KY Medicaid Dental Fee Schedule 2023 Revised 11.29.2023

Notes:

- Red indicates new codes or changes for the most current revision date.
- The appearance of a code and rate on this fee schedule is not a guarantee of payment.
- It is the responsibility of the provider to check member eligibility.
- Please refer to the Oral Pathology section of this fee schedule for procedures and pricing
- Please refer to the Orthodontic section of this fee schedule for procedures and pricing
- Please refer to the Oral Surgeon section of this fee schedule for procedures and pricing

Any limit or prior authorization requirement established in 907 KAR 1:026 or 907 KAR 1:626 shall apply to this fee schedule

*Procedure Description/Practitioner

(1) A comprehensive orthodontic procedure shall be paid for ages 0 - 21 as follows:

- (a) Except as established in (b) the rate for an orthodontic consultation including examination and treatment plan development shall be \$112
- *(b) The orthodontic consultation rate shall not exceed \$56 if
- 1. provider determines comprehensive ortho procedures are not needed;
- 2. provider is unable or unwilling to provide needed ortho procedure(s); or
- 3. Prior authorization is not approved by the department or is not requested by provider

Reimbursement for a service for an early phase of moderately severe or severe disabling malocclusion shall be:

\$1367 if provided by an orthodontist

\$1234 if provided by a general dentist

Reimbursement for a service for moderately severe disabling malocclusion shall be:

\$1825 if provided by an orthodontist

\$1659 if provided by a general dentist

A service for a severe disabling malocclusion:

\$3000 if provided by an orthodontist

\$2674 if provided by a general dentist

*DMS Payment Process orthodontics

Reimbursement for comprehensive orthodontic treatment shall consist of two (2) payments

- 1. The first payment shall be two-thirds of the prior authorized payment amount
- 2. The second payment shall:
- a. Be one-third of the prior authorized payment amount; and
- b. Not be billed or paid until six (6) monthly visits are completed following the banding date
- The two (2) payments shall include all services associated with the comprehensive orthodontic treatment

Certified Commnity Health Workers (CHW)

				UNDER	21 and	
	Proc			AGE 21	OVER	
	Code	Requirements	Procedure Description	Rate	Rate	Notes
Г			DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO			
D!	9994		IMPROVE ORAL HEALTH LITERACY	\$22.53	\$22.53	Effective July 1, 2023 - Units equals per patient per time frame

Dentist Procedures and Fee Schedule







			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					1 per 6 months - additional allowed based on medical necessity by prior
D0120		PERIODIC ORAL EVALUATION ON AN ESTABLISHED PATIENT	\$27.50	\$27.50	authorization
					Coverage for a limited oral evaluation shall: 1. Be limited to a trauma
					related injury or acute infection; and 2. Be limited to one (1) per date of
					service, per recipient, per provider. (b) A limited oral evaluation shall not be
					covered in conjunction with another service except for: 1. A periapical X-
					ray; 2. A bitewing X-ray; 3. A panoramic X-ray; 4. Resin, anterior; 5. A simple
					or surgical extraction; 6. Surgical removal of a residual tooth root; 7.
					Removal of a foreign body; 8. Suture of a recent small wound; 9.
D0140		LIMITED ORAL EVALUATION	\$46.65	\$46.65	Intravenous sedation; or 10. Incision and drainage of infection.
		ORAL EVALUATION FOR A PATIENT UNDER THREE (3) YEARS			
D0145		OF AGE AND COUNSELING WITH THE PRIMARY CAREGIVER.	\$32.50	n/c	Under 3 years of age - 1 per 6 months
		COMPREHENSIVE ORAL EVALUATION - NEW OR		-	
D0150		ESTABLISHED PATIENT	\$32.50	\$32.50	1 per 12 months per member, per provider
		DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM			
D0160		FOCUSED, BY REPORT	\$98.35	\$98.35	
		RE-EVALUATION-LIMITED, PROBLEM FOCUSED	4.0.00	4.0.00	
D0170		(ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$48.32	\$48.32	
D0171		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR	\$58.64	\$58.64	
D0180		ESTABLISHED PATIENT	\$71.91	\$71.91	
D0190		SCREENING OF A PATIENT	n/c	n/c	
D0191		ASSESSMENT OF A PATIENT	\$25.00	n/c	
		ASSESSMENT OF AT ATLENT	723.00	11,0	Limited to one (1) per twenty-four (24) month period, per recipient, per
					provider.
					Periapical and bitewing X-rays shall not be covered in the same twelve (12)
					month period as an intraoral complete X-ray series per recipient, per
D0210		INTRAORAL COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$79.63	\$61.25	provider
					Limited to fourteen (14) per twelve (12) month period, per recipient, per
					provider.
					Periapical Xrays shall not be covered in the same twelve (12)
					month period as an intraoral complete X-ray series per recipient, per
D0220		INTRAORAL-PERIPICAL-FIRST RADIOGRAPHIC IMAGE	\$13.00	\$10.00	provider
					Limited to fourteen (14) per twelve (12) month period, per recipient, per
					provider.
					Periapical Xrays shall not be covered in the same twelve (12)
		INTRAORAL-PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC			month period as an intraoral complete X-ray series per recipient, per
D0230		IMAGE	\$9.75	\$7.50	provider



