



### KanCare Adult Dental Benefit Fee Schedule

Dental Codes	Diagnostic	Fee
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	Prefabricated porcelain/ceramic crown – permanent tooth	\$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

**Reference**

Kansas Medical Assistance Program. (2023). <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/FeeSchedules?searchBy=ScheduleList>