471-000-506 Nebraska Medicaid Practitioner Fee Schedule for Dental Services

Steps to Determine the Fee Schedule Allowable:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically.

2. LOCATE THE MAXIMUM ALLOWABLE FEE FOR THE PROCEDURE CODE. The maximum allowable fee is listed to the right of the procedure code and description. If "BR" is listed, go to Step #4 for special pricing.

3. PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect their change to the general public.

4. SPECIAL PRICING. Certain procedure codes will not have a maximum allowable fee:

   A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review. The provider's submitted charge must reflect their charge to the general public.

471-000-506 NEBRASKA MEDICAID DENTAL FEE SCHEDULE

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
DIAGNOSTIC			
D0120		16.00	No
D0140		16.00	No
D0150		16.00	No
D0160		27.00	No
D0170		16.00	No
D0180		27.00	No
D0210		45.00	No
D0220		6.00	No
D0230		5.00	No
D0240	(2 ¼ x 3 ¼ size)	7.00	No
D0270		8.00	No
D0272		12.00	No
D0274		18.00	No
D0330		34.00	No
D0340		62.00	No
D0470		46.00	No
PREVENTIVE			
D1110	(age 14 and older)	31.00	No
D1120	(age 13 and younger)	18.00	No
D1201	(age 13 and younger)	25.50	No
D1203	(age 13 and younger)	7.50	No

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
D1204	adult (age 14 and older)	7.50	No
D1205	adult (age 14 and older)	38.50	No
D1351		20.00	No
D1510		104.00	No
D1515		184.00	No
D1550		21.00	No

RESTORATIVE

Amalgam Restorations:

Primary Teeth – (A – T)

D2140	44.00	No
D2150	53.00	No
D2160	64.00	No
D2161	70.00	No

Permanent Teeth – (1 – 32)

D2140	47.00	No
D2150	58.00	No
D2160	71.00	No
D2161	83.00	No

Resin-Based Composite Restorations:

Anterior Teeth:

Primary tooth numbers for anterior composite restorations – C – H, M – R
Permanent tooth numbers for anterior composite restorations – 6 – 11, 22 – 27

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
D2330		55.00	No
D2331		72.00	No
D2332		84.00	No
D2335		98.00	No

Posterior Teeth:

Primary tooth numbers for posterior composite restorations – A, B, I, J, K, L, S, T

D2391	52.00	No
D2392	61.00	No
D2393	70.00	No
D2394	80.00	No

Permanent tooth numbers for posterior composite restorations – 1 – 5, 12 – 16, 17 – 21, 28 – 32

D2391	56.00	No
D2392	71.00	No
D2393	84.00	No
D2394	98.00	No

Crowns:

D2710	201.00	Yes
D2720	345.00	Yes
D2721	345.00	Yes
D2722	345.00	Yes
D2740	345.00	Yes
D2750	345.00	Yes
D2751	345.00	Yes
D2752	345.00	Yes
D2790	345.00	Yes
D2791	345.00	Yes
D2792	345.00	Yes

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
Other Restorative Services:			
D2910		21.00	No
D2915		35.00	No
D2920		21.00	No
D2930	primary tooth	110.00	No
D2931	permanent tooth	122.00	No
D2932		100.00	No
D2933		132.00	No
D2940		34.00	No
D2950		78.00	No
D2951		12.00	No
D2954		100.00	No
D2980		BR	No
D2999		BR	No
ENDODONTICS			
D3220		70.00	No
D3230		85.00	No
D3240		90.00	No
D3310		230.00	Yes
D3320		262.00	Yes
D3330		350.00	Yes
D3346		230.00	Yes
D3347		262.00	Yes
D3348		350.00	Yes
D3410		180.00	No
D3999	Emergency treatment to relieve endodontic pain	37.00	No
PERIODONTICS			
D4210		98.00	No
D4211		75.00	No
D4341		95.00	Yes
D4342		50.00	Yes
D4355		60.00	No
D4910		31.00	Yes

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
PROSTHODONTICS (REMOVABLE)			
D5110		490.00	Yes
D5120		490.00	Yes
D5130		490.00	No
D5140		490.00	No
D5211		350.00	Yes
D5212		350.00	No
D5213	(Covered for clients age 20 and younger)	488.00	No
D5214	(Covered for clients age 20 and younger)	488.00	No
D5410		21.00	No
D5411		21.00	No
D5421		21.00	No
D5422		21.00	No
D5510		87.00	No
D5520		* Note	No
D5610		90.00	No
D5620		105.00	No
D5630		105.00	No
D5640		* Note	No
D5650		* Note	No
D5660		100.00	No

