

Kansas Medicaid Adult Dental coverage implemented July 1, 2022

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Code	Description	Rate
D1354	Application of caries arresting medicament – per tooth	\$15.00
D2140	Amalgam - one surface	\$53.50
D2150	Amalgam - two surfaces	\$64.00
D2160	Amalgam - three surfaces	\$76.00
D2161	Amalgam- four or more surfaces	\$91.50
D2330	Resin-based composite - one surface, anterior	\$75.56
D2331	Resin-based composite - two surfaces, anterior	\$91.58
D2332	Resin-based composite - three surfaces, anterior	\$108.76
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$125.93
D2390	Resin-based composite crown, anterior	\$150.00
D2391	Resin-based composite - one surface, posterior	\$80.14
D2392	Resin-based composite - two surfaces, posterior	\$85.56
D2393	Resin-based composite - three surfaces, posterior	\$91.58
D2394	Resin-based composite - four or more surfaces, posterior	\$108.76
D2710	Crown - resin-based composite (indirect)	\$400.00
D2740	Crown - porcelain/ceramic substrate	\$324.00
D2751	Crown - porcelain fused to predominantly base metal	\$450.00
D2752	Crown - porcelain fused to noble metal	\$470.00
D2753	Crown - ¾ cast high noble metal	\$450.00
D2783	Crown - ¾ porcelain/ceramic	\$270.00
D2791	Crown-full cast predominantly base metal	\$216.00
D2792	Crown-full cast noble metal	\$259.20
D2910	Recement inlay, onlay, or partial coverage restoration	\$10.80
D2920	Re-cement or re-bond crown	\$31.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$60.00
D2928	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$131.00
D2930	Prefabricated stainless steel crown-primary tooth	\$129.60
D2931	Prefabricated stainless steel crown - permanent tooth	\$131.00
D2940	Protective restoration	\$30.00
D2951	Pin retention - per tooth, in addition to restoration	\$28.00
D2954	Prefabricated post and core	\$120.00
D2957	Each additional prefabricatedpost-same tooth	\$110.00
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$118.80
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$30.00
D4230	Anatomical crown exposure-four or more contiguous teeth or teeth bounded spaces peer quadrant	\$118.80
D4231	Anatomical crown exposure – one to three teeth contiguous teeth or tooth bounded spaces per quadrant	\$60.00
D4268	Surgical revision procedure, per tooth	\$30.00
D4341	Periodontal scaling and root planing- four or more teeth per quadrant	\$63.30
D4342	Periodontal scaling and root planing-one to three teeth per quadrant	\$53.00
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	\$206.00

D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$58.00
D4910	Periodontal maintenance	\$47.37
Denture Coverage for adults implemented July 1, 2023		
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D5110	complete denture - maxillary	1,106.14
D5120	complete denture - mandibular	1,107.92
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	830.35
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	843.91
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,177.06
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	1,176.75
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	801.90
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	801.90
D5282	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	184.29
D5283	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	184.29
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	184.29
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	184.29
D5410	adjust complete denture - maxillary	89.10
D5411	adjust complete denture - mandibular	89.10
D5421	adjust partial denture - maxillary	59.40
D5422	adjust partial denture - mandibular	48.17
D5511	repair broken complete denture base, mandibular	132.05
D5512	repair broken complete denture base, maxillary	132.05
D5520	replace missing or broken teeth - complete denture (each tooth)	113.28
D5611	repair resin partial denture base, mandibular	131.25
D5612	repair resin partial denture base, maxillary	131.25
D5621	repair cast partial framework, mandibular	133.65
D5622	repair cast partial framework, maxillary	133.65
D5630	repair or replace broken retentive clasping materials – per tooth	59.40
D5640	replace broken teeth - per tooth	111.83
D5650	add tooth to existing partial denture	138.87
D5660	add clasp to existing partial denture - per tooth	170.67
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	103.95
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	103.95
D5730	Reline complete maxillary denture - chairside	242.35
D5731	Reline complete mandibular denture - chairside	243.05
D5750	reline complete maxillary denture (indirect)	312.61
D5751	reline complete mandibular denture (indirect)	314.29
D5760	reline maxillary partial denture (indirect)	297.00
D5761	reline mandibular partial denture (indirect)	297.00
D5850	tissue conditioning, maxillary	96.23
D5851	tissue conditioning, mandibular	96.23
D6930	re-cement or re-bond fixed partial denture	89.10

Preventive Dental Coverage for adults implemented July 1, 2024

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D0120	Periodic Oral Examination	\$ 24.26
D0140	Limited Oral Evaluation - Problem Focused	\$ 31.11
D0150	Comprehensive Oral Evaluation	\$ 33.20
D0170	Re-Evaluation, Problem Focused	\$ 26.50
D0210	Intraoral Complete Film Series	\$ 63.60
D0220	Intraoral Periapical First	\$ 13.74
D0230	Intraoral Periapical Each Add	\$ 11.45
D0240	Intraoral Occlusal Film	\$ 19.08
D0251	Extraoral Posterior Image	\$ 21.20
D0270	Dental Bitewing Single Image	\$ 14.84
D0272	Dental Bitewings Two Images	\$ 23.11
D0273	Bitewings - Three Images	\$ 26.50
D0274	Bitewings Four Images	\$ 33.51
D0277	Vertical Bitewings 7 To 8 Images	\$ 26.50
D0330	Panoramic Image	\$ 60.42
D0350	Oral /Facial photographic images	\$ 40.90
D0470	Diagnostic cast	\$ 58.28
D1110	Dental Prophylaxis Adult	\$ 47.37
D1206	Topical Fluoride Varnish	\$ 19.64
D1208	Topical App Fluoride Ex Varnish	\$ 19.46
D1310	Nutritional counseling	\$ 21.88
D1320	Tobacco counseling	\$ 18.31
D1330	Oral hygiene instruction	\$ 16.04
D1351	Sealant; Per Tooth	\$ 28.53
D1353	Sealant repair; per tooth	\$ 32.56
CPT 99188	Application of topical fluoride varnish by a physician or other qualified health care professional	\$ 19.64