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period
D0270		DENTAL BITEWING-SINGLE RADIOGRAPHIC IMAGE	\$11.38	\$8.75	as an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period
D0272		DENITAL DITENUNC TWO DADIOCRADUIC IMACES	¢22.75	¢17 E0	
D0272		DENTAL BITEWING-TWO RADIOGRAPHIC IMAGES	\$22.75	\$17.50	as an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period
D0273		DENTAL BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$39.00	\$30.00	as an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period
D0274		DENTAL BITEWING-FOUR RADIOGRAPHIC IMAGES	\$37.38	\$28.75	as an intraoral complete X-ray series per recipient, per provider
D0277		VERTICAL BITEWINGS 7 TO 8 RADIOGRAPHIC IMAGES	\$38.00	\$29.23	I set per 12 months per member, per provider
					A panoramic film shall: a. Be limited to one (1) per twenty-four (24) month
					period, per recipient, per provider; and b. Require prior authorization in
					accordance with Section 15(1), (2), and (3) of this administrative regulation
D0330		PANORAMIC RADIOGRAPHIC IMAGE	\$73.70	\$56.69	for a recipient under the age of six (6) years;
		2D CEPHALOMETRIC RADIOGRAPHIC IMAGE-ACQUISTION,			
D0340		MEASUREMENT AND ANALYSIS	\$76.38	\$58.75	1 per 24 months per member, per provider
					1 per 6 months per member. Additional allowed based on medical necessity by
			,	400.40	prior authorization.
D1110		DENTAL PROPHYLAXIS - ADULT	n/c	\$60.13	New rate of \$60.13 effective 11/1/2023
D1120		DENTAL PROPHYLAXIS - CHILD	\$60.13	n/c	1 per 6 months per member. Additional allowed based on medical necessity by prior authorization
D1120		DENTAL PROPRIEGAS - CHILD	300.13	11/0	Limited to 2 per 12 months per member. Additional allowed based on medical
D1206		TOPICAL APPLICATION FLUORIDE VARNISH	\$18.75	n/c	necessity by prior authorization
					Limited to 2 per 12 months per member. Additional allowed based on medical
D1208		TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.75	n/c	necessity by prior authorization
		COUNSELING FOR THE CONTROL AND PREVENTION OF			
		ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH			
D1321		EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE	\$15.00	\$15.00	1 per 6 months per member, per provider
					Limited to six (6) and twelve (12) year molars:
	To oth much				6 year molars are #3, #14, #19 and #30
	Tooth numbers: 3, 14, 19, 30				12 year molars are #2, #15, #18, #31 once every four (4) years with a lifetime limit of three (3) sealants per tooth
D1351	2, 15, 18, 31	DENTAL SEALANT - PER TOOTH	\$24.38	n/c	Limited to under 21 only
21331	2, 13, 10, 31	PERIAE JERERITI - I ER TOOTII	724.30	11/0	Elimited to drider 21 only



			UNDER	21 and	
Dunn					
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers	PREVENTATIVE RESIN RESTORATION IN A MODERATE TO			
D1352	1-32	HIGH CARIES RISK PATIENT-PERMANENT TOOTH	\$48.13	\$48.13	
	Tooth numbers				
D1353	1-32	SEALANT REPAIR-PER TOOTH	\$16.00	n/c	
	Tooth numbers	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER			
D1354	1-32, A-T	тоотн	\$12.00	\$12.00	Up to two times per tooth within six months
					Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant				orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1510	10, 20, 30, 40	SPACE MAINTAINER-FIXED UNILATERAL-PER QUADRANT	\$169.00	n/c	twelve (12) month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant		4	,	orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1516	10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MAXILLARY	\$250.00	n/c	twelve (12) month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT
D4547	quadrant	CDACE AMAINTAINED FIVED DU ATERAL AMANDIRUH AR	6250.00		orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1517	10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MANDIBULAR	\$250.00	n/c	twelve (12) month period, per member.
		CDAGE AAAJAJTAJAJED DENAGVADJE JINJIJ ATEDAJ DED			Coverage of a space maintainer, an appliance therapy specified in the CDT
D4530	quadrant	SPACE MAINTAINER-REMOVABLE-UNILATERAL-PER	Ć167 F0		orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1520	10, 20, 30, 40	QUADRANT	\$167.50	n/c	twelve (12) month period, per member. Coverage of a space maintainer, an appliance therapy specified in the CDT
D1536	quadrant	CDACE MAINTAINED DENACYADIE DILATERAL MANULLADY	ć100 00	2/2	orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1526	10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MAXILLARY	\$190.00	n/c	twelve (12) month period, per member. Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	SDACE MAINTAINED DEMOVABLE DILATEDAL			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1527	10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MANDIBULAR	\$190.00	n/c	twelve (12) month period, per member.
D1327	10, 20, 30, 40	MANDIBOLAR	\$150.00	11/0	Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1551	10, 20, 30, 40	MAXILLARY	\$19.00	n/c	twelve (12) month period, per member.
D1331	10, 20, 30, 40	WANILLANT	Ş13.00	11/0	Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1552	10, 20, 30, 40	MANDIBULAR	\$19.00	n/c	twelve (12) month period, per member.
D1332	10, 20, 30, 40	MANDIDULAN	713.00	11/0	Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1553	10, 20, 30, 40	PER QUADRANT	\$19.00	n/c	twelve (12) month period, per member.
21333	10, 10, 00, 40	. In gone and	ψ13.00	, c	Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER-PER			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1556	10, 20, 30, 40	QUADRANT	\$25.00	n/c	twelve (12) month period, per member.
	20, 20, 30, 40		720.00	, -	Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1557	10, 20, 30, 40	MAXILLARY	\$25.00	n/c	twelve (12) month period, per member.
			Ÿ_3.00	, c	Coverage of a space maintainer, an appliance therapy specified in the CDT
	quadrant	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-			orthodontic category, or a combination of the two (2) shall not exceed two (2) per
D1558	10, 20, 30, 40	MANDIBULAR	\$25.00	n/c	twelve (12) month period, per member.
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			UNDER	21 and	
Duos			AGE 21	OVER	
Proc					
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2140	M, O, D, B, L, F, I	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$49.40	\$38.00	
	Tooth numbers				
	1-32, A-T				
	Surface code		4	4	
D2150	M, O, D, B, L, F, I	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$65.00	\$50.00	
	Tooth numbers				
	1-32, A-T				
	Surface code		4-4-4	4-0-0	
D2160	M, O, D, B, L, F, I	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$76.70	\$59.00	
	Tooth numbers				
	1-32, A-T	ANAAL CAAA FOLID OD MODE CUDEACEC DRIMADY OD			
20161	Surface code	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR	400.50	4=0.00	
D2161	M, O, D, B, L, F, I	PERMANENT	\$93.60	\$72.00	
	Tooth numbers				
	1-32, A-T				
D2220	Surface code	DECINI ONE CUREACE ANTERIOR	ć=7.20	644.00	
D2330	M, O, D, B, L, F, I	RESIN-ONE SURFACE, ANTERIOR	\$57.20	\$44.00	
	Tooth numbers				
	1-32, A-T				
D2224	Surface code	DECINI TIMO CUREACEC ANTERIOR	674.50	ć== 00	
D2331	M, O, D, B, L, F, I	RESIN-TWO SURFACES, ANTERIOR	\$71.50	\$55.00	
	Tooth numbers				
	1-32, A-T				
D2332	Surface code	DECINI TUDEE CUIDEACEC ANTEDIOD	\$85.80	\$66.00	
D2332	M, O, D, B, L, F, I Tooth numbers	RESIN-THREE SURFACES, ANTERIOR	\$85.80	\$66.00	
	1-32, A-T				
	Surface code	RESIN-FOUR/MORE SURFACES OR INVOLVING INCISAL			
D2335	M, O, D, B, L, F, I	ANGLE, ANTERIOR	\$101.40	\$78.00	
D2333	Tooth numbers	ANGEL, ANTERIOR	3101.40	\$76.00	
D2390	1-32, A-T	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$101.40	n/c	1 per 5 years
52350	Tooth numbers	NESTIT-DAGED COIVIF OSTIL CROVVIV, AIVIERION	7101.40	11/0	i per 3 years
	1-32, A-T				
	Surface code				
D2391	M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$57.20	\$44.00	
D2331	Tooth numbers	TRESIN-DASED COIVIF OSTIL-OIVE SONFACE, FOSTERIOR	737.20	, .∪∪	
	1-32, A-T				
	Surface code				
D2392		RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$71.50	\$55.00	
D2332	141, 0, 0, 0, 1, 1, 1, 1	TRESTITEDADED CONTROSTILET WO SUNFACES, POSTERIOR	٧/ 1.50	733.00	



