

**NC Medicaid Dental Reimbursement Rates
Federally Qualified Health Centers
Effective Date: January 1, 2019**

Taxonomy: 261QF0400X Specialty: 010

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>

CDT 2019 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association. © 2019 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT Code	Description	Medicaid Rate
D0120	Periodic oral evaluation - established patient	27.52
D0140	Limited oral evaluation - problem focused	39.23
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	38.01
D0150	Comprehensive oral evaluation - new or established patient	47.60
D0160	Detailed and extensive oral evaluation - problem focused, by report	72.84
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	30.66
D0210	Intraoral - complete series of radiographic images	76.60
D0220	Intraoral - periapical first radiographic image	15.91
D0230	Intraoral - periapical each additional radiographic image	12.84
D0240	Intraoral - occlusal radiographic image	17.05
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	22.96
D0270	Bitewing - single radiographic image	12.10
D0272	Bitewings - two radiographic images	19.75
D0273	Bitewings - three radiographic images	26.95
D0274	Bitewings - four radiographic images	34.23
D0310	Sialography	106.02
D0320	Temporomandibular joint arthrogram, including injection	216.15
D0330	Panoramic radiographic image	63.22
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	55.91
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	53.53
D0470	Diagnostic casts	45.65
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	53.53
D1110	Prophylaxis - adult	40.66
D1120	Prophylaxis - child	29.03
D1206	Topical application of fluoride varnish	16.78
D1208	Topical application of fluoride - excluding varnish	17.64
D1351	Sealant - per tooth	30.49

CDT Code	Description	Medicaid Rate
D1354	Interim caries arresting medicament application - per tooth	11.00
D1510	Space maintainer - fixed - unilateral	203.75
D1516	Space maintainer - fixed - bilateral, maxillary	285.25
D1517	Space maintainer - fixed - bilateral, mandibular	285.25
D1575	Distal shoe space maintainer - fixed - unilateral	203.75
D2140	Amalgam - one surface, primary or permanent	75.78
D2150	Amalgam - two surfaces, primary or permanent	96.02
D2160	Amalgam - three surfaces, primary or permanent	111.17
D2161	Amalgam - four or more surfaces, primary or permanent	122.38
D2330	Resin-based composite - one surface, anterior	70.31
D2331	Resin-based composite - two surfaces, anterior	86.87
D2332	Resin-based composite - three surfaces, anterior	102.69
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	130.08
D2390	Resin-based composite crown, anterior	184.91
D2391	Resin-based composite - one surface, posterior	81.09
D2392	Resin-based composite - two surfaces, posterior	107.59
D2393	Resin-based composite - three surfaces, posterior	130.86
D2394	Resin-based composite - four or more surfaces, posterior	158.55
D2930	Prefabricated stainless steel crown - primary tooth	153.95
D2931	Prefabricated stainless steel crown - permanent tooth	165.56
D2932	Prefabricated resin crown	180.87
D2933	Prefabricated stainless steel crown with resin window	201.72
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	201.72
D2940	Protective restoration	42.44
D2949	Restorative foundation for an indirect restoration	Manual Pricing
D2950	Core buildup, including any pins when required	104.83
D2951	Pin retention - per tooth, in addition to restoration	25.45
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	86.53
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	86.53
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	152.81
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	203.75
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	302.58
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	357.59
D3330	Endodontic therapy, molar (excluding final restoration)	437.36
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	152.00
D3352	Apexification/recalcification - interim medication replacement	110.59
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	221.19
D3355	Pulpal regeneration - initial visit	Manual Pricing
D3356	Pulpal regeneration - interim medication replacement	Manual Pricing
D3357	Pulpal regeneration - completion of treatment	Manual Pricing

