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	Ne	ebrask	ca Do	ental				INE	DK/	1SK					
		SSOC						DEPT. OF	HEALTH AND	HUMAN SERV	ICES				
	Λ.			1 0 14				% Increa	se 2023	25%					
2021 NDA Fee Survey							7/1/2022		2023		Private		Private		
NDA		Iowa		SD		KS		DHHS		DHHS		Insuranc		Insurance	
Average	CDT	Medicaid	%	Medicaid	%	Medicaid	%	Medicaid	%	Medicaid	%		%		%
\$51.84	D0120	\$18.01	0.35%	\$32.84	0.63%	\$24.26	0.47%	\$25.69	0.50%	\$32.11	0.62%	\$22.00	0.42%	\$34.46	0.66%
\$75.90	D0140	\$28.15	0.37%	\$49.27	0.65%	\$31.11	0.41%	\$25.69	0.34%	\$32.11	0.42%	\$32.00	0.42%	\$53.08	0.70%
\$60.46	D0145	\$25.89	0.43%	\$29.86	0.49%	\$30.74	0.51%	\$43.19	0.71%	\$53.99	0.89%	\$22.00	0.36%	\$53.10	0.88%
\$85.88	D0150	\$25.89	0.30%	\$49.27	0.57%	\$33.20	0.39%	\$25.69	0.30%	\$32.11	0.37%	\$33.00	0.38%	\$56.65	0.66%
\$134.83	D0210	\$56.29	0.42%	\$103.02	0.76%	\$63.60	0.47%	\$52.54	0.39%	\$65.68	0.49%	\$68.00	0.50%	\$94.25	0.70%
\$32.33	D0220	\$11.25	0.35%	\$19.41	0.60%	\$13.74	0.42%	\$7.00	0.22%	\$8.75	0.27%	\$12.00	0.37%	\$20.24	0.63%
\$50.07	D0272	\$18.01	0.36%	\$31.37	0.63%	\$23.11	0.46%	\$15.18	0.30%	\$18.98	0.38%	\$19.00	0.38%	\$31.50	0.63%
\$64.73	D0274	\$27.03	0.42%	\$41.81	0.65%	\$33.51	0.52%	\$22.19	0.34%	\$27.74	0.43%	\$33.00	0.51%	\$43.11	0.67%
\$117.69	D0330	\$50.66	0.43%	\$80.64	0.69%	\$60.42	0.51%	\$42.02	0.36%	\$52.53	0.45%	\$59.00	0.50%	\$79.25	0.67%
\$120.11	D0340	\$50.66	0.42%	\$58.82	0.49%			\$72.37	0.60%	\$90.46	0.75%	\$77.00	0.64%	\$88.96	0.74%
\$111.14	D0470	\$39.40	0.35%	\$55.42	0.50%	Ф 4 7 0 7	0.500/	\$53.70	0.48%	\$67.13	0.60%	\$56.00	0.50%	\$57.71	0.52%
\$90.80	D1110	\$42.98	0.47%	\$44.80	0.49%	\$47.37	0.52%	\$38.52	0.42%	\$48.15	0.53%	\$50.00	0.55%	\$59.31	0.65%
\$65.42	D1120	\$29.48	0.45%	\$44.80	0.68%	\$34.66	0.53%	\$30.35	0.46%	\$37.94	0.58%	\$35.00	0.54%	\$46.38	0.71%
\$37.75 \$35.22	D1206 D1208	\$17.20 \$17.20	0.46%	\$26.89	0.71%	\$19.64	0.52%	\$23.35 \$21.01	0.62%	\$29.19 \$26.26	0.77% 0.75%	\$16.00 \$16.00	0.42%	\$26.69	0.71%
\$54.33	D1208	\$24.56	0.49%	\$26.89 \$35.84	0.76%	\$19.64	0.56%	\$21.01	0.60%		0.75%	\$18.00	0.45% 0.52%	\$24.63 \$38.51	0.70%
\$49.33	D1351	\$4.30	0.45%	\$14.48	0.00%	\$28.53 \$15.00	0.30%	\$11.67	0.54%	\$36.48 \$14.59	0.87%	\$16.00	0.32%	\$38.40	0.71%
\$46.82	D1354	φ4.30	0.09 /0	φ14.40	0.2970	\$15.00	0.30 /6	\$11.67	0.24%	\$14.59	0.30%	\$16.00	0.34%	φ30.40	0.7676
\$143.84	D1333	\$50.66	0.35%	\$84.90	0.59%	\$53.50	0.37%	\$58.37	0.41%	\$72.96	0.51%	\$67.00	0.47%	\$85.79	0.60%
\$176.81	D2140	\$64.17	0.36%	\$105.39	0.60%	\$64.00	0.36%	\$68.87	0.39%	\$86.09	0.49%	\$81.00	0.47 %	\$111.03	0.63%
\$163.79	D2330	\$57.41	0.35%	\$96.62	0.59%	\$75.56	0.46%	\$67.71	0.41%	\$84.64	0.52%	\$75.00	0.46%	\$104.52	0.64%
\$200.96	D2331	\$73.17	0.36%	\$124.43	0.62%	\$91.58	0.46%	\$84.05	0.42%	\$105.06	0.52%	\$90.00	0.45%	\$134.44	0.67%
Ψ200.50	D2331	Ψ73.17	0.0070	Ψ124.40	0.0270	ψ51.50	0.4070	ψ04.00	0.72 /0	Ψ100.00	0.0270	Ψ30.00	0.4370	Ψ104.44	0.07 /0
		Average	0.38%	Average	0.60%		0.46%	Average	0.42%	Average	0.53%		0.45%		0.68%
			IA		SD		KS		NE		NE				
	Overa	II Average	0.38%		0.57%		0.43%		0.39%		0.49%		0.46%		0.66%
	SD Targe	eted Codes	for Increa	se											
