NORTH DAKOTA MEDICAID DENTAL - *CHILD* FEE SCHEDULE

as of 07/01/2015

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

CODE	MEDICAID FEE
D0120	$30.20
D0140	$44.87
D0145	$40.86
D0150	$45.09
D0160	$104.80
D0170	$28.13
D0171	$28.13
D0180	$42.47
D0210	$94.54
D0220	$19.85
D0230	$15.31
D0240	$30.42
D0270	$16.64
D0272	$29.09
D0273	$32.26
D0274	$39.03
D0322	$30.42
D0330	$72.90
D0365	$696.23
D0366	$696.23
D0367	$322.21
D0368	$1,019.43
D0369	$1,823.19
D1110	$55.82
D1120	$38.83
D1206	$25.82
D1208	$26.48
D1351	$30.98
D1352	$39.21
D1353	$39.21
D1510	$211.90
D1515	$313.03
D1520	$60.76
D1525	$189.83
D1550	$49.93
D1555	$46.06
D2140	$77.50
D2150	$94.01
D2160	$116.14
D2161	$151.22
D2330	$95.48
D2331	$115.07

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CODE	MEDICAID FEE
D2332	$141.59
D2335	$172.10
D2391	$95.13
D2392	$118.48
D2393	$158.96
D2394	$193.48
D2710	$426.13
D2720	$703.31
D2721	$703.31
D2722	$703.31
D2740	$781.13
D2750	$733.86
D2751	$647.07
D2752	$700.41
D2790	$854.25
D2791	$545.79
D2792	$747.18
D2910	$58.56
D2920	$63.44
D2921	$84.96
D2930	$157.97
D2931	$196.45
D2932	$298.13
D2933	$191.85
D2934	$191.85
D2940	$73.68
D2950	$172.92
D2951	$36.60
D2952	$270.60
D2954	$209.53
D2955	$45.56
D2960	$394.01
D2961	$303.54
D2962	$668.35
D2970	$182.18
D3110	$43.51
D3220	$98.39
D3230	$99.60
D3240	$126.02
D3310	$436.96
D3320	$565.04
D3330	$659.43

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CODE	MEDICAID FEE
D3346	$485.97
D3347	$607.05
D3348	$729.61
D3351	$204.31
D3352	$103.31
D3353	$103.31
D3410	$482.36
D3430	$151.21
D4211	$117.32
D4212	$97.27
D4341	$171.56
D4342	$102.93
D4355	$124.85
D4910	$81.32
D5110	$938.30
D5120	$938.30
D5130	$1,205.84
D5140	$990.83
D5211	$992.31
D5212	$1,207.34
D5213	$1,234.10
D5214	$1,228.83
D5225	$992.31
D5226	$992.31
D5281	$786.30
D5510	$109.30
D5520	$85.02
D5610	$120.02
D5620	$179.12
D5630	$119.22
D5640	$91.09
D5650	$150.34
D5660	$110.86
D5710	$399.86
D5711	$399.86
D5720	$281.64
D5721	$281.64
D5730	$267.07
D5731	$267.07
D5740	$267.07
D5741	$267.07
D5750	$436.93

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CODE	MEDICAID FEE
D5751	$644.94
D5760	$357.53
D5761	$357.53
D5820	$527.58
D5821	$242.24
D5850	$71.40
D5851	$58.56
D5860	$1,011.25
D5861	$910.58
D6210	$650.86
D6211	$510.73
D6212	$510.73
D6240	$814.98
D6241	$598.31
D6242	$877.72
D6250	$478.66
D6251	$478.66
D6252	$478.66
D6545	$372.08
D6720	$455.32
D6721	$455.32
D6722	$455.32
D6750	$814.98
D6751	$605.59
D6752	$733.13
D6780	$470.00
D6790	$650.86
D6791	$583.69
D6792	$607.08
D6930	$86.44
D6972	$182.18
D6973	$200.47
D7111	$74.47
D7140	$84.47
D7210	$184.23
D7220	$221.04
D7230	$279.61
D7240	$317.40
D7241	$384.65
D7250	$183.98
D7260	$697.90
D7270	$533.93

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CODE	MEDICAID FEE
D7280	$337.10
D7281	$224.73
D7283	$132.79
D7285	$332.77
D7286	$332.77
D7291	$121.52
D7310	$187.92
D7311	$182.18
D7321	$182.18
D7340	$364.81
D7350	$364.81
D7410	$323.67
D7411	$583.69
D7450	$673.09
D7451	$680.12
D7460	$75.88
D7461	$113.87
D7471	$182.18
D7510	$155.96
D7511	$94.95
D7521	$413.69
D7530	$85.02
D7880	$356.35
D7910	$49.33
D7911	$37.97
D7912	$37.97
D8060	$1,245.01
D8070	$2,429.63
D8080	$1,496.08
D8090	$3,991.58
D8210	$551.93
D8220	$551.93
D8660	$31.26
D9110	$66.88
D9210	$23.49
D9211	$16.64
D9212	$14.50
D9215	$18.28
D9220	$251.39
D9221	$95.66
D9230	$32.19
D9241	$269.44

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CODE	MEDICAID FEE
D9242	$107.78
D9310	$148.12
D9410	$29.72
D9420	$184.64
D9440	$67.66
D9610	$50.06
D9612	$52.76
D9910	$32.08
D9920	$151.78
D9930	$64.55
D9940	$315.04
D9950	$22.77