

January 2018

KMAP DENTAL BULLETIN 17255

2018 CDT HCPCS Updates

Effective with dates of service on and after January 1, 2018, the following dental codes will be covered under certain benefit plans for the Kansas Medical Assistance Program (KMAP) for some KMAP beneficiaries.

- D5511: Repair broken complete denture base, mandibular
- D5512: Repair broken complete denture base, maxillary
- D5611: Repair resin partial denture base, mandibular
- D5612: Repair resin partial denture base, maxillary
- D5621: Repair cast partial framework, mandibular
- D5622: Repair cast partial framework, maxillary
- D7979: Non-surgical sialolithotomy
- D9222: Deep sedation/general anesthesia - first 15 minutes
- D9239: Intravenous moderate (conscious) sedation/analgesia - first 15 minutes

Effective December 31, 2017, the following dental codes will be end-dated:

- D5510: Repair broken complete denture base
- D5610: Repair resin denture base
- D5620: Repair cast framework

Among the revised CDT code descriptions are:

- D9223: Deep sedation/general anesthesia - each subsequent 15 minute increment
- D9243: Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment

Note: Use new codes D9222 or D9239 for the first 15 minutes and then D9223 or D9243 for each additional 15 minutes when billing for sedation. Multiple units can be placed in the Units field and do not need to be placed on separate lines on the claim form.

Effective with dates of service on and after January 1, 2018, refer to the updated **Dental Fee Schedule** on the following pages.

Appropriate updates will be made in the **Dental Provider Manual** and additional notification will be sent.

Note: Refer to the CDT® manual for complete descriptions.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
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Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

DXC Technology is the fiscal agent of KMAP.

**Kansas Medical Assistance Program
 Medical Assistance Dental Fee Schedule
 Title 19 and Title 21
 January 1, 2018**

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 - problem focused	\$29.35
D0145	oral evaluation for patient under 3 years of age and counseling with primary caregiver	\$29.00
D0150	comprehensive oral evaluation - new or established patient	\$29.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$25.00
D0210	intraoral - complete series of radiographic images	\$60.00
D0220	intraoral - periapical first radiographic image	\$12.00
D0230	intraoral - periapical each additional radiographic image	\$10.00
D0240	intraoral - occlusal radiographic image	\$18.00
D0250	extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$20.00
D0251	extra-oral posterior dental radiographic image	\$20.00
D0270	bitewing - single radiographic image	\$14.00
D0272	bitewing - two radiographic images	\$20.00
D0273	bitewing - three radiographic images	\$25.00
D0274	bitewing - four radiographic images	\$29.00
D0277	vertical bitewings - 7 to 8 radiographic images	\$25.00
D0321	other temporomandibular joint radiographic images, by report	\$60.00
D0322	tomographic survey	\$55.00
D0330	panoramic radiographic image	\$57.00
D0460	pulp vitality tests	\$15.00
D1110	prophylaxis - adult	\$41.00
D1120	prophylaxis - child	\$30.00
D1206	topical application of fluoride varnish	\$17.00
D1208	topical application of fluoride	\$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 fixed space maintainer	\$30.00
D1575	distal shoe space maintainer - fixed - unilateral	\$150.00
D2140	amalgam - 1 surface primary or permanent	\$53.50
D2150	amalgam - 2 surface primary or permanent	\$64.00
D2160	amalgam - 3 surface primary or permanent	\$76.00
D2161	amalgam - 4+ surface primary or permanent	\$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 or more surfaces or involving incisal angle, anterior	\$110.00
D2390	resin - based composite crown - anterior	\$150.00
D2391	resin - based composite - 1 surface posterior	\$70.00
D2392	resin - based composite - 2 surface posterior	\$75.00
D2393	resin - based composite - 3 surface posterior	\$80.00
D2394	resin - based composite - 4+ surface posterior	\$95.00
D2710	crown - resin - based composite (indirect)	\$400.00
D2740	crown - porcelain/ceramic	\$300.00
D2751	crown - porc fused to predominantly metal base	\$450.00
D2752	crown - porc fused to noble metal	\$470.00
D2783	crown - 3/4 porc/ceramic	\$270.00
D2791	crown - full cast predominantly base metal	\$216.00