CDT Code	Description	Medicaid Rate
D3410	Apicoectomy - anterior	285.85
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bound spaces per quadrant	273.37
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bound spaces per quadrant	101.52
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	322.15
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound spaces per quadrant	272.23
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	107.27
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	62.40
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	40.66
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	71.89
D4910	Periodontal maintenance	54.55
D5110	Complete denture - maxillary	624.01
D5120	Complete denture - mandibular	624.01
D5130	Immediate denture - maxillary	676.92
D5140	Immediate denture - mandibular	697.85
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	462.76
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	462.76
D5410	Adjust complete denture - maxillary	33.95
D5411	Adjust complete denture - mandibular	33.95
D5421	Adjust partial denture - maxillary	33.95
D5422	Adjust partial denture - mandibular	33.95
D5511	Repair broken complete denture base, mandibular	82.32
D5512	Repair broken complete denture base, maxillary	82.32
D5520	Replace missing or broken teeth - complete denture (each tooth)	69.39
D5611	Repair resin partial denture base, mandibular	82.32
D5612	Repair resin partial denture base, maxillary	82.32
D5621	Repair cast partial framework, mandibular	111.83
D5622	Repair cast partial framework, maxillary	111.83
D5630	Repair or replace broken retentive/clasping materials - per tooth	157.91
D5640	Replace broken teeth - per tooth	69.89
D5650	Add tooth to existing partial denture	84.85
D5660	Add clasp to existing partial denture - per tooth	127.35
D5730	Reline complete maxillary denture (chairside)	144.77
D5731	Reline complete mandibular denture (chairside)	144.77
D5740	Reline maxillary partial denture (chairside)	142.27
D5741	Reline mandibular partial denture (chairside)	146.67
D5750	Reline complete maxillary denture (laboratory)	184.21
D5751	Reline complete mandibular denture (laboratory)	184.21
D5760	Reline maxillary partial denture (laboratory)	179.72
D5761	Reline mandibular partial denture (laboratory)	179.72
D5876	Add metal substructure to acrylic full denture (per arch)	82.32
D6985	Pediatric partial denture, fixed	365.92

CDT Code	Description	Medicaid Rate
D7111	Extraction, coronal remnants - primary tooth	55.01
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	67.79
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, in indicated	116.55
D7220	Removal of impacted tooth - soft tissue	132.58
D7230	Removal of impacted tooth - partially bony	177.11
D7240	Removal of impacted tooth - completely bony	206.31
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	247.57
D7250	Removal of residual tooth roots (cutting procedure)	127.08
D7251	Coronectomy - intentional partial tooth removal	Manual Pricing
D7260	Oroantral fistula closure	418.92
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	225.56
D7280	Surgical access of an unerupted tooth	202.99
D7283	Placement of device to facilitate eruption of impacted tooth	228.31
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	150.27
D7286	Incisional biopsy of oral tissue - soft	115.42
D7288	Brush biopsy - transepithelial sample collection	115.42
D7295	Harvest of bone for use in autogenous grafting procedure	Manual Pricing
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	109.82
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	102.69
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	160.24
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	143.77
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	576.17
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1,067.42
D7410	Excision of benign lesion up to 1.25 cm	172.29
D7411	Excision of benign lesion greater than 1.25 cm	225.64
D7412	Excision of benign lesion, complicated	306.72
D7413	Excision of malignant lesion up to 1.25 cm	255.26
D7414	Excision of malignant lesion greater than 1.25 cm	373.63
D7415	Excision of malignant lesion, complicated	447.73
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	205.85
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	367.60
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	195.56
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	250.62
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	259.94
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	389.25

