

Procedure	CDT Code	Kentucky Medicaid Fee Schedule <21 & UHC	Average KY Medicaid Managed Care Fee	Commercial Plan Average	Commercial Percentage Over KY Fee Schedule	Commercial Percentage Over KY Managed Care Average	Percent of Non-Ortho Payments in KY 2020 Total 89%
Periodic Oral Exam	D0120	\$27.50	\$22.45	\$30.00	9.1%	33.6%	2.3%
Limited Oral Exam	D0140	\$41.25	\$32.67	\$46.00	11.5%	40.8%	2.2%
Comprehensive Evaluation	D0150	\$32.50	\$32.50	\$52.00	60.0%	60.0%	6.5%
Periapical 1st X-ray	D0220	\$13.00	\$9.78	\$18.50	42.3%	89.2%	1.2%
Periapical additional X-rays	D0230	\$9.75	\$7.33	\$13.75	41.0%	87.5%	0.8%
Two Bitewings	D0272	\$22.75	\$17.11	\$27.00	18.7%	57.8%	2.0%
Four Bitewings	D0274	\$37.38	\$35.88	\$40.75	9.0%	13.6%	1.9%
Pano X-ray	D0330	\$48.75	\$36.66	\$71.50	46.7%	95.0%	4.5%
Prophylaxis-Adult	D1110	\$60.13	\$57.72	\$60.25	0.2%	4.4%	4.1%
Prophylaxis-Child	D1120	\$60.13	\$57.72	\$45.50	-24.3%	-21.2%	9.3%
Topical Fluoride Varnish	D1206	\$18.75	\$14.85	\$26.75	42.7%	80.1%	1.0%
Topical Fluoride no Varnish	D1208	\$18.75	\$15.66	\$25.75	37.3%	64.4%	2.5%
Sealant/tooth	D1351	\$24.38	\$23.40	\$35.75	46.6%	52.8%	1.7%
Resin Composite-one surface anterior	D2330	\$57.20	\$53.77	\$103.25	80.5%	92.0%	1.0%
Resin Composite-two surfaces anterior	D2331	\$71.50	\$67.21	\$134.75	88.5%	100.5%	1.0%
Resin Composite-three surfaces anterior	D2332	\$85.80	\$80.65	\$147.50	71.9%	82.9%	1.9%
Resin Composite-four+ surfaces anterior	D2335	\$101.40	\$95.32	\$171.50	69.1%	79.9%	2.2%
Resin Composite-one surface posterior	D2391	\$57.20	\$49.56	\$114.50	100.2%	131.1%	3.3%
Resin Composite-two surfaces posterior	D2392	\$71.50	\$71.50	\$140.75	96.9%	96.9%	6.0%
Resin Composite-three surfaces posterior	D2393	\$85.80	\$75.74	\$170.75	99.0%	125.4%	2.5%
Resin Composite-four surfaces posterior	D2394	\$78.00	\$91.10	\$189.50	142.9%	108.0%	1.1%
Prefab SSC Primary Tooth	D2930	\$119.60	\$112.42	\$185.50	55.1%	65.0%	4.7%
Esthetic Coated SSC	D2934	\$119.60	\$112.42	\$195.75	63.7%	74.1%	0.2%
Pulpotomy	D3220	\$67.60	\$63.54	\$112.50	66.4%	77.0%	1.1%
Extraction, Erupted tooth	D7140	\$49.40	\$49.40	\$93.75	89.8%	89.8%	5.9%
Extraction, Erupted w/bone	D7210	\$96.60	\$96.00	\$162.00	67.7%	68.8%	6.3%
Removal impacted tooth-soft tissue	D7220	\$127.40	\$122.30	\$191.00	49.9%	56.2%	0.4%
Removal impacted tooth-partial bony	D7230	\$179.40	\$172.22	\$250.00	39.4%	45.2%	1.4%
Removal impacted tooth-complete bony	D7240	\$215.80	\$207.17	\$303.50	40.6%	46.5%	5.0%
Deep Sedation/GA -first 15 min	D9222	\$75.00	\$73.36	\$132.00	76.0%	79.9%	1.3%
Deep Sedation/GA -incremental 15 min	D9223	\$75.00	\$73.36	\$111.00	48.0%	51.3%	2.0%
Nitrous Oxide	D9230	\$39.00	\$39.00	\$39.75	1.9%	1.9%	1.6%
<b>Average Fee Difference</b>					<b>52.8%</b>	<b>66.6%</b>	