



Kansas Medical Assistance Program



December 2008

Provider Bulletin Number 8173

Dental Providers

Updated Fee Schedule

To view the fee schedule effective with dates of service on and after January 1, 2009, refer to the updated Medical Assistance Dental Fee Schedule included with this bulletin. Please refer to the exhibits at the end of the current *Dental Provider Manual* for benefit plan coverage.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>.

If you have any questions, please contact Customer Service at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

EDS is the fiscal agent and administrator of the Kansas Medical Assistance Program for the Kansas Health Policy Authority.

**Kansas Medical Assistance Program
 Medical Assistance Dental Fee Schedule
 Title 19 and Title 21
 January 1, 2009**

Please refer to the exhibits at the end of the Dental Provider Manual for current benefit plan coverage.

All codes listed below are not covered under every benefit plan.

| Code | Procedure | Maximum Allowance |
|-------------|---|--------------------------|
| D0120 | periodic oral evaluation - established patient | \$21.00 |
| D0140 | limited oral evaluation | \$29.35 |
| D0145 | oral eval for patient under 3 years of age | \$29.00 |
| D0150 | comprehensive oral evaluation | \$29.00 |
| D0170 | re-evaluation | \$25.00 |
| D0210 | intraoral - complete series | \$60.00 |
| D0220 | intraoral - periapical 1st film | \$12.00 |
| D0230 | intraoral - periapical each additional | \$10.00 |
| D0240 | intraoral - occlusal film | \$18.00 |
| D0250 | extraoral - 1st film | \$20.00 |
| D0260 | extraoral - each additional | \$12.50 |
| D0270 | bitewing - single film | \$14.00 |
| D0272 | bitewing - two films | \$20.00 |
| D0273 | bitewing - three films | \$25.00 |
| D0274 | bitewing - four films | \$29.00 |
| D0277 | vertical bitewings - 7 to 8 films | \$25.00 |
| D0290 | posterior-anterior or lateral skull film | \$60.00 |
| D0321 | other tmj films - by report | \$60.00 |
| D0322 | tomographic survey | \$55.00 |
| D0330 | panoramic film | \$57.00 |
| D0460 | pulp vitality tests | \$15.00 |
| D1110 | prophylaxis - adult | \$41.00 |
| D1120 | prophylaxis - child | \$30.00 |
| D1203 | topical application of fluoride-w/o prophylaxis child | \$17.00 |
| D1351 | sealant - per tooth | \$24.92 |
| D1510 | space maintainer - fixed - unilateral | \$150.00 |
| D1515 | space maintainer - fixed - bilateral | \$210.00 |
| D1525 | space maintainer - removable - bilateral | \$200.00 |
| D1550 | re-cementation space maintainer | \$30.00 |
| D2140 | amalgam - 1 surface | \$53.50 |
| D2150 | amalgam - 2 surface | \$64.00 |
| D2160 | amalgam - 3 surface | \$76.00 |
| D2161 | amalgam - 4+ surface | \$91.50 |
| D2330 | composite - 1 surface anterior | \$66.00 |
| D2331 | composite - 2 surface anterior | \$80.00 |
| D2332 | composite - 3 surface anterior | \$95.00 |
| D2335 | composite - 4+ surface anterior | \$110.00 |
| D2390 | composite crown - anterior | \$150.00 |
| D2391 | composite - 1 surface posterior | \$70.00 |
| D2392 | composite - 2 surface posterior | \$75.00 |
| D2393 | composite - 3 surface posterior | \$80.00 |
| D2394 | composite - 4+ surface posterior | \$95.00 |
| D2710 | crown - resin | \$400.00 |
| D2740 | crown - porc/ceramic | \$300.00 |
| D2751 | crown - porc/metal base | \$450.00 |
| D2752 | crown - porc/metal noble | \$470.00 |
| D2783 | crown - 3/4 porc/ceramic | \$270.00 |
| D2791 | crown - full metal base | \$216.00 |
| D2792 | crown - full metal noble | \$259.20 |

**Kansas Medical Assistance Program
Medical Assistance Dental Fee Schedule
Title 19 and Title 21
January 1, 2009**

Please refer to the exhibits at the end of the Dental Provider Manual for current benefit plan coverage.

