

NC Medicaid Dental Reimbursement Rates
General Dentist, Oral Surgeon, Pediatric Dentist, Periodontist, & Orthodontist
Last Revision Date: Jan 1, 2025

Taxonomies: 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 261QF0400X, 261QR1300X, 125Q00000X, 1223X2210X, 1223D0004X

Specialty: 066 - General Dentist

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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* 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>

For Fee For Service Provider Appeal rights please reference administrative code 10A NCAC 221.0102.
 Managed Care Providers should contact their respective contracted HealthPlan(s) regarding provider appeal rights.

Procedure Code	Procedure Code Description	Rate	Effective Date	End Date	Notes 1	Notes 2	Notes 3	Notes 4
D0120	Periodic Oral Evaluation - Established Patient	26.96	1/1/2022	12/31/9999				
D0140	Limited Oral Examination - Problem Focused	38.43	1/1/2022	12/31/9999				
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	38.01	1/1/2022	12/31/9999				
D0150	Comprehensive Oral Evaluation - New Or Established Patient	46.65	1/1/2022	12/31/9999				
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	71.38	1/1/2022	12/31/9999				
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	30.05	1/1/2022	12/31/9999				
D0210	Intraoral - Complete Series Of Radiographic Images	75.08	1/1/2022	12/31/9999				
D0220	Intraoral - Periapical First Radiographic Image	15.60	1/1/2022	12/31/9999				
D0230	Intraoral - Periapical Each Additional Radiographic Image	12.58	1/1/2022	12/31/9999				
D0240	Intraoral - Occlusal Radiographic Image	16.71	1/1/2022	12/31/9999				
D0250	Extraoral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	22.51	1/1/2022	12/31/9999				
D0270	Bitewing - Single Radiographic Image	11.87	1/1/2022	12/31/9999				
D0272	Bitewings - Two Radiographic Images	19.35	1/1/2022	12/31/9999				
D0273	Bitewings - Three Radiographic Images	26.42	1/1/2022	12/31/9999				
D0274	Bitewings - Four Radiographic Images	33.55	1/1/2022	12/31/9999				
D0310	Sialography	100.78	1/1/2022	12/31/9999				
D0320	Temporomandibular Joint Arthrogram, Including Injection	205.47	1/1/2022	12/31/9999				
D0330	Panoramic Radiographic Image	61.95	1/1/2022	12/31/9999				
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	54.79	1/1/2022	12/31/9999				
D0414	Laboratory Processing Of Microbial Specimen To Include Culture And Sensitivity Studies, Preparation And Transmission Of Written Report	50.88	1/1/2022	12/31/9999				
D0470	Diagnostic Casts	44.73	1/1/2022	12/31/9999				
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report (Telephonic Patient)	50.88	1/1/2022	12/31/9999				
D0999	Unspecified Diagnostic Procedure, By Report (Telephonic Patient)	22.00	1/1/2022	12/31/9999				
D1110	Prophylaxis - Adult	39.83	1/1/2022	12/31/9999				
D1120	Prophylaxis - Child	28.46	1/1/2022	12/31/9999				
D1206	Topical Application Of Fluoride Varnish	16.78	1/1/2022	12/31/9999				
D1208	Topical Application Of Fluoride - Excluding Varnish	17.29	1/1/2022	12/31/9999				
D1351	Sealant - Per Tooth	29.89	1/1/2022	12/31/9999				
D1354	Application Of Caries Arresting Medicament - Per Tooth	11.00	1/1/2022	12/31/9999				
D1355	Caries Preventive Medicament Application - Per Tooth	11.00	1/1/2022	12/31/9999				
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	199.68	1/1/2022	12/31/9999				
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	279.55	1/1/2022	12/31/9999				
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	279.55	1/1/2022	12/31/9999				
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	199.68	1/1/2022	12/31/9999				
D2140	Amalgam - One Surface, Primary Or Permanent	78.12	1/1/2022	12/31/9999				
D2150	Amalgam - Two Surfaces, Primary Or Permanent	98.99	1/1/2022	12/31/9999				
D2160	Amalgam - Three Surfaces, Primary Or Permanent	114.61	1/1/2022	12/31/9999				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	126.16	1/1/2022	12/31/9999				
D2330	Resin-Based Composite - One Surface, Anterior	68.90	1/1/2022	12/31/9999				
