomatic arch - open reduction	1,372.47
D7760	Malar and/or zygomatic arch - closed reduction	1,519.23
D7770	Alveolus - open reduction stabilization of teeth	889.48

CDT 2016 Code	Description	Medicaid Rate
D7780	Facial bones - complicated reduction with fixation and multiple approaches	2,617.74
D7810	Open reduction of dislocation	1,420.94
D7820	Closed reduction of dislocation	173.45
D7830	Manipulation under anesthesia	227.71
D7840	Condylectomy	1,838.11
D7850	Surgical discectomy, with/without implant	1,852.79
D7858	Joint reconstruction	1,271.73
D7860	Arthrotomy	566.96
D7865	Arthroplasty	958.14
D7870	Arthrocentesis	117.86
D7872	Arthroscopy - diagnosis, with or without biopsy	440.96
D7873	Arthroscopy: lavage and lysis of adhesions	524.85
D7910	Suture of recent small wounds up to 5 cm	158.78
D7911	Complicated suture - up to 5 cm	246.69
D7912	Complicated suture - greater than 5 cm	306.17
D7920	Skin graft	812.54
D7940	Osteoplasty - for orthognathic deformities	1,321.86
D7941	Osteotomy - mandibular rami	3,454.87
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,181.87
D7944	Osteotomy - segmented or subapical	2,642.74
D7945	Osteotomy - body of mandible	2,744.68
D7946	LeFort I (maxilla - total)	3,219.12
D7947	LeFort I (maxilla - segmented)	3,253.91
D7948	LeFort II or LeFort III - without bone graft	3,725.91
D7949	LeFort II or LeFort III - with bone graft	4,279.25
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	913.94
D7955	Repair of maxillofacial soft and hard tissue defect	1,166.56
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	168.11
D7963	Frenuloplasty	256.02
D7971	Excision of pericoronar gingiva	145.22
D7972	Surgical reduction of fibrous tuberosity	244.60
D7980	Sialolithotomy	289.69
D7981	Excision of salivary gland, by report	511.92
D7982	Sialodochoplasty	554.59
D7983	Closure of salivary fistula	364.69
D7990	Emergency tracheotomy	411.38
D7991	Coronoidectomy	1,307.54
D8080	Comprehensive orthodontic treatment of the adolescent dentition	778.27
D8670	Periodic orthodontic treatment visit (as part of contract)	91.49
D9110	Palliative (emergency) treatment of dental pain - minor procedure	40.47
D9222	Deep sedation/general anesthesia - first 15 minutes	67.36
D9223	Deep sedation/general anesthesia - each 15 minute increment	67.36
D9230	Inhalation of nitrous oxide/anziolysis, analgesia	40.85
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	68.51
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	68.51
D9410	House/extended care facility call	71.16
D9420	Hospital or ambulatory surgical center call	112.50
D9440	Office visit - after regularly scheduled hours	55.59
D9610	Therapeutic parenteral drug, single administration	33.36
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	55.14

interim caries arresting medicament application - per tooth