			UNDER	21 and	
Proc			AGE 21	OVER	
	Doguiromonto	Dracedure Description			Notes
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2393	M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$85.80	\$66.00	
	Tooth numbers				
	1-32, A-T				
	Surface code	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES,		4	
D2394	M, O, D, B, L, F, I	POSTERIOR	\$101.40	\$78.00	
	Tooth numbers				
D2710	1-32, A-T	CROWN RESIN-BASED COMPOSITE INDIRECT	\$150.00	\$150.00	1 per 5 years per tooth
	Tooth numbers				
D2721	1-32, A-T	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$200.00	\$200.00	1 per 5 years per tooth
	Tooth numbers				
D2740	1-32, A-T	CROWN-PORCELAIN/CERAMIC	\$529.95	\$529.95	1 per 5 years per tooth
	Tooth numbers				
D2750	1-32, A-T	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$599.25	\$599.25	1 per 5 years per tooth
	Tooth numbers	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE			
D2751	1-32, A-T	METAL	\$457.33	\$457.33	1 per 5 years per tooth
	Tooth numbers				
D2752	1-32, A-T	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$528.29	\$528.29	1 per 5 years per tooth
	Tooth numbers				
D2790	1-32, A-T	CROWN-FULL CAST HIGH NOBLE METAL	\$492.81	\$492.81	1 per 5 years per tooth
	Tooth numbers				
D2791	1-32, A-T	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$315.41	\$315.41	1 per 5 years per tooth
	Tooth numbers				
D2792	1-32, A-T	CROWN-FULL CAST NOBLE METAL	\$386.37	\$386.37	1 per 5 years per tooth
	Tooth numbers	INTERIM CROWN-FURTHER TREATMENT OR COMPLETION			
D2799	1-32, A-T	OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$150.00	\$150.00	1 per 5 years per tooth
	Tooth numbers				
D2920	1-32, A-T	RE-CEMENT OR RE-BOND CROWN	\$27.50	\$27.50	1 per 5 years per tooth
	Tooth numbers	PREFABRICATED PORCELAIN/CERAMIC CROWN-			
D2928	1-32, A-T	PERMANENT TOOTH	\$153.00	\$153.00	1 per 5 years per tooth
	Tooth numbers	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY			
D2930	1-32, A-T	тоотн	\$119.60	\$119.60	1 per 5 years per tooth
	Tooth numbers	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT			
D2931	1-32, A-T	тоотн	\$133.90	\$133.90	1 per 5 years per tooth
	Tooth numbers				
D2932	1-32, A-T	PREFABRICATED RESIN CROWN	\$113.10	\$113.10	1 per 5 years per tooth
D2932		PREFABRICATED RESIN CROWN	\$113.10	\$113.10	1 per 5 years per tooth



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Code	Tooth numbers	1 Tocedure Description	Nate	Nate	Notes
	1-32, A-T				
	Surface code	PREFABRICATED ESTHETIC COATED STAINLESS STEEL			
D2934	M, O, D, B, L, F, I	CROWN - PRIMARY TOOTH	\$119.60	n/c	Once per tooth per 12 month per member. Ages 0 - 11
22334	Tooth numbers		Ģ113.00	, c	one per tooth per 12 month per member 7 ges 0 11
D2940	1-32, A-T	PROTECTIVE RESTORATION	\$60.78	60.78	
D2950	1-32, A-T	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$100.00	\$100.00	change to adult and child 1/1/2023 no prior auth required.
	Tooth numbers				
	1 2 3 14 15 16 17	PIN RETENTION-PER TOOTH, IN ADDITION TO			Permanent molars only (1 2 3 14 15 16 17 18 19 30 31 32). 1 per tooth per date of
D2951	18 19 30 31 32	RESTORATION	\$13.00	\$13.00	service and 2 per lifetime per member
	Tooth numbers				
D2954	1-32, A-T	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$130.00	\$130.00	change to adult and child 1/1/2023 no prior auth required.
	Tooth numbers	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE			
D2990	1-32, A-T	LESIONS	\$97.48	\$97.48	2 per tooth per lifetime
	Tooth numbers				
D3110	1-32, A-T	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$17.00	n/c	
		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL			
		RESTORATION) REMOVAL OF PULP CORONAL TO THE			
	Tooth numbers	DENTINOCEMENTAL JUNCTION AND APPLICATION OF			
D3220	1-32, A-T	MEDICAMENT	\$67.60	n/c	1 per tooth per lifetime
	Tooth numbers	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING			
D3310	6-11; 22-27	FINAL RESTORATION)	\$274.30	\$274.30	1 per tooth per lifetime
	Tooth numbers				
	4-5; 12-13; 28-29;	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING			
D3320	20-21	FINAL RESTORATION)	\$344.50	\$344.50	1 per tooth per lifetime
	Tooth numbers				
	1 2 3 14 15 16 17	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL			
D3330	18 19 30 31 32	RESTORATION)	\$481.00	\$481.00	1 per tooth per lifetime
	Tooth numbers	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-			
D3346	6-11; 22-27	ANTERIOR	\$606.58	\$606.58	1 per tooth per lifetime
	Tooth numbers				
	4-5; 12-13; 28-29;	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-			
D3347	20-21	PREMOLAR	\$696.20	\$696.20	1 per tooth per lifetime
	Tooth numbers				
	1 2 3 14 15 16 17	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-	4	4	
D3348	18 19 30 31 32	MOLAR	\$724.31	\$724.31	1 per tooth per lifetime
		APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL			
2225	Tooth numbers	CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT	4440.00	4445.55	
D3351	1-32, A-T	RESORPTION, ETC.)	\$149.60	\$149.60	1 per tooth per lifetime