D2331	Resin-Based Composite - Two Surfaces, Anterior	85.13	1/1/2022	12/31/9999				
D2332	Resin-Based Composite - Three Surfaces, Anterior	100.64	1/1/2022	12/31/9999				
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	127.48	1/1/2022	12/31/9999				
D2390	Resin-Based Composite Crown, Anterior	181.21	1/1/2022	12/31/9999				
D2391	Resin-Based Composite - One Surface, Posterior	83.60	1/1/2022	12/31/9999				
D2392	Resin-Based Composite - Two Surfaces, Posterior	110.92	1/1/2022	12/31/9999				
D2393	Resin-Based Composite - Three Surfaces, Posterior	134.90	1/1/2022	12/31/9999				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	163.46	1/1/2022	12/31/9999				
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	150.87	1/1/2022	12/31/9999				
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	162.24	1/1/2022	12/31/9999				
D2932	Prefabricated Resin Crown	177.27	1/1/2022	12/31/9999				
D2933	Prefabricated Stainless Steel Crown With Resin Window	197.68	1/1/2022	12/31/9999				
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	197.68	1/1/2022	12/31/9999				
D2940	Protective Restoration	41.58	1/1/2022	12/31/9999				
D2949	Restorative Foundation For An Indirect Restoration	Manually Priced						
D2950	Core Buildup, Including Any Pins When Required	102.73	1/1/2022	12/31/9999				
D2951	Pin Retention - Per Tooth, In Addition To Restoration	24.95	1/1/2022	12/31/9999				
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	84.80	1/1/2022	12/31/9999				
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	84.80	1/1/2022	12/31/9999				
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	149.77	1/1/2022	12/31/9999				
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	199.68	1/1/2022	12/31/9999				
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	296.52	1/1/2022	12/31/9999				
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	350.44	1/1/2022	12/31/9999				
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	428.62	1/1/2022	12/31/9999				
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	144.50	1/1/2022	12/31/9999				
D3352	Apexification/Recalcification - Interim Medication Replacement	105.13	1/1/2022	12/31/9999				
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	210.27	1/1/2022	12/31/9999				
D3355	Pulpal Regeneration - Initial Visit	Manually Priced						
D3356	Pulpal Regeneration - Interim Medication Replacement	Manually Priced						
D3357	Pulpal Regeneration - Completion Of Treatment	Manually Priced						
D3410	Alveostomy - Anterior	271.72	1/1/2022	12/31/9999				
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bound Spaces Per Quadrant	259.86	1/1/2022	12/31/9999				
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bound Spaces Per Quadrant	96.51	1/1/2022	12/31/9999				
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bound Spaces Per Quadrant	306.23	1/1/2022	12/31/9999				
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bound Spaces Per Quadrant	258.78	1/1/2022	12/31/9999				
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	105.13	1/1/2022	12/31/9999				
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	61.15	1/1/2022	12/31/9999				
D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	39.83	1/1/2022	12/31/9999				
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis On A Subsequent Visit	70.44	1/1/2022	12/31/9999				
D4910	Periodontal Maintenance	51.85	1/1/2022	12/31/9999				
D5110	Complete Denture - Maxillary	611.52	1/1/2022	12/31/9999				
D5120	Complete Denture - Mandibular	611.52	1/1/2022	12/31/9999				
D5130	Immediate Denture - Maxillary	663.38	1/1/2022	12/31/9999				
D5140	Immediate Denture - Mandibular	663.38	1/1/2022	12/31/9999				
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, And Teeth)	453.50	1/1/2022	12/31/9999				
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, And Teeth)	453.50	1/1/2022	12/31/9999				

D5410	Adjust Complete Denture - Maxillary	33.26	1/1/2022	12/31/9999					
D5411	Adjust Complete Denture - Mandibular	33.26	1/1/2022	12/31/9999					