D0465 5															
	D0120 Periodic Oral Evaluation - Established Patient D0140 Limited Oral Evaluation - Problem Focused														
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver															
D0150 Co	mprehens	sive Oral Ev	aluation -	New Or Est	ablished P	atient									
D0210 Intr	raoral - Co	mplete Ser	ies Of Ra	diographic I	mages										
D0220 Intr	raoral - Pe	riapical Firs	t Radiogr	aphic Image)										
				<u> </u>											
D0272 Bitewings - Two Radiographic Images															

D0274 Bitewings - Four Radiographic Images							
D0330 Panoramic Radiographic Image							
D0340 2D Cephalometric Radiographic Image - Acquisition, M	leasuremen	t And Ana	alysis				
D0470 Diagnostic Casts							
D1110 Prophylaxis, adult - age 13 and over							
D1120 Prophylaxis, child - age 12 and under							
D1206 Fluoride Varnish							
D1208 Topical Application Of Fluoride							
D1351 Sealant, Per Tooth							
D1354 Interim Caries Arresting Medicament Application (Per	Claim)						
D2140 Amalgam - One Surface, Primary Or Permanent							
D2150 Amalgam - Two Surfaces, Primary Or Permanent							
D2330 Resin-Based Composite - One Surface, Anterior							
D2331 Resin-Based Composite - Two Surfaces, Anterior							

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										NEBRASKA DEPT. OF HEALTH AND HUMAN SERVICES					
										% Increa		25%	ICES		
Private		2021 NDA	Fee Survey							7/1/2022	36 2023	2023	-	Private	
Insurance 3		2021 NDA Fee Surv		lowa		SD		KS		DHHS		DHHS		Insurance	1
mouranoc	%	Average	CDT	Medicaid	%	Medicaid	%	Medicaid		Medicaid	%	Medicaid	%	I I I I I I I I I I I I I I I I I I I	%
\$50.00		\$180.42	D2391	\$57.41	0.32%	\$84.90	0.47%	\$80.14	0.44%	\$68.87	0.38%	\$86.09	0.48%	\$86.00	0.48%
\$78.00		\$227.68	D2392	\$79.72	0.35%	\$105.39	0.46%	\$85.56	0.38%	\$87.55	0.38%	\$109.44	0.48%	\$112.00	0.49%
\$56.00	0.93%	\$1,084.79	D2740	\$466.10	0.43%	\$517.76	0.48%	\$324.00	0.30%	\$396.89	0.37%	\$496.11	0.46%	\$657.00	0.61%
\$90.00		\$1,100.39	D2750	\$517.90	0.47%	\$517.76	0.47%	\$450.00	0.41%	\$396.89	0.36%	\$496.11	0.45%	\$621.00	0.56%
\$110.10		\$1,080.08	D2792	\$476.23	0.44%	\$517.92	0.48%	\$259.20	0.24%	\$396.89	0.37%	\$496.11	0.46%	\$542.00	0.50%
\$22.40		\$276.33	D2930	\$112.59	0.41%	\$181.51	0.66%	\$129.60	0.47%	\$135.41	0.49%	\$169.26	0.61%	\$150.00	0.54%
\$34.70		\$255.67	D2950	\$121.86	0.48%	\$140.47	0.55%			\$85.22	0.33%	\$106.53	0.42%	\$115.00	0.45%
\$47.10		\$732.06	D3310	\$281.46	0.38%	\$425.47	0.58%	\$270.00	0.37%	\$283.67	0.39%	\$354.59	0.48%	\$324.00	0.44%
\$91.10		\$851.80	D3320	\$337.76	0.40%	\$420.96	0.49%	\$297.00	0.35%	\$293.00	0.34%	\$366.25	0.43%	\$384.00	0.45%
\$100.70		\$1,028.78	D3330	\$433.46	0.42%	\$664.54	0.65%	\$378.00	0.37%	\$389.88	0.38%	\$487.35	0.47%	\$511.00	0.50%
\$89.90		\$872.47	D3346	\$309.60	0.35%	\$354.56	0.41%			\$257.31	0.29%	\$321.64	0.37%	\$386.00	0.44%
\$73.00		\$995.70	D3347	\$371.54	0.37%	\$420.96	0.42%			\$293.00	0.29%	\$366.25	0.37%	\$445.00	0.45%
\$50.00		\$1,173.80	D3348	\$557.29	0.47%	\$553.78	0.47%	# 00.00	0.040/	\$389.88	0.33%	\$487.35	0.42%	\$581.00	0.49%