			UNDER	21 and	
Duos			AGE 21	OVER	
Proc					
Code	Requirements	Procedure Description	Rate	Rate	Notes
		APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION			
		REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF			
	Tooth numbers	PERFORATIONS, ROOT RESORPTION, PULP SPACE		4	
D3352	1-32, A-T	DISINFECTION, ETC.)	\$104.50	\$104.50	1 per tooth per lifetime
		APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES			
	T46	COMPLETED ROOT CANAL THERAPY-APICAL			
D2252	Tooth numbers	CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT	¢246.40	ć246.40	A managed man life alima
D3353	1-32, A-T	RESORPTION, ETC)	\$246.40	\$246.40	1 per tooth per lifetime
D2440	Tooth numbers	ADICOECTOMAY ANTEDIOD	6204 50	6455.00	A managed man life alima
D3410	6-11; 22-27	APICOECTOMY-ANTERIOR	\$201.50	\$155.00	1 per tooth per lifetime
	Tooth numbers				
D3421	4-5; 12-13; 28-29; 20-21	APICOECTOMY-PREMOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
D3421	Tooth numbers	APICOECTOWIY-PREWOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
	1 2 3 14 15 16 17				
D3425	18 19 30 31 32	APICOECTOMY-MOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
D3423	Tooth numbers	AFICUECTOWIT-WOLAN FINST NOOT	3201.30	\$133.00	1 per tooth per metime
D3426	1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT	\$197.00	\$197.00	1 per tooth per lifetime
D3420	Tooth numbers	AFICOLOTOWIT-FER TOOTH EACH ADDITIONAL ROOT	\$137.00	\$137.00	i per tooth per metime
D3430	1-32, A-T	RETROGRADE FILLING-PER ROOT	\$134.10	\$134.10	1 per tooth per lifetime
D3430	1-32, A-1	GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE	\$134.10	Ş134.10	Requires prior authorization - must have chronic conditions or take medications
	Quadrant	CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER			that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per
D4210	10, 20, 30, 40	QUADRANT	\$336.70	\$259.00	provider, per recipient per twelve (12) month period
5 1220	10, 20, 30, 40	GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THREE	7550.75	Q233.00	Requires prior authorization - must have chronic conditions or take medications
	Quadrant	CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER			that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per
D4211	10, 20, 30, 40	QUADRANT	\$104.00	\$104.00	provider, per recipient per twelve (12) month period
	, , ,	· ·			Requires prior authorization - must have chronic conditions or take medications
	Quadrant	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS			that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per
D4212	10, 20, 30, 40	FOR RESTORATIVE PROCEDURE, PER TOOTH	\$220.16	\$220.16	provider, per recipient per twelve (12) month period
		GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-			Requires prior authorization - must have chronic conditions or take medications
	Quadrant	FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED			that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per
D4240	10, 20, 30, 40	SPACES PER QUADRANT	\$526.26	\$526.26	provider, per recipient per twelve (12) month period
		GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-			Requires prior authorization - must have chronic conditions or take medications
	Quadrant	ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED			that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per
D4241	10, 20, 30, 40	SPACES PER QUADRANT	\$341.20	\$341.20	provider, per recipient per twelve (12) month period
	Tooth numbers		1		
	1-32, A-T				
	Quadrant				
D4249	10, 20, 30, 40	CLINICAL CROWN LENGTHEN-HARD TISSUE	\$483.71	\$483.71	1 per tooth/quadrant per lifetime
	Quadrant	BONE REPLCE GRAFT-RETAINED NATURAL TOOTH-FIRST			
D4263	10, 20, 30, 40	SITE IN QUADRANT	\$414.97	\$414.97	1 per site (quadrant) per lifetime



			UNDER	21 and	
Duos					
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Quadrant	GUIDED TISSUE REGENERATION, NATURAL TEETH-			
D4266	10, 20, 30, 40	RESORBABLE BARRIER, PER SITE	\$645.39	\$645.39	1 per 36 months per quadrant
	Quadrant	GUIDED TISSUE REGENERATION, NATURAL TEETH-			
D4267	10, 20, 30, 40	NONRESORBABLE BARRIER, PER SITE	\$692.29	\$692.29	1 per 36 months per quadrant
	Tooth numbers				
	1-32, A-T				
	Quadrant		4	4	(6. 1. 1/2. 11.)
D4270	10, 20, 30, 40	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$554.25	\$554.25	1 per area (Quadrant/tooth) per lifetime
		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE			
	l	(INCUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST			
	Tooth numbers	TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN	Acr 4 75	ACE 4 75	4 (1) 110 110 11
D4273	1-32, A-T	GRAFT	\$654.75	\$654.75	1 per area (tooth) per lifetime
	l .	FREE SOFT TISSUE GRAFT PROCEDURE (INCUDING DONOR			
D4277	Tooth numbers	AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT,	6262.47	6262.47	A managed to a state of the sta
D4277	1-32, A-T	OR EDENTULOUS TOOTH POSITION IN GRAFT	\$363.17	\$363.17	1 per area (tooth) per lifetime
	Tooth numbers	SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC	4040.70	4240.70	
D4322	1-32, A-T	CROWNS	\$240.79	\$240.79	
	Tooth numbers	SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC	40.00	40.00	
D4323	1-32, A-T	CROWNS	\$212.46	\$212.46	
	Quadrant	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR		4	Requires prior authorization- not to exceed 1 per quadrant, per twelve months, per
D4341	10, 20, 30, 40	MORE TEETH, PER QUADRANT	\$101.40	\$78.00	recipient, per provider
	Tooth numbers	PERIODONTAL SCALING AND ROOT PLANING-ONE TO			
D4342	1-32, A-T	THREE TEETH, PER QUADRANT	\$36.42	\$28.02	
		FULL MOUTH DEBRIDEMENT TO ENABLE A			
		COMPREHENSIVE PERIDONTAL EVALUATION AND	400	400	
D4355		DIAGNOSIS ON A SUBSEQUENT VISIT	\$68.50	\$68.50	Adults and children
	l	LOCALIZED DELIVERY ANTIMICROBIAL AGENTS VIA			Prior authorization required - only allowed after treatment of periodontal disease;
	Tooth numbers	CONTROLLED RELEASE VEHICLE INTO DISEASED	4	4	received perio maintenance; or an isolated pocket depth of greater than 5mm – not
D4381	1-32, A-T	CREVICULAR TISSUE, PER TOOTH	\$110.28	\$110.28	to be used for generalized perio thearopy.
D4910		PERIODONTAL MAINTENANCE PROCEDURES	\$96.88	\$96.88	
		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER			
D4920		THAN TREATING DENTIST OR THEIR STAFF)	\$94.05	\$94.05	
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5110		DENTURES COMPLETE MAXILLARY	\$656.11	\$656.11	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5120		DENTURES COMPLETE MANDIBULAR	\$611.73	\$611.73	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5130	<u> </u>	DENTURES IMMEDIATE MAXILLARY	\$567.40	\$567.40	period