All codes listed below are not covered under every benefit plan.

| Code | Procedure | Maximum Allowance |
|-------------|--|--------------------------|
| D2910 | recement inlay | \$10.80 |
| D2920 | recement crown | \$31.00 |
| D2930 | crown - prefab stainless steel - primary | \$120.00 |
| D2931 | crown - prefab stainless steel - permanent | \$131.00 |
| D2940 | sedative filling | \$30.00 |
| D2951 | pin retention - per tooth | \$28.00 |
| D2954 | prefab post & core | \$120.00 |
| D2957 | each additional prefab post | \$110.00 |
| D3110 | pulp cap - direct | \$28.00 |
| D3220 | pulpotomy | \$60.00 |
| D3221 | pulpal debridement - primary and permanent | \$60.00 |
| D3222 | partial pulpotomy for apexogenesis - permanent | \$60.00 |
| D3310 | endodontic therapy root canal - anterior | \$250.00 |
| D3320 | endodontic therapy root canal - bicuspid | \$275.00 |
| D3330 | endodontic therapy root canal - molar | \$350.00 |
| D3331 | treatment of root canal obstruction | \$250.00 |
| D3351 | apexification/recalcification - initial | \$60.00 |
| D3352 | apexification/recalcification - interim | \$100.00 |
| D3353 | apexification/recalcification - final | \$100.00 |
| D3410 | apicoectomy - anterior | \$90.00 |
| D3421 | apicoectomy - bicuspid - first root | \$90.00 |
| D3425 | apicoectomy - molar - first root | \$90.00 |
| D3426 | apicoectomy - each additonnal root | \$90.00 |
| D3430 | retrograde filling - per root | \$40.00 |
| D4210 | gingivectomy/gingivoplasty - 4+ teeth per quad | \$118.80 |
| D4211 | gingivectomy/gingivoplasty - 1 to 3 teeth per quad | \$30.00 |
| D4230 | anatomical crown exposure - 4+ contiguous teeth per quad | \$118.80 |
| D4231 | anatomical crown exposure - one to 3 teeth per quad | \$60.00 |
| D4268 | surgical revision - per tooth | \$30.00 |
| D4341 | scaling and root planing - 4+ teeth per quad | \$53.00 |
| D4342 | scaling and root planing - 1 to 3 teeth per quad | \$53.00 |
| D4355 | full mouth debridement | \$58.00 |
| D5110 | complete denture - max | \$1,106.14 |
| D5120 | complete denture - mand | \$1,107.92 |
| D5211 | partial denture - resin base - max | \$830.35 |
| D5212 | partial denture - resin base - mand | \$843.91 |
| D5213 | partial denture - metal base - max | \$1,177.06 |
| D5214 | partial denture - metal base - mand | \$1,176.75 |
| D5225 | partial denture - flexible base - max | \$801.90 |
| D5226 | partial denture - flexible base - mand | \$801.90 |
| D5281 | removable unilateral partial denture | \$184.29 |
| D5410 | adjustment - complete denture - max | \$89.10 |
| D5411 | adjustment - complete denture - mand | \$89.10 |
| D5421 | adjustment - partial denture - max | \$59.40 |
| D5422 | adjustment - partial denture - mand | \$48.17 |
| D5510 | repair - complete denture base | \$132.05 |
| D5520 | replace - missing/broken teeth - complete denture | \$113.28 |
| D5610 | repair - partial denture base | \$131.25 |
| D5620 | repair - cast framework partial denture | \$133.65 |

**Kansas Medical Assistance Program
 Medical Assistance Dental Fee Schedule
 Title 19 and Title 21
 January 1, 2009**

Please refer to the exhibits at the end of the Dental Provider Manual for current benefit plan coverage.