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Medical Assistance Dental Fee Schedule
Title 19 and Title 21
January 1, 2018**

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Code	Procedure	Maximum Allowance
D2792	crown - full cast noble metal	\$259.20
D2910	recement inlay, onlay, or partial coverage restoration	\$10.80
D2920	recement crown	\$31.00
D2930	prefab stainless steel crown - primary tooth	\$120.00
D2931	prefab stainless steel crown - permanent tooth	\$131.00
D2934	prefab esthetic coated stainless steel crown – primary tooth	\$140.00
D2940	protective restoration	\$30.00
D2951	pin retention - per tooth in additional to restoration	\$28.00
D2954	prefab post & core in addition to crown	\$120.00
D2957	each additional prefab post- same tooth	\$110.00
D3110	pulp cap - direct (excluding final restoration)	\$28.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$60.00
D3221	pulpal debridement - primary and permanent	\$60.00
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60.00
D3310	endodontic therapy - anterior tooth (excluding final restoration)	\$250.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$275.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$350.00
D3331	treatment of root canal obstruction; non-surgical access	\$250.00
D3351	apexification/recalcification/pulpal regeneration - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	\$60.00
D3352	apexification/recalcification/pulpal regeneration - interim medication replacement	\$100.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$100.00
D3410	apicoectomy/periradicular surgery - anterior	\$90.00
D3421	apicoectomy - premolar (first root)	\$90.00
D3425	apicoectomy/periradicular surgery - molar - first root	\$90.00
D3426	apicoectomy (each additional root)	\$90.00
D3430	retrograde filling - per root	\$40.00
D4210	gingivectomy/gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$118.80
D4211	gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$30.00
D4230	Anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	\$118.80
D4231	Anatomical crown exposure - one to three teeth or bounded tooth 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	\$53.00
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$53.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$58.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$206.00
D5110	complete denture - maxillary	\$1,106.14
D5120	complete denture - mandibular	\$1,107.92
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$830.35

**Kansas Medical Assistance Program
 Medical Assistance Dental Fee Schedule
 Title 19 and Title 21
 January 1, 2018**

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

Code	Procedure	Maximum Allowance
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$843.91
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,177.06
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,176.75
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$801.90
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$801.90
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$184.29
D5410	adjustment - complete denture - maxillary	\$89.10
D5411	adjustment - complete denture - mandibular	\$89.10
D5421	adjustment - partial denture - maxillary	\$59.40
D5422	adjustment - 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 clasp - 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 (laboratory)	\$312.61
D5751	reline complete mandibular denture (laboratory)	\$314.29
D5760	reline complete maxillary partial denture (laboratory)	\$297.00
D5761	reline complete mandibular partial denture (laboratory)	\$297.00
D5850	tissue conditioning -maxillary	\$96.23
D5851	tissue conditioning - mandibular	\$96.23
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$53.00
D6100	implant removal, by report	By Report
D6930	re cement fixed partial denture	\$89.10
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$90.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$129.67
D7220	removal of impacted tooth - soft tissue	\$110.00
D7230	removal of impacted tooth - partially bony	\$150.00
D7240	removal of impacted tooth - completely bony	\$175.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	\$205.00
D7250	surgical removal of residual tooth roots (cutting procedure)	\$110.00
D7260	oroantral fistula closure	\$648.00
D7270	tooth reimplantation and /or stabilization of accidentally evulsed or displaced tooth	\$176.00
D7280	surgical access of unerupted tooth	\$200.00
D7285	biopsy of oral tissue - hard (bone, tooth)	\$75.00