D5421	Adjust Partial Denture - Maxillary	33.26	1/1/2022	12/31/9999					
D5422	Adjust Partial Denture - Mandibular	33.26	1/1/2022	12/31/9999					
D5511	Repair Broken Complete Denture Base, Mandibular	80.66	1/1/2022	12/31/9999					
D5512	Repair Broken Complete Denture Base, Maxillary	80.66	1/1/2022	12/31/9999					
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	88.00	1/1/2022	12/31/9999					
D5611	Repair Resin Partial Denture Base, Mandibular	80.66	1/1/2022	12/31/9999					
D5612	Repair Resin Partial Denture Base, Maxillary	80.66	1/1/2022	12/31/9999					
D5621	Repair Cast Partial Framework, Mandibular	109.58	1/1/2022	12/31/9999					
D5622	Repair Cast Partial Framework, Maxillary	109.58	1/1/2022	12/31/9999					
D5630	Repair Or Replace Broken Retentive/Clipping Materials - Per Tooth	154.75	1/1/2022	12/31/9999					
D5640	Replace Broken Teeth - Per Tooth	68.49	1/1/2022	12/31/9999					
D5650	Add Tooth To Existing Partial Denture	83.16	1/1/2022	12/31/9999					
D5660	Add Clasp To Existing Partial Denture - Per Tooth	124.80	1/1/2022	12/31/9999					
D5730	Reline Complete Maxillary Denture (Direct/Chairside)	141.87	1/1/2022	12/31/9999					
D5731	Reline Complete Mandibular Denture (Direct/Chairside)	141.87	1/1/2022	12/31/9999					
D5740	Reline Maxillary Partial Denture (Direct/Chairside)	139.43	1/1/2022	12/31/9999					
D5741	Reline Mandibular Partial Denture (Direct/Chairside)	139.43	1/1/2022	12/31/9999					
D5750	Reline Complete Maxillary Denture (Indirect/Laboratory)	180.51	1/1/2022	12/31/9999					
D5751	Reline Complete Mandibular Denture (Indirect/Laboratory)	180.51	1/1/2022	12/31/9999					
D5760	Reline Maxillary Partial Denture (Indirect/Laboratory)	176.12	1/1/2022	12/31/9999					
D5761	Reline Mandibular Partial Denture (Indirect/Laboratory)	176.12	1/1/2022	12/31/9999					
D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	80.66	1/1/2022	12/31/9999					
D6985	Pediatric Partial Denture, Fixed	358.60	1/1/2022	12/31/9999					
D7111	Extraction, Coronal Remnants - Primary Tooth	53.91	1/1/2022	12/31/9999					
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	66.44	1/1/2022	12/31/9999					
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap, In Indicated	114.21	1/1/2022	12/31/9999					
D7220	Removal Of Impacted Tooth - Soft Tissue	129.93	1/1/2022	12/31/9999					
D7230	Removal Of Impacted Tooth - Partially Bony	173.57	1/1/2022	12/31/9999					
D7240	Removal Of Impacted Tooth - Completely Bony	202.18	1/1/2022	12/31/9999					
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	242.62	1/1/2022	12/31/9999					
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	124.54	1/1/2022	12/31/9999					
D7251	Coronectomy - Intentional Partial Tooth Removal	Manually Priced							
D7260	Oroantral Fistula Closure	398.22	1/1/2022	12/31/9999					
D7270	Tooth Re-implantation And/Or Stabilization Of Accidentally Erupted Or Displaced Tooth	221.05	1/1/2022	12/31/9999					
D7280	Exposure Of An unerupted Tooth	198.95	1/1/2022	12/31/9999					
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	223.74	1/1/2022	12/31/9999					
D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	Manually Priced	1/1/2024	12/31/9999					
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	142.85	1/1/2022	12/31/9999					
D7286	Incisional Biopsy Of Oral Tissue - Soft	113.12	1/1/2022	12/31/9999					
D7288	Brush Biopsy - Transepithelial Sample Collection	113.12	1/1/2022	12/31/9999					
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	Manually Priced							
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	107.62	1/1/2022	12/31/9999					
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	100.64	1/1/2022	12/31/9999					
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	157.04	1/1/2022	12/31/9999					
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	140.90	1/1/2022	12/31/9999					
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	547.71	1/1/2022	12/31/9999					
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	1,014.68	1/1/2022	12/31/9999					