Proc			UNDER AGE 21	21 and OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
		, rossiano Sosinpuon			Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5140		DENTURES IMMEDIATE MANDIBULAR	\$543.95	\$543.95	period
			,		Every 5 years - more frequent for children under 21 if medically necessary due to
		MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5211		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$624.64	\$624.64	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
		MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5212		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$595.80	\$595.80	period
		MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK			Every 5 years - more frequent for children under 21 if medically necessary due to
		WITH RESIN DENTURE BASES (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5213		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$545.30	\$545.30	period
		MANDIBULAR PARTIAL DENTURE-CAST METAL			Every 5 years - more frequent for children under 21 if medically necessary due to
		FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5214		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$571.75	\$571.75	period
		IMMEDIATE MAXILLARY PARTIAL DENTURE-RESIN BASE			Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5221		AND TEETH)	\$585.18	\$585.18	period
		IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE			Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS,	4.0- 0-	4.0- 0-	growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5222		AND TEETH)	\$487.67	\$487.67	period
		MANULLARY DARTIAL DENTLIRE - ELEVIRLE BACE (INCLUDING			Every 5 years - more frequent for children under 21 if medically necessary due to
DESSE		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING	¢702.00	ć702.00	growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5225		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$793.00	\$793.00	period
		(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND			Every 5 years - more frequent for children under 21 if medically necessary due to
D5226		TEETH)	\$920.55	\$920.55	growth - Prior Authorization Required for children if more than 1 needed in 5 year period
D3220		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	3320.33	3320.33	Every 5 years - more frequent for children under 21 if medically necessary due to
		CAST METAL (INCLUDING, RETENTIVE/CLASPING			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5282		MATERIALS, RESTS, AND TEETH), MAXILLARY	\$360.00	\$360.00	period
		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	7000.00	7000.00	Every 5 years - more frequent for children under 21 if medically necessary due to
		CAST METAL (INCLUDING, RETENTIVE/CLASPING			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5283		MATERIALS, RESTS, AND TEETH), MANDIBULAR	\$360.00	\$360.00	period
		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE			Every 5 years - more frequent for children under 21 if medically necessary due to
		FLEXIBLE BASE (INCLUDING, RETENTIVE/CLASPING			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5284		MATERIALS, RESTS, AND TEETH), PER QUADRANT	\$400.00	\$400.00	period
		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE			Every 5 years - more frequent for children under 21 if medically necessary due to
		RESIN (INCLUDING, RETENTIVE/CLASPING MATERIALS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5286		RESTS, AND TEETH), PER QUADRANT	\$400.00	\$400.00	period
D5410		ADJUST COMPLETE DENTURE-MAXILLARY	\$15.40	\$15.40	1 per 12 months
D5411		ADJUST COMPLETE DENTURE-MANDIBULAR	\$15.40	\$15.40	1 per 12 months
D5421		ADJUST PARTIAL DENTURE-MAXILLARY	\$15.40	\$15.40	1 per 12 months



			UNDER	21 and	
Proc			AGE 21	OVER	
	D	Durandous Description			Natas
Code	Requirements	Procedure Description	Rate	Rate	Notes
D5422		ADJUST PARTIAL DENTURE-MANDIBLUAR	\$15.40	\$15.40	1 per 12 months
D5511		REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$50.60	\$50.60	1 per 12 months
D5512		REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$50.60	\$50.60	1 per 12 months
DEE20		REPLACE MISSING/BROKEN TEETH-DENTURE-COMPLETE	624.00	624.00	4 42 autho
D5520	1-32, A-T	DENTURE (EACH TOOTH)	\$31.00	\$31.00	1 per 12 months
D5621		REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$72.60	\$72.60	not exceed three (3) repairs per twelve (12) month
D5622		REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$72.60	\$72.60	1 per 12 months
DEC20		REPAIR OR REPLACE BROKEN RETENTIVE CLASPING	¢64.00	664.00	4 42 44
D5630	Tooth numbers	MATERIALS - PER TOOTH	\$64.90	\$64.90	1 per 12 months
D5640	1-32, A-T	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	\$36.40	\$36.40	1 per 12 months
D3040	1-32, A-1	RELINE LOWER COMPLETE MANDIBULAR DENTURE	330.40	330.40	1 per 12 months
D5731		(DIRECT)	\$88.00	\$88.00	1 per 12 months
D5740		RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	\$88.00	\$88.00	1 per 12 months
D5750		RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	\$128.70	\$128.70	1 per 12 months
D5751		RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	\$128.70	\$128.70	1 per 12 months
D3731		INTERIM PARTIAL DENTURE (INCLUDING,	Ş120.70	\$120.70	1 per 12 months
		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),			
D5820		MAXILLARY	\$319.80	\$319.80	1 per 5 years
		INTERIM PARTIAL DENTURE (INCLUDING,			,
		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),			
D5821		MANDIBULAR	\$336.70	\$336.70	1 per 5 years
D5913		NASAL PROSTHESIS	\$2,036.00	\$2,036.00	
D5914		AURICULAR PROSTHESIS	\$1,881.00	\$1,881.00	
D5919		FACIAL PROSTHESIS	\$3,408.00	\$3,408.00	
D5931		OBTURATOR PROSTHESIS , SURGICAL	\$1,121.90	\$1,121.90	
D5932		OBTURATOR PROSTHESIS, DEFINITIVE	\$1,992.00	\$1,992.00	
		·			
D5934		MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$1,660.00	\$1,660.00	
D5952		SPEECH AID PROSTHESIS, PEDIATRIC	\$2,036.00	n/c	
D5953		SPEECH AID PROSTHESIS, ADULT	n/c	\$2,036.00	
D5954		PALATAL AUGMENTATION PROSTHESIS	\$1,550.00	\$1,550.00	
D5955		PALATAL LIFT PROSTHESIS, DEFINITIVE	\$1,836.00	\$1,836.00	
D5988		ORAL SURGICAL SPLINT	\$896.00	\$896.00	
			manually	manually	Requires prepayment review to determine if requirements in 907 KAR 1:026 have
D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	priced	priced	been met prior to authorizing payment
					prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL			cause damage or not wearable due to medical reasons)
D6010	1-32, A-T	IMPLANT	\$2,001.07	\$2,001.07	once per tooth per lifetime