\$34.00		\$263.30 \$176.44	D4341	\$112.59	0.43%	\$173.59	0.66%	\$63.60	0.24%	\$116.73	0.44%	\$145.91	0.55%	\$141.00 \$79.00	0.54%
\$19.00 \$46.00		\$176.44	D4342 D4910	\$42.24 \$67.55	0.24%	\$87.25 \$75.77	0.49% 0.55%	\$53.00 \$47.37	0.30%	\$60.70	0.34%	\$75.88	0.43%	\$79.00	0.45% 0.52%
\$34.00			D5110/5120	\$585.44	0.49%	\$911.71	0.53%	\$1,106.14	0.34%	\$33.85 \$773.95	0.25%	\$42.31 \$967.44	0.57%	\$870.00	0.52%
\$21.00		\$1,707.11	D7140	\$56.29	0.34%	\$95.16	0.53%	\$95.40	0.53%	\$77.04	0.43%	\$96.30	0.54%	\$70.00	0.31%
\$107.00		\$275.25	D7140	\$106.95	0.31%	\$171.27		\$129.67	0.47%	\$108.57	0.43%	\$135.71	0.49%	\$138.00	0.50%
\$139.00		\$737.92	D8220	\$275.83	0.37%	\$571.10		\$305.00	0.41%	\$240.47	0.33%	\$300.59	0.43%	\$213.00	0.29%
\$112.90		\$120.01	D9110	\$24.92	0.21%	\$58.53	0.49%	Ψ000.00	0.4170	\$26.85	0.22%	\$33.56	0.28%	\$35.00	0.29%
\$143.50		Ψ120.01	50110	Ψ2 1.02	0.2170	Ψ00.00	0.1070			Ψ20.00	0.2270	Ψ00.00	0.2070	Q 33.33	0.2070
Ψσ.σσ	011 170			Average	0.38%	Average	0.54%		0.39%	Average	0.36%	Average	0.45%		0.47%
	0.78%														
	0.77%		SD Targete	d Codes for	 r Increas	Δ									
	0.7770		3D Targete	J Codes for											
		D0004 D													
		D2391 Resin-Based Composite - One Surface, Posterior													
		D2392 Resin-Based Composite - Two Surfaces, Posterior D2740 Crown - Porcelain/Ceramic Substrate													
			wn - Porcela				l								
			wn - Full Cas												
			fabricated St			ı - Primary	' Tooth								
			e Buildup, In												
			dodontic The					Restoration)							
								ı		1					

D3320 Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)
D3330 Endodontic Therapy, Molar (Excluding Final Restoration)
D3346 Retreatment Of Previous Root Canal Therapy - Anterior
D3347 Retreatment Of Previous Root Canal Therapy - Bicuspid
D3348 Retreatment Of Previous Root Canal Therapy - Molar
D4341 Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant
D4342 Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant
D4910 Periodontal Maintenance
D5110 Complete Denture - Maxillary
D7140 Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)
D7210 Extraction, Erupted Tooth Requiring Removal Of Bone
D8220 Fixed Appliance Therapy To Control Harmful Habits
D9110 Palliative (Emergency) Treatment Of Dental Pain

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Private		Private Insurance									
insurance	Insurance 2										
2122.12	%	*	%								
\$120.45		\$126.00									
\$154.95	0.68%	\$183.50									
\$733.89	0.68%	\$873.00									
\$727.49	0.66%	\$882.00									
\$677.41	0.63%	\$567.00									
\$183.69	0.66%	\$217.30									
\$176.71	0.69%	\$205.00									
\$475.26	0.65%	\$806.00									
\$582.43	0.68%	\$950.00									
\$722.21	0.70%	\$1,101.00									
\$633.49	0.73%	\$443.00									
\$745.51	0.75%	\$497.00									
\$922.57	0.79%	\$646.00									
\$179.65	0.68%	\$270.00	1.03%								
\$95.94	0.54%	\$190.70	1.08%								
\$96.59	0.70%	\$137.00	0.99%								
\$951.89	0.56%	\$883.00	0.52%								
\$114.92	0.64%	\$122.80	0.68%								
\$205.98	0.75%	\$230.00	0.84%								
\$78.29	0.65%	\$86.30	0.72%								
	0.64%		0.76%								
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