All codes listed below are not covered under every benefit plan.

| Code | Procedure | Maximum Allowance |
|-------------|--|--------------------------|
| D5630 | repair - broken clasp partial denture | \$59.40 |
| D5640 | replace - missing/broken teeth - partial denture | \$111.83 |
| D5650 | add tooth - partial denture | \$138.87 |
| D5660 | add clasp - partial denture | \$170.67 |
| D5670 | replace all teeth - partial denture - max | \$103.95 |
| D5671 | replace all teeth - partial denture - mand | \$103.95 |
| D5730 | reline- complete denture - max - chairside | \$242.35 |
| D5731 | reline- complete denture - mand - chairside | \$243.05 |
| D5750 | reline- complete denture - max - lab | \$312.61 |
| D5751 | reline - complete denture - mand - lab | \$314.29 |
| D5760 | reline - partial denture - max - lab | \$297.00 |
| D5761 | reline - partial denture - mand - lab | \$297.00 |
| D5850 | tissue conditioning - max | \$96.23 |
| D5851 | tissue conditioning - mand | \$96.23 |
| D6100 | implant removal | By Report |
| D6930 | recement bridge | \$89.10 |
| D7140 | extraction - erupted tooth or exposed root | \$60.00 |
| D7210 | extraction - surgical | \$129.67 |
| D7220 | impaction - soft tissue | \$110.00 |
| D7230 | impaction - partially bony | \$150.00 |
| D7240 | impaction - completely bony | \$175.00 |
| D7241 | impaction - completely bony - surgical complications | \$205.00 |
| D7250 | surgical removal of residual roots | \$110.00 |
| D7260 | oroantral fistula closure | \$648.00 |
| D7270 | tooth reimplantation | \$176.00 |
| D7280 | surgical access of unerupted tooth | \$200.00 |
| D7285 | biopsy of oral tissue - hard | \$75.00 |
| D7286 | biopsy of oral tissue - soft | \$58.00 |
| D7310 | alveoplasty in conjunctino with extractions per quad - 4+ teeth/spaces | \$167.32 |
| D7320 | alveoplasty w/o extractions per quad - 4+ teeth/spaces | \$80.00 |
| D7350 | vestibuloplasty w/ soft tissue grafts | \$800.00 |
| D7410 | excision benign lesion - 1.25 cm | \$75.00 |
| D7411 | excision benign lesion - >1.25 cm | \$50.00 |
| D7412 | excision benign lesion - complicated | \$82.08 |
| D7413 | excision malignant lesion - 1.25 cm | \$125.00 |
| D7414 | excision malignant lesion - >1.25 cm | \$50.00 |
| D7415 | excision malignant lesion - complicated | \$82.08 |
| D7440 | excision malignant tumor - 1.25 cm | \$42.00 |
| D7441 | excision malignant tumor - >1.25 cm | \$160.00 |
| D7450 | removal odontogenic cyst/tumor - 1.25 cm | \$85.00 |
| D7451 | removal odontogenic cyst/tumor - >1.25 cm | \$242.00 |
| D7460 | removal nonodontogenic cyst/tumor - 1.25 cm | \$125.00 |
| D7461 | removal nonodontogenic cyst/tumor - >1.25 cm | \$486.00 |
| D7471 | removal of lateral exostosis - max or mand | \$100.00 |
| D7472 | removal of torus palatinus | \$100.00 |
| D7473 | removal of torus mandibularis | \$100.00 |
| D7490 | radical resection of mand w/ graft | \$750.00 |
| D7510 | incision & drainage - intraoral | \$45.00 |

**Kansas Medical Assistance Program
 Medical Assistance Dental Fee Schedule
 Title 19 and Title 21
 January 1, 2009**

Please refer to the exhibits at the end of the Dental Provider Manual for current benefit plan coverage.