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Code	Requirements	Procedure Description	Nate	Nate	11000
	Tooth numbers	DREEADDICATED ADJUTAMENT INCLUDES MODIFICATION			prior authorization required. An implant must be based on last resort (dentures
D6056	1-32, A-T	PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND PLACEMENT	\$600.29	\$600.29	cause damage or not wearable due to medical reasons) once per tooth per lifetime
סכטסט	1-32, A-1	AND PLACEMENT	\$600.29	\$600.29	prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers				cause damage or not wearable due to medical reasons)
D6057	1-32, A-T	CUSTOM FABRICATED ABUTMENT-INCLUDES PLACEMENT	\$729.95	\$729.95	once per tooth per lifetime
	2 32,71	COSTON TYPING TEP ABOTHETT INCESSES TERCEMENT	ψ/23.33	ψ/ 2 3.33	prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers				cause damage or not wearable due to medical reasons)
D6058	1-32, A-T	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,076.11	\$1.076.11	once per tooth per lifetime
	·	·	. ,	. ,	prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL			cause damage or not wearable due to medical reasons)
D6059	1-32, A-T	CROWN (HIGH NOBLE METAL)	\$1,324.39	\$1,324.39	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers				cause damage or not wearable due to medical reasons)
D6065	1-32, A-T	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,400.93	\$1,400.93	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers	IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO HIGH			cause damage or not wearable due to medical reasons)
D6066	1-32, A-T	NOBLE ALLOYS	\$1,057.00	\$1,057.00	once per tooth per lifetime
		SCALING AND DEBRIDEMENT IN THE PRESENCE OF			
		INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT,			prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers	INCLUDING CLEANING OF THE IMPLANT SURFACES,			cause damage or not wearable due to medical reasons)
D6190	1-32, A-T	WITHOUT FLAP ENTRY AND CLOSURE	\$411.87	\$411.87	once per tooth per lifetime
		DONE COAST FOR DEPAIR OF DEPAIR AND AND DEFECT DOES			prior authorization required. An implant must be based on last resort (dentures
D6103	Tooth numbers 1-32, A-T	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT-DOES	\$263.86	\$263.86	cause damage or not wearable due to medical reasons)
D0102	1-32, A-1	NOT INCLUDE FLAP ENTRY AND CLOSURE	\$205.80	\$205.00	once per tooth per lifetime prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers				cause damage or not wearable due to medical reasons)
D6081	1-32, A-T	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$238.35	\$238.35	once per tooth per lifetime
D0001	1 32, 7. 1	DONE GRAFF AT TIME OF THE EART FEACEMENT	Ş230.33	\$230.33	prior authorization required. An implant must be based on last resort (dentures
	Tooth numbers				cause damage or not wearable due to medical reasons)
D6104	1-32, A-T	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$288.65	\$288.65	once per tooth per lifetime
	Tooth numbers	·			
D6211	1-32, A-T	PONTIC-CAST PREDOMINANTLY BASE METAL	\$341.00	\$341.00	1 per 5 years
	Tooth numbers		1		
D6240	1-32, A-T	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$483.00	\$483.00	1 per 5 years
	Tooth numbers	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE			
D6241	1-32, A-T	METAL	\$341.00	\$341.00	1 per 5 years
	Tooth numbers				
D6242	1-32, A-T	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
	Tooth numbers	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE			
D6750	1-32, A-T	METAL	\$553.96	\$553.96	1 per 5 years



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers	RETAINER CROWN - PORCELAIN FUSED TO			
D6751	1-32, A-T	PREDOMINANTLY BASE METAL	\$341.00	\$341.00	1 per 5 years
	Tooth numbers				
D6752	1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
	Tooth numbers				
D6930	1-32, A-T	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$77.00	\$77.00	
	Tooth numbers				
D7111	1-32, A-T	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	\$72.25	\$72.25	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT			
D7140	1-32, A-T	(ELEVATION AND/OR FORCEPS REMOVAL	\$82.50	\$82.50	1 per lifetime per tooth per member regardless of provider
		EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF			
	Tooth numbers	BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING			
D7210	1-32, A-T	ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.50	\$148.50	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	,		4	
D7220	1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	\$127.40	\$98.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers				
D7230	1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$179.40	\$138.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers				
D7240	1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$215.80	\$166.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH			
D7241	1-32, A-T	UNUSUAL SURGICAL COMPLICATIONS	\$222.30	\$171.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING			
D7250	1-32, A-T	PROCEDURE)	\$142.00	\$142.00	1 per lifetime per tooth per member regardless of provider
	Tooth numbers	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL,			
D7251	1-32, A-T	IMPACTED TEETH ONLY	\$466.37	\$466.37	1 per lifetime per tooth
D7260		ORAL ANTRAL FISTULA CLOSURE	\$135.20	\$104.00	
	Tooth numbers	TOOTH REIMPLANTATION AND/OR STABILIZATION OF			
D7270	1-32, A-T	ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$200.00	\$200.00	
					Per 907 KAR 1:026
					Coverage of surgical access of an unerupted tooth shall:
	Tooth numbers		١.	l .	(a) Be limited to exposure of the tooth for orthodontic treatment; and
D7280	1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	\$434.25	\$434.25	(b) Require prepayment review.
	Quadrant	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR			Be limited to one (1) per quadrant, per lifetime, per recipient; Require a minimum
D7310	10, 20, 30, 40	OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	of a four (4) tooth area within the same quadrant.
	Quadrant	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-	4.00.00	4.00.5	
D7320	10, 20, 30, 40	FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
D7410		EXCISION OF BENIGN LESION LESS THAN 1.25 CM	\$87.10	\$67.00	
		EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25		4	
D7411		СМ	\$87.10	\$67.00	