* Note: First tooth $73.00, each additional tooth $30.00

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
D5710		196.00	No
D5711		196.00	No
D5720		196.00	No
D5721		196.00	No
D5730		100.00	No
D5731		100.00	No
D5740		100.00	No
D5741		100.00	No
D5750		165.00	No
D5751		165.00	No
D5760		165.00	No
D5761		165.00	No
D5810		250.00	No
D5811		250.00	No
D5820		235.00	Yes
D5821		235.00	Yes
D5850		46.00	No
D5851		46.00	No
D6930		42.00	No
ORAL AND MAXILLOFACIAL SURGERY			
D7111	(A – T)	42.00	No
D7140	(A – T)	42.00	No
D7140	(1 – 32)	50.00	No
D7210		93.00	No
D7220		122.00	No
D7230		167.00	No
D7240		202.00	No
D7241		212.00	No
D7250		85.00	No
D7270		114.00	No
D7280	(permanent teeth only)	190.00	No
D7282		114.00	No
D7283	(permanent teeth only)	135.00	No
D7285		78.00	No
D7286		78.00	No
D7310		94.00	No
D7311		75.00	No
D7320		94.00	No
D7321		75.00	No
D7410		BR	No
D7411		BR	No
D7412		BR	No
D7413		BR	No

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
D7414		BR	No
D7415		BR	No
D7440		BR	No
D7441		BR	No
D7450		BR	No
D7451		BR	No
D7460		BR	No
D7461		BR	No
D7465		BR	No
D7471		89.00	No
D7510		37.00	No
D7880		BR	No
D7960		88.00	Yes

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
ORTHODONTICS:			
D8060	interceptive orthodontic treatment of the transitional dentition	Fee determined by treatment plan	Yes
	Procedures covered under code D8060:		
	• chrome steel wire clasps-each .036 or minimum .030	21.00	Yes
	• inclined plane (hawley) appliance, bite plane, with clasps	153.00	Yes
	cross-bite appliance, anterior, acrylic	127.00	Yes
	• cross-bite appliance, posterior, two bands plus attachments	127.00	Yes
	• attachment springs for any orthodontic or pedodontic appliance – each	21.00	Yes
	• adjustment of pedodontic and interceptive orthodontic appliances (allowed one per month)	17.00	Yes
	• space maintainer – fixed – unilateral, part of interceptive orthodontic treatment plan	104.00	Yes
	• space maintainer – fixed – bilateral, part of interceptive orthodontic treatment plan	184.00	Yes
D8090	comprehensive orthodontic treatment of the adult dentition	Fee determined by treatment plan	Yes
	Procedures covered under code D8090:		
	• constructing and placing fixed maxillary appliance, active treatment	321.00	Yes
	• constructing and placing fixed mandibular appliance, active treatment	321.00	Yes
	• each one month period of active treatment – maxillary arch	35.00	Yes
	• each one month period of active treatment – maxillary arch, unusual service (surgical correction cases)	51.00	Yes
	• each one month period of active treatment – mandibular arch	35.00	Yes
	• each one month period of active treatment – mandibular arch, unusual service (surgical correction cases)	51.00	Yes
	retainer or retention appliance	90.00	Yes
	• each one-month period of retention appliance treatment, maxillary arch	19.00	Yes

CODE	DESCRIPTION	FEE	PRIOR AUTHORIZED
	• each one-month period of retention appliance treatment, mandibular arch	19.00	Yes
	• rapid palatal expan der (RPE) or cross-bite correcting (fixed) appliance	175.00	Yes
	• herbst appliance	265.00	Yes
	• protraction facemask	159.00	Yes
	• slow expansion appliance	174.00	Yes
	• headgear	159.00	Yes
	• inclined plane (hawley) appliance, bite plane, with clasps	153.00	Yes
	• orthodontic appliance not listed	BR	Yes
	• orthodontic procedure not listed	BR	Yes
	• space maintainer – fixed – unilateral, part of comprehensive orthodontic treatment plan	104.00	Yes
	• space maintainer – fixed – bilateral, part of comprehensive orthodontic treatment plan	184.00	Yes
D8210		127.00	No
D8220		200.00	No
D8691		BR	No
D8692		90.00	No
D8999		BR	No
ADJUNCTIVE GENERAL SERVICES:			
D9110		21.00	No
D9220	first 30 minutes	162.00	No
D9221	each additional 15 minutes	81.00	No
D9230		20.00	No
D9241	first 30 minutes	94.00	No
D9242	each additional 15 minutes	43.00	No
D9248		150.00	No
D9410		32.00	No
D9420		80.00	No
D9440		40.00	No
D9940		170.00	No