NORTH DAKOTA MEDICAID DENTAL - *CHILD* FEE SCHEDULE

as of 07/01/2007

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

CODE	MEDICAID FEE
D0120	$23.17
D0140	$32.11
D0145	$29.70
D0150	$34.62
D0160	$80.44
D0170	$21.59
D0180	$32.60
D0210	$72.57
D0220	$15.24
D0230	$11.75
D0240	$23.34
D0270	$12.77
D0272	$22.33
D0273	$23.12
D0274	$29.48
D0277	$49.20
D0322	$23.34
D0330	$55.95
D1110	$42.85
D1120	$29.73
D1203	$20.33
D1204	$20.58
D1206	$18.68
D1351	$23.78
D1510	$162.63
D1515	$239.60
D1520	$46.63
D1525	$145.69
D1550	$33.86
D1555	$35.36
D2140	$59.48
D2150	$72.14
D2160	$89.13
D2161	$116.07
D2330	$73.28
D2331	$88.32
D2332	$108.68
D2335	$131.47
D2390	$248.14
D2391	$60.42
D2392	$72.59
D2393	$94.51

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CODE	MEDICAID FEE
D2394	$139.48
D2710	$327.06
D2720	$539.81
D2721	$539.81
D2722	$539.81
D2740	$599.52
D2750	$563.24
D2751	$496.63
D2752	$537.58
D2790	$655.65
D2791	$418.89
D2792	$573.47
D2910	$44.94
D2920	$45.48
D2930	$111.56
D2931	$150.77
D2932	$228.83
D2933	$133.07
D2940	$56.54
D2950	$132.71
D2951	$22.19
D2952	$165.47
D2954	$160.82
D2955	$34.96
D2960	$302.40
D2961	$232.97
D2962	$512.96
D2970	$139.83
D3220	$75.20
D3230	$35.51
D3240	$60.54
D3310	$335.37
D3320	$433.67
D3330	$506.12
D3346	$372.98
D3347	$465.91
D3348	$559.98
D3351	$156.81
D3352	$79.29
D3353	$79.29
D4341	$131.66
D4342	$79.00

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CODE	MEDICAID FEE
D4355	$74.62
D4910	$62.41
D5110	$720.14
D5120	$720.14
D5130	$925.48
D5140	$760.47
D5211	$761.62
D5212	$926.63
D5213	$947.18
D5214	$943.13
D5225	$761.62
D5226	$761.62
D5281	$603.49
D5510	$83.89
D5520	$65.26
D5610	$92.11
D5620	$137.47
D5630	$91.50
D5640	$69.92
D5650	$102.58
D5660	$85.09
D5710	$306.89
D5711	$306.89
D5720	$216.16
D5721	$216.16
D5730	$204.98
D5731	$204.98
D5740	$204.98
D5741	$204.98
D5750	$274.40
D5751	$495.00
D5760	$274.40
D5761	$274.40
D5820	$404.92
D5821	$185.91
D5850	$54.80
D5851	$44.94
D5860	$776.14
D5861	$698.88
D6210	$499.54
D6211	$391.99
D6212	$391.99

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as of 07/01/2007

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

CODE	MEDICAID FEE
D6240	$625.50
D6241	$459.21
D6242	$673.65
D6250	$367.38
D6251	$367.38
D6252	$367.38
D6545	$232.97
D6720	$349.46
D6721	$349.46
D6722	$349.46
D6750	$625.50
D6751	$464.81
D6752	$562.68
D6780	$360.64
D6790	$499.54
D6791	$447.98
D6792	$465.96
D6930	$66.35
D6972	$139.83
D6973	$153.86
D7111	$57.15
D7140	$61.18
D7210	$123.91
D7220	$144.09
D7230	$176.39
D7240	$197.66
D7241	$295.23
D7250	$125.85
D7260	$535.64
D7270	$268.81
D7280	$258.73
D7281	$172.48
D7283	$101.91
D7285	$255.39
D7286	$255.39
D7291	$93.27
D7310	$139.83
D7311	$139.83
D7321	$139.83
D7340	$279.99
D7350	$279.99
D7410	$248.41

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CODE	MEDICAID FEE
D7411	$447.98
D7450	$516.60
D7451	$522.00
D7460	$58.25
D7461	$87.39
D7471	$139.83
D7510	$119.70
D7511	$72.87
D7521	$317.51
D7530	$65.26
D7910	$29.14
D7911	$29.14
D7912	$29.14
D8060	$955.56
D8070	$1,864.75
D8080	$1,182.70
D8090	$3,063.56
D8660	$18.63
D9110	$51.33
D9210	$14.03
D9211	$12.77
D9212	$11.13
D9215	$14.03
D9220	$104.95
D9221	$73.42
D9230	$24.70
D9241	$131.62
D9242	$82.72
D9310	$43.73
D9410	$17.47
D9420	$133.82
D9440	$32.60
D9610	$38.41
D9612	$40.49
D9910	$22.19
D9911	$23.34
D9920	$116.49
D9930	$49.54
D9950	$17.47