

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

Effective Date: July 1, 2012

CDT-2011/2012 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association. © 2010 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT- 2011/2012 Code	Description	Medicaid Rate
D0120	Periodic oral evaluation	25.27
D0140	Limited oral evaluation - problem focused	36.02
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	35.62
D0150	Comprehensive oral evaluation - new or established patient	43.72
D0160	Detailed and extensive oral evaluation - problem focused, by report	66.90
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	28.16
D0210	Intraoral - complete series (including bitewings)	70.36
D0220	Intraoral - periapical first film	14.62
D0230	Intraoral - periapical each additional film	11.79
D0240	Intraoral - occlusal film	15.66
D0250	Extraoral - first film	21.09
D0260	Extraoral - each additional film	17.42
D0270	Bitewing - single film	11.12
D0272	Bitewings - two films	18.13
D0273	Bitewings - three films	24.76
D0274	Bitewings - four films	31.44
D0290	Posterior-anterior or lateral skull and facial bone survey film	44.02
D0310	Sialography	94.45
D0320	Temporomandibular joint arthrogram, including injection	192.57
D0330	Panoramic film	58.06
D0340	Cephalometric film	51.35
D0470	Diagnostic casts	41.92
D0473	Accession of tissue, gross and microscopic examination	47.68
D1110	Prophylaxis - adult	37.33
D1120	Prophylaxis - child	26.67
D1203	Topical application of fluoride - child	15.72
D1204	Topical application of fluoride - adult	15.72
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	15.72
D1351	Sealant - per tooth	28.01
D1510	Space maintainer - fixed - unilateral	187.14
D1515	Space maintainer - fixed - bilateral	262.00
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	64.58
D2331	Resin-based composite - two surfaces, anterior	79.78
D2332	Resin-based composite - three surfaces, anterior	94.32
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	119.47
D2390	Resin-based composite crown, anterior	169.83
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	141.39
D2931	Prefabricated stainless steel crown - permanent tooth	152.05
D2932	Prefabricated resin crown	166.13
D2933	Prefabricated stainless steel crown with resin window	185.27
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	185.27

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

Effective Date: July 1, 2012

CDT-2011/2012 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association. © 2010 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT-2011/2012 Code	Description	Medicaid Rate
D2940	Protective restoration	38.97
D2950	Core buildup, including any pins	96.28
D2951	Pin retention - per tooth, in addition to restoration	23.38
D2970	Temporary crown (fractured tooth)	136.93
D3220	Therapeutic pulpotomy (excluding final restoration)	79.47
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	79.47
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	140.36
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	187.14
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	277.90
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	328.43
D3330	Endodontic therapy, molar (excluding final restoration)	401.70
D3351	Apexification/recalcification/pulpal regeneration - initial visit	135.42
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	98.53
D3353	Apexification/recalcification - final visit	197.06
D3410	Apicoectomy/periradicular surgery - anterior	254.66
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	243.55
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant	90.45
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	287.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth per quadrant	242.53
D4341	Periodontal scaling and root planing - four or more contiguous teeth per quadrant	98.53
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	57.31
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	66.02
D4910	Periodontal maintenance	48.60
D5110	Complete denture - maxillary	573.12
D5120	Complete denture - mandibular	573.12
D5130	Immediate denture - maxillary	621.72
D5140	Immediate denture - mandibular	621.72
D5211	Maxillary partial denture - resin base	425.02
D5212	Mandibular partial denture - resin base	425.02
D5213	Maxillary partial denture - cast metal framework with resin denture bases	614.38
D5214	Mandibular partial denture - cast metal framework with resin denture bases	614.38
D5410	Adjust complete denture - maxillary	31.18
D5411	Adjust complete denture - mandibular	31.18
D5421	Adjust partial denture - maxillary	31.18
D5422	Adjust partial denture - mandibular	31.18
D5510	Repair broken complete denture base	75.60
D5520	Replace missing or broken teeth - complete denture (each tooth)	63.73
D5610	Repair resin denture base	75.60
D5620	Repair cast framework	102.70
D5630	Repair or replace broken clasp	145.03
D5640	Replace broken teeth - per tooth	64.19
D5650	Add tooth to existing partial denture	77.94
D5660	Add clasp to existing partial denture	116.96
D5730	Reline complete maxillary denture (chairside)	132.96
D5731	Reline complete mandibular denture (chairside)	132.96
D5740	Reline maxillary partial denture (chairside)	130.67
D5741	Reline mandibular partial denture (chairside)	130.67
D5750	Reline complete maxillary denture (laboratory)	169.18
D5751	Reline complete mandibular denture (laboratory)	169.18