D7410	Excision Of Benign Lesion Up To 1.25 Cm	168.84	1/1/2022	12/31/9999					
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	221.12	1/1/2022	12/31/9999					
D7412	Excision Of Benign Lesion, Complicated	291.57	1/1/2022	12/31/9999					
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	242.65	1/1/2022	12/31/9999					
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	366.16	1/1/2022	12/31/9999					
D7415	Excision Of Malignant Lesion, Complicated	438.78	1/1/2022	12/31/9999					
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	195.69	1/1/2022	12/31/9999					
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	360.25	1/1/2022	12/31/9999					
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	185.90	1/1/2022	12/31/9999					
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	238.25	1/1/2022	12/31/9999					
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	247.10	1/1/2022	12/31/9999					
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	370.02	1/1/2022	12/31/9999					
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	146.28	1/1/2022	12/31/9999					
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	235.98	1/1/2022	12/31/9999					
D7472	Removal Of Torus Palatinus	273.97	1/1/2022	12/31/9999					
D7473	Removal Of Torus Mandibularis	272.49	1/1/2022	12/31/9999					
D7485	Reduction Of Osseous Tuberosity	245.59	1/1/2022	12/31/9999					
D7490	Radical Resection Of Maxilla Or Mandible	3,200.07	1/1/2022	12/31/9999					
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	116.07	1/1/2022	12/31/9999					
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	249.60	1/1/2022	12/31/9999					
D7530	Removal Of Foreign Body From Mucosa, Skin Or Subcutaneous Alveolar Tissue	132.09	1/1/2022	12/31/9999					
D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	244.61	1/1/2022	12/31/9999					
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	318.49	1/1/2022	12/31/9999					
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	400.18	1/1/2022	12/31/9999					
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	1,602.18	1/1/2022	12/31/9999					
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	1,258.75	1/1/2022	12/31/9999					
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	1,578.69	1/1/2022	12/31/9999					
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	1,240.15	1/1/2022	12/31/9999					
D7650	Maxilla And/Or Zygomatic Arch - Open Reduction	1,432.42	1/1/2022	12/31/9999					
D7660	Maxilla And/Or Zygomatic Arch - Closed Reduction	1,254.81	1/1/2022	12/31/9999					
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	498.03	1/1/2022	12/31/9999					
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical Approaches	2,404.49	1/1/2022	12/31/9999					
D7710	Maxilla - Open Reduction	1,687.80	1/1/2022	12/31/9999					
D7720	Maxilla - Closed Reduction	1,266.91	1/1/2022	12/31/9999					
D7730	Mandible - Open Reduction	1,712.25	1/1/2022	12/31/9999					
D7740	Mandible - Closed Reduction	1,325.76	1/1/2022	12/31/9999					
D7750	Maxilla And/Or Zygomatic Arch - Open Reduction	1,509.72	1/1/2022	12/31/9999					
D7760	Maxilla And/Or Zygomatic Arch - Closed Reduction	1,671.15	1/1/2022	12/31/9999					
D7770	Alveolus - Open Reduction Stabilization Of Teeth	978.43	1/1/2022	12/31/9999					
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	2,879.51	1/1/2022	12/31/9999					
D7810	Open Reduction Of Dislocation	1,563.03	1/1/2022	12/31/9999					
D7820	Closed Reduction Of Dislocation	190.80	1/1/2022	12/31/9999					
D7830	Manipulation Under Anesthesia	250.48	1/1/2022	12/31/9999					
D7840	Condylectomy	2,084.46	1/1/2022	12/31/9999					
D7850	Surgical Discectomy, With/Without Implant	2,038.07	1/1/2022	12/31/9999					
D7858	Joint Reconstruction	1,442.17	1/1/2022	12/31/9999					
D7860	Arthroscopy	623.66	1/1/2022	12/31/9999					
D7865	Arthroplasty	1,053.95	1/1/2022	12/31/9999					
D7870	Arthrocentesis	129.65	1/1/2022	12/31/9999					
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	500.06	1/1/2022	12/31/9999					