CDT Code	Description	Medicaid Rate
D7465	Destruction of lesion(s) by physical or chemical method, by report	149.26
D7471	Removal of lateral exostosis (maxilla or mandible)	240.81
D7472	Removal of torus palatinus	279.55
D7473	Removal of torus mandibularis	278.05
D7485	Reduction of osseous tuberosity	250.59
D7490	Radical resection of maxilla or mandible	3,265.37
D7510	Incision and drainage of abscess - intraoral soft tissue	118.44
D7520	Incision and drainage of abscess - extraoral soft tissue	262.57
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	134.78
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	257.32
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	335.04
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	420.97
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,685.44
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,324.16
D7630	Mandible - open reduction (teeth immobilized, if present)	1,660.74
D7640	Mandible - closed reduction (teeth immobilized, if present)	1,304.60
D7650	Malar and/or zygomatic arch - open reduction	1,506.86
D7660	Malar and/or zygomatic arch - closed reduction	1,280.42
D7670	Alveolus - closed reduction, may include stabilization of teeth	523.90
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,529.44
D7710	Maxilla - open reduction	1,775.50
D7720	Maxilla - closed reduction	1,292.76
D7730	Mandible - open reduction	1,801.23
D7740	Mandible - closed reduction	1,394.67
D7750	Malar and/or zygomatic arch - open reduction	1,588.17
D7760	Malar and/or zygomatic arch - closed reduction	1,758.00
D7770	Alveolus - open reduction stabilization of teeth	1,029.27
D7780	Facial bones - complicated reduction with fixation and multiple approaches	3,029.16
D7810	Open reduction of dislocation	1,644.27
D7820	Closed reduction of dislocation	200.71
D7830	Manipulation under anesthesia	263.49
D7840	Condylectomy	2,126.99
D7850	Surgical discectomy, with/without implant	2,143.98
D7858	Joint reconstruction	1,471.60
D7860	Arthrotomy	656.06
D7865	Arthroplasty	1,108.72
D7870	Arthrocentesis	136.38
D7872	Arthroscopy - diagnosis, with or without biopsy	510.27
D7873	Arthroscopy - lavage and lysis of adhesions	607.33
D7910	Suture of recent small wounds up to 5 cm	183.73
D7911	Complicated suture - up to 5 cm	285.46
D7912	Complicated suture - greater than 5 cm	354.29
D7920	Skin graft (identify defect covered, location and type of graft)	940.25
D7940	Osteoplasty - for orthognathic deformities	1,529.61
D7941	Osteotomy - mandibular rami	3,997.85

CDT Code	Description	Medicaid Rate
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,681.94
D7944	Osteotomy - segmented or subapical	3,058.08
D7945	Osteotomy - body of mandible	3,176.05
D7946	LeFort I (maxilla - total)	3,725.05
D7947	LeFort I (maxilla - segmented)	3,765.32
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	4,311.48
D7949	LeFort II or LeFort III - with bone graft	4,951.79
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	1,057.58
D7955	Repair of maxillofacial soft and/or hard tissue defect	1,349.91
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	188.69
D7963	Frenuloplasty	296.26
D7971	Excision of pericoronal gingiva	163.01
D7972	Surgical reduction of fibrous tuberosity	283.05
D7979	Non-surgical sialolithotomy	Manual Pricing
D7980	Surgical sialolithotomy	335.21
D7981	Excision of salivary gland, by report	592.37
D7982	Sialodochoplasty	641.75
D7983	Closure of salivary fistula	422.00
D7990	Emergency tracheotomy	476.04
D7991	Coronoidectomy	1,513.03
D8070	Comprehensive orthodontic treatment of the transitional dentition (banding)	Manual Pricing
D8070	Comprehensive orthodontic treatment of the transitional dentition (periodic orthodontic treatment visit)	Manual Pricing
D8080	Comprehensive orthodontic treatment of the adolescent dentition	873.57
D8670	Periodic orthodontic treatment visit	102.69
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Manual Pricing
D9110	Palliative (emergency) treatment of dental pain - minor procedure	45.42
D9222	Deep sedation/general anesthesia - first 15 minutes	74.10
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	74.10
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	45.85
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	75.36
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75.36
D9410	House/extended care facility call	79.87
D9420	Hospital or ambulatory surgical center call	126.28
D9440	Office visit - after regularly scheduled hours	64.33
D9610	Therapeutic parenteral drug, single administration	38.60
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	61.90
D9613	Infiltration of sustained released therapeutic drug - single or multiple sites	Manual Pricing

CDT Code	Description	Medicaid Rate
D9995	Teledentistry - synchronous; real-time encounter	Manual Pricing

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