All codes listed below are not covered under every benefit plan.

| Code | Procedure | Maximum Allowance |
|-------------|--|--------------------------|
| D7511 | incision & drainage - intraoral - complicated | \$45.00 |
| D7520 | incision & drainage - extraoral | \$81.00 |
| D7521 | incision & drainage - extraoral - complicated | \$81.00 |
| D7530 | removal of foreign body | \$60.00 |
| D7540 | removal of reaction producing foreign bodies | \$17.28 |
| D7550 | partial ostectomy/sequestrectomy | \$360.00 |
| D7560 | maxillary sinusotomy | By Report |
| D7610 | max - open reduction - teeth immobilized | \$340.20 |
| D7620 | max - closed reduction - teeth immobilized | \$540.00 |
| D7630 | mand - open reduction - teeth immobilized | \$335.00 |
| D7640 | mand - closed reduction - teeth immobilized | \$201.00 |
| D7650 | malar/zygo arch - open reduction | \$486.00 |
| D7660 | malar/zygo arch - closed reduction | \$113.40 |
| D7670 | alveolus - closed reduction - stabilization | \$216.00 |
| D7680 | facial bones - complicated reduction | By Report |
| D7710 | max - open reduction - compound | \$810.00 |
| D7720 | max - closed reduction - compound | \$267.57 |
| D7730 | mand - open reduction - compound | \$335.00 |
| D7740 | mand - closed reduction - compound | \$335.00 |
| D7750 | malar/zygo - open reduction - compound | \$435.50 |
| D7760 | malar/zygo - closed reduction - compound | \$335.00 |
| D7770 | alveolus - open reduction - stabilization - compound | \$60.00 |
| D7780 | facial bones - complicated reduction with fixation | \$1,000.00 |
| D7820 | closed reduction - dislocation | \$150.00 |
| D7860 | arthrotomy | \$250.00 |
| D7865 | arthroplasty | By Report |
| D7910 | suture of small wounds - 5.0 cm | \$60.00 |
| D7911 | complicated suture - 5.0 cm | \$91.00 |
| D7912 | complicated suture - >5.0 cm | \$175.00 |
| D7920 | skin graft | By Report |
| D7955 | repair soft/hard tissue defect | By Report |
| D7960 | frenulectomy | \$145.00 |
| D7963 | frenuloplasty | \$145.00 |
| D7971 | excision of pericoronary gingiva | \$56.00 |
| D7980 | sialolithotomy | \$20.10 |
| D7981 | excision of salivary gland - by report | \$33.50 |
| D7982 | sialodochoplasty | \$21.60 |
| D7983 | closure of salivary fistula | By Report |
| D7990 | emergency tracheotomy | \$270.00 |
| D8010 | limited ortho - primary | \$300.00 |
| D8020 | limited ortho - transitional | \$375.00 |
| D8050 | interceptive - primary | \$1,728.00 |
| D8060 | interceptive - transitional | \$1,728.00 |
| D8070 | comprehensive - transitional | \$1,728.00 |
| D8080 | comprehensive - adolescent | \$1,728.00 |
| D8210 | removable appliance therapy | \$216.00 |
| D8220 | fixed appliance therapy | \$305.00 |
| D8999 | unspecified procedure - by report | By Report |
| D9212 | trigeminal division block anesthesia | \$28.00 |

**Kansas Medical Assistance Program
 Medical Assistance Dental Fee Schedule
 Title 19 and Title 21
 January 1, 2009**

Please refer to the exhibits at the end of the Dental Provider Manual for current benefit plan coverage.

All codes listed below are not covered under every benefit plan.

| Code | Procedure | Maximum Allowance |
|-------------|---|--------------------------|
| D9220 | deep sedation/general anesthesia - 1st 30 min | \$190.00 |
| D9221 | deep sedation/general anesthesia - each 15 min | \$85.00 |
| D9230 | analgesia/anxiolysis/inhalation of nitrous oxide | \$20.00 |
| D9241 | iv conscious sedation/analgesia - 1st 30 min | \$95.00 |
| D9242 | iv conscious sedation/analgesia - each 15 min | \$35.00 |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$30.00 |
| D9410 | house/extended care facility call | \$16.20 |
| D9420 | hospital call | \$75.00 |
| D9610 | therapeutic drug injection - by report | \$20.00 |
| D9920 | behavior management | By Report |
| D9999 | unspecified procedure - by report | By Report |