D7873	Arthroscopy - Lavage And Lysis Of Adhesions	577.34	1/1/2022	12/31/9999					
D7910	Suture Of Recent Small Wounds Up To 5 Cm	174.66	1/1/2022	12/31/9999					
D7911	Complicated Suture - Up To 5 Cm	271.36	1/1/2022	12/31/9999					
D7912	Complicated Suture - Greater Than 5 Cm	336.79	1/1/2022	12/31/9999					
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	921.44	1/1/2022	12/31/9999					
D7940	Osteoplasty - For Orthognathic Deformities	1,454.05	1/1/2022	12/31/9999					
D7941	Osteotomy - Mandibular Rami	3,800.36	1/1/2022	12/31/9999					
D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	3,500.06	1/1/2022	12/31/9999					
D7944	Osteotomy - Segmented Or Subapical	2,907.01	1/1/2022	12/31/9999					
D7945	Osteotomy - Body Of Mandible	3,019.15	1/1/2022	12/31/9999					
D7946	Lefort I (Maxilla - Total)	3,541.03	1/1/2022	12/31/9999					
D7947	Lefort I (Maxilla - Segmented)	3,579.30	1/1/2022	12/31/9999					
D7948	Lefort II Or Lefort III (Osteoplasty Of Facial Bones For Midface Hypoplasia Or Retrusion) - Without Bone Graft	4,225.25	1/1/2022	12/31/9999					

D7949	Lefort II Or Lefort III - With Bone Graft	4,852.76	1/1/2022	12/31/9999			
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla - Autogenous Or Nonautogenous, By Report	1,005.33	1/1/2022	12/31/9999			
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	1,283.22	1/1/2022	12/31/9999			
D7961	Buccial/Labial Frenectomy (Frenulectomy)	184.92	1/1/2022	12/31/9999			
D7962	Lingual Frenectomy (Frenulectomy)	184.92	1/1/2022	12/31/9999			
D7963	Frenuloplasty	281.62	1/1/2022	12/31/9999			
D7971	Excision Of Pericoronar Gingiva	159.74	1/1/2022	12/31/9999			
D7972	Surgical Reduction Of Fibrous Tuberosity	269.06	1/1/2022	12/31/9999			
D7979	Non-Surgical Sialolithotomy	Manually Priced					
D7980	Surgical Sialolithotomy	318.66	1/1/2022	12/31/9999			
D7981	Excision Of Salivary Gland, By Report	563.11	1/1/2022	12/31/9999			
D7982	Sialodochoplasty	610.05	1/1/2022	12/31/9999			
D7983	Closure Of Salivary Fistula	413.57	1/1/2022	12/31/9999			
D7990	Emergency Tracheotomy	466.51	1/1/2022	12/31/9999			
D7991	Coronoidectomy	1,438.29	1/1/2022	12/31/9999			
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition (Bandings)	Manually Priced					
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition (Periodic Orthodontic Treatment Visit)	Manually Priced					
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	856.10	1/1/2022	12/31/9999			
D8091	Comprehensive orthodontic treatment with orthognathic surgery	941.71	1/1/2025	12/31/9999			
D8670	Periodic Orthodontic Treatment Visit	100.64	1/1/2022	12/31/9999			
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	110.70	1/1/2025	12/31/9999			
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	Manually Priced					
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	44.52	1/1/2022	12/31/9999			
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	74.10	1/1/2022	12/31/9999			
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	74.10	1/1/2022	12/31/9999			
D9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	44.94	1/1/2022	12/31/9999			
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	75.36	1/1/2022	12/31/9999			
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	75.36	1/1/2022	12/31/9999			
D9410	House/Extended Care Facility Call	78.28	1/1/2022	12/31/9999			
D9420	Hospital Or Ambulatory Surgical Center Call	123.75	1/1/2022	12/31/9999			
D9440	Office Visit - After Regularly Scheduled Hours	61.15	1/1/2022	12/31/9999			
D9610	Therapeutic Parenteral Drug, Single Administration	36.70	1/1/2022	12/31/9999			
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	60.65	1/1/2022	12/31/9999			
D9613	Infiltration Of Sustained Released Therapeutic Drug, Per Quadrant	\$23.00	6/1/2024	12/31/9999			
D9995	Teledentistry - Synchronous, Real-Time Encounter	62.50	1/1/2022	12/31/9999			
D9996	Teledentistry - Asynchronous, Information Stored And Forwarded To Dentist For Subsequent Review	22.00	1/1/2022	12/31/9999			
D9999	Unspecified adjunctive procedure, by report	Manually Priced					