

**NC Medicaid Dental Reimbursement Rates
General Dentist, Oral Surgeon, Pediatric Dentist, Periodontist, & Orthodontist**

Effective Date: January 14, 2021

Taxonomies: 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 261QF0400X, 261QR1300X **Specialty:** 066

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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CDT Code	Description	Medicaid Rate
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	38.13
D0120	Periodic oral evaluation - established patient	28.31
D0140	Limited oral evaluation - problem focused	40.36
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	48.98
D0160	Detailed and extensive oral evaluation - problem focused, by report	74.95
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	31.55
D0210	Intraoral - complete series of radiographic images	78.83
D0220	Intraoral - periapical first radiographic image	16.38
D0230	Intraoral - periapical each additional radiographic image	13.21
D0240	Intraoral - occlusal radiographic image	17.54
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	23.63
D0270	Bitewing - single radiographic image	12.46
D0272	Bitewings - two radiographic images	20.32
D0273	Bitewings - three radiographic images	27.74
D0274	Bitewings - four radiographic images	35.23
D0310	Sialography	105.82
D0320	Temporomandibular joint arthrogram, including injection	215.74
D0330	Panoramic radiographic image	65.05
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	57.53
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	53.42
D0470	Diagnostic casts	46.96
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	53.42
D0999	TELEPHONIC PATIENT ENCOUNTER, AUDIO ONLY	23.10
D1110	Prophylaxis - adult	41.82
D1120	Prophylaxis - child	29.88
D1206	Topical application of fluoride varnish	17.61
D1208	Topical application of fluoride - excluding varnish	18.16
D1351	Sealant - per tooth	31.38

CDT Code	Description	Medicaid Rate
D1354	Interim caries arresting medicament application - per tooth	11.55
D1355	CARIES PREVENT MED APP PER TOOTH	11.00
D1510	Space maintainer - fixed - unilateral	209.67
D1516	Space maintainer - fixed - bilateral, maxillary	293.53
D1517	Space maintainer - fixed - bilateral, mandibular	293.53
D1575	Distal shoe space maintainer - fixed - unilateral	209.67
D2140	Amalgam - one surface, primary or permanent	82.03
D2150	Amalgam - two surfaces, primary or permanent	103.94
D2160	Amalgam - three surfaces, primary or permanent	120.34
D2161	Amalgam - four or more surfaces, primary or permanent	132.47
D2330	Resin-based composite - one surface, anterior	72.35
D2331	Resin-based composite - two surfaces, anterior	89.39
D2332	Resin-based composite - three surfaces, anterior	105.67
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	133.85
D2390	Resin-based composite crown, anterior	190.27
D2391	Resin-based composite - one surface, posterior	87.78
D2392	Resin-based composite - two surfaces, posterior	116.47
D2393	Resin-based composite - three surfaces, posterior	141.65
D2394	Resin-based composite - four or more surfaces, posterior	171.63
D2930	Prefabricated stainless steel crown - primary tooth	158.41
D2931	Prefabricated stainless steel crown - permanent tooth	170.35
D2932	Prefabricated resin crown	186.13
D2933	Prefabricated stainless steel crown with resin window	207.57
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	207.57
D2940	Protective restoration	43.66
D2949	Restorative foundation for an indirect restoration	Manually Priced
D2950	Core buildup, including any pins when required	107.87
D2951	Pin retention - per tooth, in addition to restoration	26.20
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	89.04
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	89.04
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	157.25
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	209.67
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	311.34
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	367.96
D3330	Endodontic therapy, molar (excluding final restoration)	450.05
D3351	Apexification/recalcification - initial visit (apical closure/calccific repair of perforations, root resorption, etc.)	151.72
D3352	Apexification/recalcification - interim medication replacement	110.38
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc.)	220.78
D3355	Pulpal regeneration - initial visit	Manually Priced
D3356	Pulpal regeneration - interim medication replacement	Manually Priced
D3357	Pulpal regeneration - completion of treatment	Manually Priced
D3410	Apicoectomy - anterior	285.31
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bound spaces per quadrant	272.86

