

**NC Medicaid Dental Reimbursement Rates**  
**General Dentist, Oral Surgeon, Pediatric Dentist, Periodontist, & Orthodontist**  
**Effective Date: 3/1/2020**

**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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| <b>CDT Code</b> | <b>Description</b>   | <b>Medicaid Rate</b> |
|-----------------|--|----------------------|
| 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                |
| D1354           | Interim caries arresting medicament application - per tooth  | 11.55                |

| <b>CDT Code</b> | <b>Description</b>  | <b>Medicaid Rate</b> |
|-----------------|---|----------------------|
| 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/calcific 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/calcific 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               |
| D4211           | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bound spaces per quadrant  | 101.34               |

| <b>CDT Code</b> | <b>Description</b>   | <b>Medicaid Rate</b> |
|-----------------|--|----------------------|
| 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               |
| D7240           | Removal of impacted tooth - completely bony  | 212.29               |

| <b>CDT Code</b> | <b>Description</b>  | <b>Medicaid Rate</b> |
|-----------------|---|----------------------|
| 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               |
| D7540           | Removal of reaction producing foreign bodies, musculoskeletal system  | 256.84               |

| <b>CDT Code</b> | <b>Description</b>   | <b>Medicaid Rate</b> |
|-----------------|--|----------------------|
| D7550           | Partial osteotomy/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             |
| D7960           | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure    | 194.17               |
| D7963           | Frenuloplasty  | 295.70               |
| D7971           | Excision of pericoronal gingiva  | 167.73               |

| CDT Code | Description  | Medicaid Rate   |
|----------|--|-----------------|
| 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 Bulletins for additions, changes, and deletion to this schedule.**

**\* 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>