			UNDER	21 and	
Dress			AGE 21	OVER	
Proc					
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Arch number	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR			
D7471	01, 02	MANDIBLE)	\$101.40	\$78.00	
D7472		REMOVAL OF TORUS PALATINUS	\$302.47	\$302.47	1 per lifetime
D7473		REMOVAL OF TORUS MANDIBULARIS	\$209.28	\$209.28	1 per quadrant per lifetime
		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT			
D7510		TISSUE	\$67.60	\$52.00	
		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT			
D7520		TISSUE	\$80.60	\$62.00	
		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR			
D7530		SUBCUTANEOUS ALVEOLAR TISSUE	\$201.50	\$201.50	
D7880		OCCLUSAL ORTHOTIC APPLIANCE	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		SUTURE OF RECENT SMALL WOUND UP TO 5CM	\$67.60	\$52.00	
D7961		BUCCAL/LABIAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D8210		REMOVABLE APPLIANCE THERAPY	\$362.00	n/c	Requires prior authorization
D8220		FIXED APPLIANCE THERAPY	\$259.00	n/c	Requires prior authorization
D8698		RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY	\$75.00	n/c	
D8699		RE-CEMENT OR RE-BOND FIXED RETAINER MANDIBULAR	\$75.00	n/c	
		REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-	¥10.00	,-	
D8701		MAXILLARY	\$25.00	n/c	1 per 4 years
		REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-		,	
D8702		MANDIBULAR	\$25.00	n/c	1 per 4 years
D8703		REPLACEMENT OF LOST/BROKEN RETAINER-MAXILLARY	\$93.64	n/c	1 per 4 years
		·			,
D8704		REPLACEMENT OF LOST/BROKEN RETAINER MANDIBULAR	\$93.64	n/c	1 per 4 years
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	\$61.95	\$61.95	1 per date of service
		DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE			Effective date 01/01/2018 Allow any combination of CDT D9222 and D9223 for a
D9222		INCREMENT	\$75.00	\$75.00	maximum of four times per date of service
		DEEP SEDATION/GENERAL ANESTHESIA - EACH			Allow any combination of CDT D9222 and D9223 for a maximum of four times per
D9223		SUBSEQUENT 15 MINUTE INCREMENT	\$75.00	\$75.00	date of service
D9230		INHALATION OF NITROUS OXIDE/AXIOLYSIS ANALGESIA	\$39.00	\$39.00	
		INTRAVENOUS MODERATE (CONSCIOUS)			Requires Dentists to have anesthesia certification on file in their office for auditing
D9239		SEDATION/ANALGESIA-FIRST 15 MINUTES	\$138.78	138.78	purposes
		INTRAVENOUS MODERATE (CONSCIOUS)			
		SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE			Requires Dentists to have anesthesia certification on file in their office for auditing
D9243		INCREMENT	\$138.78	\$138.78	purposes
					Requires Dentists to have anesthesia certification on file in their office for auditing
D9248		NON-INTRAVENOUS CONCIOUS SEDATION	\$39.00	\$39.00	purposes
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	\$67.60	\$52.00	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$67.60	\$52.00	



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			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D9944		OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	\$150.00	\$150.00	1 per 2 years
D9945		OCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH	\$250.00	\$250.00	1 per 2 years
D9946		OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	\$100.00	\$100.00	1 per 2 years
D9986		MISSED APPOINTMENT	n/c	n/c	
D9987		CANCELLED APPOINTMENT	n/c	n/c	
Oral Pa	ithology Proc	redures and Fee Schedule			
		ACCESSION OF TISSUE GROSS EXAMINATION,			
		PREPARATION AND TRANSMISSION OF WRITTEN REPORT			
D0472		(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$43.71	\$43.71	Covered for adults effective 1/1/2023
		ACCESSION OF TISSUE GROSS AND MICROSCOPIC			
		EXAMINATION, PREPARATION AND TRANSMISSION OF			
		WRITTEN REPORT (ONLY COVERED IF PROVIDED BY AN	44.4.		
D0473		ORAL PATHOLOGIST)	\$61.81	\$61.81	Covered for adults effective 1/1/2023
		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC			
		EXAMINATION INCLUDING ASSESSMENT OF SURGICAL			
		MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND			
D0474		TRANSMISSION OF WRITTEN REPORT (ONLY COVERED IF	6452.20	6452.20	
D0474		PROVIDED BY AN ORAL PATHOLOGIST)	\$152.38	\$152.38	Covered for adults effective 1/1/2023
D0406		DECALCIFICATION PROCEDURE (ONLY COVERED IF	Ć25 44	625.44	0 16 1 16 16 17 16 18 18 18 18 18 18 18 18 18 18 18 18 18
D0486		PROVIDED BY AN ORAL PATHOLOGIST)	\$35.44	\$35.44	Covered for adults effective 1/1/2023
D0475		SPECIAL STAINS FOR MICROORGANISMS (ONLY COVERED IF	ć12 F7	612.57	Consend for adults offerting 4 /4 /2022
D0475		PROVIDED BY AN ORAL PATHOLOGIST)	\$12.57	\$12.57	Covered for adults effective 1/1/2023
D0476		SPECIAL STAINS NOT FOR MICROORGANISMS (ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$71.03	\$71.03	Covered for edula effective 1/1/2022
D0476		IMMUNOHISTOCHEMICAL STAINS (ONLY COVERED IF	\$/1.05	\$71.05	Covered for adults effective 1/1/2023
D0477		PROVIDED BY AN ORAL PATHOLOGIST)	\$71.03	\$71.03	Covered for adults effective 1/1/2023
50477		TISSUE IN-SITU HYBRIDIZATION, INCLUDING	771.03	771.03	Covered for addits effective 1/1/2025
		INTERPRETATION (ONLY COVERED IF PROVIDED BY AN			
D0478		ORAL PATHOLOGIST)	\$71.97	\$71.97	Covered for adults effective 1/1/2023
50475		DIRECT IMMUNOFLUORESCENCE (ONLY COVERED IF	Ψ71.57	Ψ71.57	Covered for addits effective 1/1/2023
D0479		PROVIDED BY AN ORAL PATHOLOGIST)	\$55.43	\$55.43	Covered for adults effective 1/1/2023
50475		I NOVIDED DI AN ONALI ATTICLOGISTY	955.45	933.43	Covered for addits effective 1/1/2023
		CONSULTATION ON SLIDES PREPARED ELSEWHERE (ONLY			
D0482		COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$52.09	\$52.09	Covered for adults effective 1/1/2023
			702.00	702.00	Core con for duality effective 1/ 1/ 2020
		CONSULTATION, INCLUDING PREPARATION OF SLIDES			
		FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE			
D0484		(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$52.09	\$52.09	Covered for adults effective 1/1/2023