CDT Code	Description	Medicaid Rate
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bound spaces per quadrant	101.34
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	321.54
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	271.71
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	110.38
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	64.21
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	41.82
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	73.97
D4910	Periodontal maintenance	54.45
D5110	Complete denture - maxillary	642.10
D5120	Complete denture - mandibular	642.10
D5130	Immediate denture - maxillary	696.55
D5140	Immediate denture - mandibular	696.55
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	476.17
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	476.17
D5410	Adjust complete denture - maxillary	34.93
D5411	Adjust complete denture - mandibular	34.93
D5421	Adjust partial denture - maxillary	34.93
D5422	Adjust partial denture - mandibular	34.93
D5511	Repair broken complete denture base, mandibular	84.70
D5512	Repair broken complete denture base, maxillary	84.70
D5520	Replace missing or broken teeth - complete denture (each tooth)	71.40
D5611	Repair resin partial denture base, mandibular	84.70
D5612	Repair resin partial denture base, maxillary	84.70
D5621	Repair cast partial framework, mandibular	115.06
D5622	Repair cast partial framework, maxillary	115.06
D5630	Repair or replace broken retentive/clasping materials - per tooth	162.49
D5640	Replace broken teeth - per tooth	71.91
D5650	Add tooth to existing partial denture	87.32
D5660	Add clasp to existing partial denture - per tooth	131.03
D5730	Reline complete maxillary denture (chairside)	148.96
D5731	Reline complete mandibular denture (chairside)	148.96
D5740	Reline maxillary partial denture (chairside)	146.40
D5741	Reline mandibular partial denture (chairside)	146.40
D5750	Reline complete maxillary denture (laboratory)	189.54
D5751	Reline complete mandibular denture (laboratory)	189.54
D5760	Reline maxillary partial denture (laboratory)	184.93
D5761	Reline mandibular partial denture (laboratory)	184.93
D5876	Add metal substructure to acrylic full denture (per arch)	84.69
D6985	Pediatric partial denture, fixed	376.53
D7111	Extraction, coronal remnants - primary tooth	56.61
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	69.76
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, in indicated	119.92
D7220	Removal of impacted tooth - soft tissue	136.43
D7230	Removal of impacted tooth - partially bony	182.25

CDT Code	Description	Medicaid Rate
D7240	Removal of impacted tooth - completely bony	212.29
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	254.75
D7250	Removal of residual tooth roots (cutting procedure)	130.77
D7251	Coronectomy - intentional partial tooth removal	Manually Priced
D7260	Oroantral fistula closure	418.13
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	232.10
D7280	Surgical access of an unerupted tooth	208.89
D7283	Placement of device to facilitate eruption of impacted tooth	234.93
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	149.99
D7286	Incisional biopsy of oral tissue - soft	118.78
D7288	Brush biopsy - transepithelial sample collection	118.78
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	113.01
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	105.67
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	164.89
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	147.94
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	575.10
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1,065.42
D7410	Excision of benign lesion up to 1.25 cm	177.28
D7411	Excision of benign lesion greater than 1.25 cm	232.18
D7412	Excision of benign lesion, complicated	306.14
D7413	Excision of malignant lesion up to 1.25 cm	254.78
D7414	Excision of malignant lesion greater than 1.25 cm	384.46
D7415	Excision of malignant lesion, complicated	460.72
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	205.47
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	378.26
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	195.20
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	250.16
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	259.46
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	388.52
D7465	Destruction of lesion(s) by physical or chemical method, by report	153.59
D7471	Removal of lateral exostosis (maxilla or mandible)	247.78
D7472	Removal of torus palatinus	287.66
D7473	Removal of torus mandibularis	286.12
D7485	Reduction of osseous tuberosity	257.87
D7490	Radical resection of maxilla or mandible	3,360.07
D7510	Incision and drainage of abscess - intraoral soft tissue	121.88
D7520	Incision and drainage of abscess - extraoral soft tissue	262.08
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	138.69