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

Effective Date: July 1, 2012

CDT-2011/2012 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association. © 2010 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT- 2011/2012 Code	Description	Medicaid Rate
D5760	Reline maxillary partial denture (laboratory)	165.06
D5761	Reline mandibular partial denture (laboratory)	165.06
D6985	Pediatric partial denture, fixed	336.08
D7111	Extraction, coronal remnants - deciduous tooth	50.53
D7140	Extraction, erupted tooth or exposed root	62.27
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	107.04
D7220	Removal of impacted tooth - soft tissue	121.77
D7230	Removal of impacted tooth - partially bony	162.67
D7240	Removal of impacted tooth - completely bony	189.48
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	227.38
D7250	Surgical removal of residual tooth roots (cutting procedure)	116.72
D7260	Oroantral fistula closure	373.22
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	207.16
D7280	Surgical access of an unerupted tooth	186.45
D7283	Placement of device to facilitate eruption of impacted tooth	209.69
D7285	Biopsy of oral tissue - hard (bone, tooth)	133.88
D7286	Biopsy of oral tissue - soft (all others)	106.02
D7288	Brush biopsy - transepithelial sample collection	106.02
D7310	Alveoloplasty in conjunction with extractions - four or more tooth spaces, per quadrant	100.87
D7311	Alveoloplasty in conjunction with extractions - one to three tooth spaces, per quadrant	94.32
D7320	Alveoloplasty not in conjunction with extractions - four or more tooth spaces, per quadrant	147.18
D7321	Alveoloplasty not in conjunction with extractions - one to three tooth spaces, per quadrant	132.05
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	513.32
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)	950.97
D7410	Excision of benign lesion up to 1.25 cm	158.24
D7411	Excision of benign lesion greater than 1.25 cm	207.24
D7412	Excision of benign lesion, complicated	273.26
D7413	Excision of malignant lesion up to 1.25 cm	227.41
D7414	Excision of malignant lesion greater than 1.25 cm	332.87
D7415	Excision of malignant lesion, complicated	398.89
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	183.40
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	327.50
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	174.23
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	223.29
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	231.59
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	346.78
D7465	Destruction of lesion(s) by physical or chemical method, by report	137.09
D7471	Removal of lateral exostosis (maxilla or mandible)	221.17
D7472	Removal of torus palatinus	256.76
D7473	Removal of torus mandibularis	255.38
D7485	Surgical reduction of osseous tuberosity	230.16
D7490	Radical resection of mandible with bone graft	2,909.15
D7510	Incision and drainage of abscess - intraoral soft tissue	108.78
D7520	Incision and drainage of abscess - extraoral soft tissue	233.93
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	123.79
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	229.25
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	298.49
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	375.05

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

Effective Date: July 1, 2012

CDT-2011/2012 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association. © 2010 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT- 2011/2012 Code	Description	Medicaid Rate
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,501.58
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,179.71
D7630	Mandible - open reduction (teeth immobilized, if present)	1,479.56
D7640	Mandible - closed reduction (teeth immobilized, if present)	1,162.28
D7650	Malar and/or zygomatic arch - open reduction	1,342.47
D7660	Malar and/or zygomatic arch - closed reduction	1,140.74
D7670	Alveolus - closed reduction, may include stabilization of teeth	466.75
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,253.50
D7710	Maxilla - open reduction	1,581.81
D7720	Maxilla - closed reduction	1,151.74
D7730	Mandible - open reduction	1,604.73
D7740	Mandible - closed reduction	1,242.52
D7750	Malar and/or zygomatic arch - open reduction	1,414.92
D7760	Malar and/or zygomatic arch - closed reduction	1,566.22
D7770	Alveolus - open reduction stabilization of teeth	916.99
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,698.70
D7810	Open reduction of dislocation	1,464.89
D7820	Closed reduction of dislocation	178.81
D7830	Manipulation under anesthesia	234.75
D7840	Condylectomy	1,894.96
D7850	Surgical discectomy, with/without implant	1,910.09
D7858	Joint reconstruction	1,311.06
D7860	Arthrotomy	584.49
D7865	Arthroplasty	987.77
D7870	Arthrocentesis	121.50
D7872	Arthroscopy - diagnosis, with or without biopsy	454.60
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	541.08
D7910	Suture of recent small wounds up to 5 cm	163.69
D7911	Complicated suture - up to 5 cm	254.32
D7912	Complicated suture - greater than 5 cm	315.64
D7920	Skin graft	837.67
D7940	Osteoplasty - for orthognathic deformities	1,362.74
D7941	Osteotomy - mandibular rami	3,561.72
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,280.28
D7944	Osteotomy - segmented or subapical	2,724.47
D7945	Osteotomy - body of mandible	2,829.57
D7946	LeFort I (maxilla - total)	3,318.68
D7947	LeFort I (maxilla - segmented)	3,354.55
D7948	LeFort II or LeFort III - without bone graft	3,841.14
D7949	LeFort II or LeFort III - with bone graft	4,411.60
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	942.21
D7955	Repair of maxillofacial soft and hard tissue defect	1,202.64
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	173.31
D7963	Frenuloplasty	263.94
D7971	Excision of pericoronal gingiva	149.71
D7972	Surgical reduction of fibrous tuberosity	252.17
D7980	Sialolithotomy	298.65
D7981	Excision of salivary gland, by report	527.75

NC Medicaid Dental Reimbursement Rates
General Dentist, Oral Surgeon, Pediatric Dentist, Periodontist, & Orthodontist
 Effective Date: July 1, 2012

CDT-2011/2012 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association. © 2010 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT- 2011/2012 Code	Description	Medicaid Rate
D7982	Sialodochoplasty	571.74
D7983	Closure of salivary fistula	375.97
D7990	Emergency tracheotomy	424.10
D7991	Coronoidectomy	1,347.98
D8080	Comprehensive orthodontic treatment of the adolescent dentition	802.34
D8670	Periodic orthodontic treatment visit (as part of contract)	94.32
D9110	Palliative (emergency) treatment of dental pain - minor procedure	41.72
D9220	Deep sedation/general anesthesia - first 30 minutes	146.03
D9221	Deep sedation/general anesthesia - each additional 15 minutes	62.15
D9230	Inhalation of nitrous oxide/anoxiolysis, analgesia	42.11
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	151.58
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	58.11
D9410	House/extended care facility call	73.36
D9420	Hospital or ambulatory surgical center call	115.98
D9440	Office visit - after regularly scheduled hours	57.31
D9610	Therapeutic parenteral drug, single administration	34.39
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	56.85
D9630	Other drugs and/or medicaments, by report	14.90

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.