			LINDED	21 and	
Duos			UNDER AGE 21	21 and OVER	
Proc	Danishan and	Durandous Description			Notes
Code	Requirements	Procedure Description	Rate	Rate	Notes
		LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC			
		SAMLE MICROSCOPIC EXAMINATION AND PREPARATION			
		AND TRANSMISSION OF WRITTEN REPORT (ONLY COVERED			
D0485		IF PROVIDED BY AN ORAL PATHOLOGIST)	\$88.10	\$88.10	Covered for adults effective 1/1/2023
		,	<u> </u>		
		LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC			
		SAMLE MICROSCOPIC EXAMINATION AND PREPARATION			
		AND TRANSMISSION OF WRITTEN REPORT (ONLY COVERED			
D0486		IF PROVIDED BY AN ORAL PATHOLOGIST)	\$35.44	\$35.44	Covered for adults effective 1/1/2023
0.44	la alla Basa d	and the Colod Is			
<u>Orthod</u>	<u>ontic Procedi</u>	<u>ures and Fee Schedule</u>			
		PRE-ORTHODONTIC TREATMENT EXAMINATION TO			Requires prior authorization - and only if individual ultimately not approved for
D8660		MONITOR GROWTH AND DEVELOPMENT	\$112.00 *	n/c	orthodontic treatment. Age 0 - 21 only
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT	*	n/c	Requires prior authorization. Age 0 - 21 only
D8999		UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	*	n/c	Requires prior authorization. Age 0 - 21 only
016		Lanca and East Calmed To			
<u>Orai Su</u>	<u>irgeon Proced</u>	<u>lures and Fee Schedule</u>		ı	
					A panoramic film shall: a. Be limited to one (1) per twenty-four (24) month
					period, per recipient, per provider; and b. Require prior authorization in
					accordance with Section 15(1), (2), and (3) of this administrative regulation
D0330		PANORAMIC RADIOGRAPHIC IMAGE	\$73.70	\$73.70	for a recipient under the age of six (6) years;
	Tooth numbers				
D3410	1-32, A-T	APICOECTOMY-ANTERIOR	\$363.00	\$363.00	1 per tooth per lifetime
	Tooth numbers		4		
D3421	1-32, A-T	APICOECTOMY-PREMOLAR FIRST ROOT	\$294.50	\$294.50	1 per tooth per lifetime
D2425	Tooth numbers	ADICOCCIONAY MAOLAD FIDCT DOOT	¢204.50	6204.50	1 now houghly now life hims
D3425	1-32, A-T Tooth numbers	APICOECTOMY-MOLAR FIRST ROOT	\$294.50	\$294.50	1 per tooth per lifetime
D3426	1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT	\$197.00	\$197.00	1 per tooth per lifetime
D3420	Tooth numbers	AFICOLOTOMIT-FER TOOTH EACH ADDITIONAL ROOT	\$197.00	\$197.00	i per tooth per metime
D7111	1-32, A-T	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	\$72.25	\$72.25	1 per lifetime per tooth
D/111	Tooth numbers	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	¥72.23	Υ12.23	per meanic per coon
D7140	1-32, A-T	(ELEVATION AND/OR FORCEPS REMOVAL	\$82.50	\$82.50	1 per lifetime per tooth
	· ·	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF	7	722.00	· · ·
	Tooth numbers	BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING			
D7210	1-32, A-T	ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.50	\$148.50	1 per lifetime per tooth
	Tooth numbers				
D7220	1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	\$187.00	\$187.00	1 per lifetime per tooth
	Tooth numbers				
D7230	1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$236.50	\$236.50	1 per lifetime per tooth



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Poguiromonto	Procedure Description	Rate	Rate	Notes
Code	Requirements	Procedure Description	Nate	Nate	Notes
D7240	Tooth numbers 1-32, A-T	DEMOVAL OF IMPACTED TOOTH COMPLETELY BONY	¢205.00	¢205.00	1 nov lifetime nev tooth
D7240	Tooth numbers	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH	\$295.00	\$295.00	1 per lifetime per tooth
D7241	1-32, A-T	UNUSUAL SURGICAL COMPLICATIONS	\$333.00	\$333.00	1 per lifetime per tooth
D7241	Tooth numbers	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	3333.00	3333.00	i per metime per tooth
D7250	1-32, A-T	PROCEDURE)	\$142.00	\$142.00	1 per lifetime per tooth
D7260		ORAL ANTRAL FISTULA CLOSURE	\$370.50	\$370.50	
B7200	Tooth numbers	TOOTH REIMPLANTATION AND/OR STABILIZATION OF	7370.30	7370.30	
D7270	1-32, A-T	ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$200.00	\$200.00	
			<u> </u>		Per 907 KAR 1:026
					Coverage of surgical access of an unerupted tooth shall:
	Tooth numbers				(a) Be limited to exposure of the tooth for orthodontic treatment; and
D7280	1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	\$434.25	\$434.25	(b) Require prepayment review.
		INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE,			
D7285		тоотн)	\$210.50	\$210.50	
D7286		INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	\$172.59	\$172.59	
	Quadrant	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR			
D7310	10, 20, 30, 40	OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
	Quadrant	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-	l .	١.	
D7320	10, 20, 30, 40	FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
D7410		EXCISION OF BENIGN LESION LESS THAN 1.25 CM	\$102.50	\$102.50	
		EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25	4		
D7411	.	CM	\$431.00	\$431.00	
D7474	Arch number	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	¢204.00	6204.00	
D7471	01, 02	,	\$204.00	\$204.00	4
D7472		REMOVAL OF TORUS PALATINUS	\$403.50	\$403.50	1 per lifetime
D7473		REMOVAL OF TORUS MANDIBULARIS	\$409.00	\$409.00	1 per lifetime
D7E10		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT	¢112.24	\$112.24	
D7510		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT	\$112.24	\$112.24	
D7520		TISSUE	\$144.00	\$144.00	
D7320		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR	7177.00	7144.00	
D7530		SUBCUTANEOUS ALVEOLAR TISSUE	\$201.50	\$201.50	
		PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR	,	,	
D7550		REMOVAL OF NON-VITAL BONE	\$231.00	\$231.00	
D7880		OCCLUSAL ORTHOTIC APPLIANCE	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		suture of recent small wounds up to 5 cm	\$121.47	\$121.47	-4
D7910		BUCCAL/LABIAL FRENECTOMY -FIRST PROCEDURE	\$167.60	\$167.60	
D7961		BUCCAL/LABIAL FRENECTOMY-SECOND PROCEDURE		\$167.60	
D/30I		DOCCAL, LADIAL FRENECTOWIT-SECOND PROCEDURE	\$167.60	210/.00	



Dvos			UNDER	21 and OVER	
Proc Code	Requirements	Procedure Description	AGE 21 Rate	Rate	Notes
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	\$61.95	\$61.95	1 per date of ervice
D9222		DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE INCREMENT	\$138.75	\$138.75	Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9223		DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$138.75	\$138.75	Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9230		INHALATION OF NITROUS OXIDE/AXIOLYSIS ANALGESIA	\$39.00	\$39.00	
D9239		INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST 15 MINUTES	\$138.78	\$138.78	Must have anesthesia certification on file in their office for auditing purposes
D9243		INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE INCREMENT	\$138.78	\$138.78	Must have anesthesia certification on file in their office for auditing purposes
D9248		NON-INTRAVENOUS CONCIOUS SEDATION	\$39.00	\$39.00	Must have anesthesia certification on file in their office for auditing purposes
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	\$67.60	\$67.60	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$67.60	\$67.60	
D9610		THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$42.28	\$42.28	