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Code	Procedure	Maximum Allowance
D7286	biopsy of oral tissue - soft	\$58.00
D7310	alveoplasty in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$167.32
D7320	alveoplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$80.00
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$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 of benign odontogenic cyst/tumor - 1.25 cm	\$85.00
D7451	removal benign odontogenic cyst/tumor - >1.25 cm	\$242.00
D7460	removal benign nonodontogenic cyst/tumor - 1.25 cm	\$125.00
D7461	removal benign nonodontogenic cyst/tumor - >1.25 cm	\$486.00
D7471	removal of lateral exostosis - maxillary or mandibular	\$100.00
D7472	removal of torus palatinus	\$100.00
D7473	removal of torus mandibularis	\$100.00
D7490	radical resection of maxilla or mandible	\$750.00
D7510	incision & drainage - intraoral soft tissue	\$45.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$45.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$81.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$81.00
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$60.00
D7540	removal of reaction producing foreign bodies, musculoskeletal system	\$17.28
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	\$360.00
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	By Report
D7610	maxilla - open reduction - (teeth immobilized if present)	\$340.20
D7620	maxilla - closed reduction - (teeth immobilized if present)	\$540.00
D7630	mandible - open reduction - (teeth immobilized if present)	\$335.00
D7640	mandible - closed reduction - (teeth immobilized if present)	\$201.00
D7650	malar/zygomatic arch - open reduction	\$486.00
D7660	malar/zygomatic arch - closed reduction	\$113.40
D7670	alveolus - closed reduction - may include stabilization of teeth	\$216.00
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	By Report
D7710	maxilla - open reduction	\$810.00
D7720	maxilla - closed reduction	\$267.57
D7730	mandible - open reduction	\$335.00
D7740	mandible - closed reduction	\$335.00
D7750	malar and /or zygomatic arch - open reduction	\$435.50
D7760	malar and/or zygomatic arch - closed reduction	\$335.00
D7770	alveolus - open reduction stabilization of teeth	\$60.00
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches	\$1,000.00

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Code	Procedure	Maximum Allowance
D7820	closed reduction of dislocation	\$150.00
D7860	arthrotomy	\$250.00
D7865	arthroplasty	By Report
D7910	suture of recent small wounds up to 5 cm	\$60.00
D7911	complicated suture - up to 5cm	\$91.00
D7912	complicated suture - greater than 5 cm	\$175.00
D7920	skin graft (identify defect covered, location and type of graft)	By Report
D7955	repair of maxillofacial soft and/or hard tissue defect	By Report
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$145.00
D7963	frenuloplasty	\$145.00
D7971	excision of pericoronal gingiva	\$56.00
D7979	non-surgical sialolithotomy	\$20.10
D7980	surgical 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 orthodontic treatment of the primary dentition	\$300.00
D8020	limited orthodontic treatment of the transitional dentition	\$375.00
D8050	interceptive orthodontic treatment of the primary dentition	\$1,728.00
D8060	interceptive orthodontic treatment of the transitional dentition	\$1,728.00
D8070	comprehensive orthodontic treatment of the transitional dentition	\$1,728.00
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$1,728.00
D8210	removable appliance therapy	\$216.00
D8220	fixed appliance therapy	\$305.00
D8999	unspecified orthodontic procedure - by report	By Report
D9212	trigeminal division block anesthesia	\$28.00
D9219	evaluation for deep sedation or general anesthesia	\$21.00
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	\$20.00
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$30.00
D9311	consultation with a medical health care professional	\$30.00
D9410	house/extended care facility call	\$16.20
D9420	hospital or ambulatory surgical center call	\$75.00
D9610	therapeutic parenteral drug, single administration	\$20.00
D9920	behavior management	By Report
D9222	deep sedation/general anesthesia - first 15 minutes	\$85.00
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	\$85.00
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$65.00
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$65.00
D9999	unspecified procedure - by report	By Report

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