CDT Code	Description	Medicaid Rate
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	256.84
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	334.42
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	420.19
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,682.29
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,321.69
D7630	Mandible - open reduction (teeth immobilized, if present)	1,657.62
D7640	Mandible - closed reduction (teeth immobilized, if present)	1,302.16
D7650	Malar and/or zygomatic arch - open reduction	1,504.04
D7660	Malar and/or zygomatic arch - closed reduction	1,317.55
D7670	Alveolus - closed reduction, may include stabilization of teeth	522.93
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,524.71
D7710	Maxilla - open reduction	1,772.19
D7720	Maxilla - closed reduction	1,330.26
D7730	Mandible - open reduction	1,797.86
D7740	Mandible - closed reduction	1,392.05
D7750	Malar and/or zygomatic arch - open reduction	1,585.20
D7760	Malar and/or zygomatic arch - closed reduction	1,754.71
D7770	Alveolus - open reduction stabilization of teeth	1,027.35
D7780	Facial bones - complicated reduction with fixation and multiple approaches	3,023.49
D7810	Open reduction of dislocation	1,641.19
D7820	Closed reduction of dislocation	200.33
D7830	Manipulation under anesthesia	263.01
D7840	Condylectomy	2,188.68
D7850	Surgical discectomy, with/without implant	2,139.97
D7858	Joint reconstruction	1,514.27
D7860	Arthrotomy	654.84
D7865	Arthroplasty	1,106.65
D7870	Arthrocentesis	136.13
D7872	Arthroscopy - diagnosis, with or without biopsy	525.06
D7873	Arthroscopy - lavage and lysis of adhesions	606.20
D7910	Suture of recent small wounds up to 5 cm	183.39
D7911	Complicated suture - up to 5 cm	284.93
D7912	Complicated suture - greater than 5 cm	353.63
D7920	Skin graft (identify defect covered, location and type of graft)	967.51
D7940	Osteoplasty - for orthognathic deformities	1,526.75
D7941	Osteotomy - mandibular rami	3,990.37
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,675.06
D7944	Osteotomy - segmented or subapical	3,052.36
D7945	Osteotomy - body of mandible	3,170.11
D7946	LeFort I (maxilla - total)	3,718.08
D7947	LeFort I (maxilla - segmented)	3,758.27
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	4,436.52
D7949	LeFort II or LeFort III - with bone graft	5,095.40
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1,055.60
D7955	Repair of maxillofacial soft and/or hard tissue defect	1,347.38
D7961	BUCCAL/LABIAL FRENECTOMY	184.92
D7962	LINGUAL FRENECTOMY	184.92

CDT Code	Description	Medicaid Rate
D7963	Frenuloplasty	295.70
D7971	Excision of pericoronal gingiva	167.73
D7972	Surgical reduction of fibrous tuberosity	282.51
D7979	Non-surgical sialolithotomy	Manually Priced
D7980	Surgical sialolithotomy	334.59
D7981	Excision of salivary gland, by report	591.27
D7982	Sialodochoplasty	640.55
D7983	Closure of salivary fistula	434.25
D7990	Emergency tracheotomy	489.84
D7991	Coronoidectomy	1,510.21
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	898.90
D8670	Periodic orthodontic treatment visit	105.67
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Manually Priced
D9110	Palliative (emergency) treatment of dental pain - minor procedure	46.74
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	47.18
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	82.19
D9420	Hospital or ambulatory surgical center call	129.94
D9440	Office visit - after regularly scheduled hours	64.21
D9610	Therapeutic parenteral drug, single administration	38.53
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	63.69
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 Medicaid

*** Please see link to ASC Dental Rate Table below. ASC Dental reimbursement is based on total time.**

<https://medicaid.ncdhhs.gov/providers/programs-services/medical/ambulatory-surgical-services>