KY Medicaid Dental Fee Schedule 2026

Effective 1/1/2026 Revised 8.19.2026

Notes:

- This fee schedule is effective as of January 1, 2026.
- Red or asterisk (*) indicates new codes or changes for the most current revision date.
- Codes highlighted in Blue or double asterisk (**) are termed codes and remain on the fee schedule for 1 year after termination.
- 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
- Medicare bypass list column with a checkmark, for dually eligible members, bill as a straight claim. (Does not apply to QMB and SLMB members).
- *Any limit or prior authorization requirement established in 907 KAR 1:026 or 907 KAR 1:626 shall apply to this fee schedule*
- *Current Dental Terminology 2026 American Dental Association. All rights reserved.*
- ***For orthodontic procedures: see "Orthodontic Procedures and Fee Schedule" section. Orthodontics payable for 21 and under***
- ***For Billing Instructions go to https://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx***

Proc Code	Tooth Numbers Quadrant	Procedure Description	UNDER AGE 21 Rate	OVER AGE 21 RATE	Notes
Certified Commnity Health Workers (CHW)					
D9994		DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	$22.53	$22.53	Effective July 1, 2023 - Units equals per patient per time frame
Dentist Procedures and Fee Schedule					
D0120		PERIODIC ORAL EVALUATION ON AN ESTABLISHED PATIENT	*$34.00	*$34.00	*Dental Rebasing, effective 7/1/2026. 1 per 6 months - additional allowed based on medical necessity by prior authorization
D0140		LIMITED ORAL EVALUATION	$46.65	$46.65	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;

D0145		ORAL EVALUATION FOR A PATIENT UNDER THREE (3) YEARS OF AGE AND COUNSELING WITH THE PRIMARY CAREGIVER.	$32.50	n/c	Under 3 years of age - 1 per 6 months
D0150		COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	*$44.00	*$44.00	*Dental Rebasing, effective 7/1/2026. 1 per 12 months per member, per provider
D0160		DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	$98.35	$98.35	
D0170		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	$48.32	$48.32	
D0171		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	$58.64	$58.64	
D0180		COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	$71.91	$71.91	

D0190		SCREENING OF A PATIENT	n/c	n/c	
D0191		ASSESSMENT OF A PATIENT	$25.00	n/c	
D0210		INTRAORAL COMPLETE SERIES OF RADIOGRAPHIC IMAGES	*$82.00	*$82.00	*Dental Rebasing, effective 7/1/2026. 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 provider
D0220		INTRAORAL-PERIPICAL-FIRST RADIOGRAPHIC IMAGE	$13.00	$10.00	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 provider
D0230		INTRAORAL-PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC IMAGE	$9.75	$7.50	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 provider
D0270		DENTAL BITEWING-SINGLE RADIOGRAPHIC IMAGE	$11.38	$8.75	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 as an intraoral complete X-ray series per recipient, per provider

D0272		DENTAL BITEWING-TWO RADIOGRAPHIC IMAGES	$22.75	$17.50	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 as an intraoral complete X-ray series per recipient, per provider
D0273		DENTAL BITEWINGS - THREE RADIOGRAPHIC IMAGES	$39.00	$30.00	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 as an intraoral complete X-ray series per recipient, per provider
D0274		DENTAL BITEWING-FOUR RADIOGRAPHIC IMAGES	$37.38	$28.75	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 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
D0340		2D CEPHALOMETRIC RADIOGRAPHIC IMAGE-ACQUISTION, MEASUREMENT AND ANALYSIS	$76.38	$58.75	1 per 24 months per member, per provider
D1110		DENTAL PROPHYLAXIS - ADULT	n/c	$60.13	1 per 6 months per member. Additional allowed based on medical necessity by prior authorization. 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
D1206		TOPICAL APPLICATION FLUORIDE VARNISH	$18.75	n/c	Limited to 2 per 12 months per member. Additional allowed based on medical necessity by prior authorization
D1208		TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	$18.75	n/c	Limited to 2 per 12 months per member. Additional allowed based on medical necessity by prior authorization
D1321		COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE	$15.00	$15.00	1 per 6 months per member, per provider
D1351	Tooth numbers: 3, 14, 19, 30 2, 15, 18, 31	DENTAL SEALANT - PER TOOTH	$24.38	n/c	Limited to six (6) and twelve (12) year molars: 6 year molars are #3, #14, #19 and #30 12 year molars are #2, #15, #18, #31 once every four (4) years with a lifetime limit of three (3) sealants per tooth Limited to under 21 only
**D1352	Tooth numbers 1-32	PREVENTATIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT-PERMANENT TOOTH	$48.13	$48.13	Termed 12/31/2025

D1354	Tooth numbers 1-32, A-T	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER TOOTH	$12.00	$12.00	Up to two times per tooth within six months
D1510	quadrant 10, 20, 30, 40	SPACE MAINTAINER-FIXED UNILATERAL-PER QUADRANT	$169.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1516	quadrant 10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MAXILLARY	$250.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1517	quadrant 10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MANDIBULAR	$250.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1520	quadrant 10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-UNILATERAL-PER QUADRANT	$167.50	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1526	quadrant 10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MAXILLARY	$190.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.

D1527	quadrant 10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MANDIBULAR	$190.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1551	quadrant 10, 20, 30, 40	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MAXILLARY	$19.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1552	quadrant 10, 20, 30, 40	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBULAR	$19.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1553	quadrant 10, 20, 30, 40	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	$19.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1556	quadrant 10, 20, 30, 40	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER-PER QUADRANT	$25.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D1557	quadrant 10, 20, 30, 40	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXILLARY	$25.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.

D1558	quadrant 10, 20, 30, 40	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIBULAR	$25.00	n/c	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic category, or a combination of the two (2) shall not exceed two (2) per twelve (12) month period, per member.
D2140	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	*$69.55	*$69.55	*Dental Rebasing, effective 7/1/2026.
D2150	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	*$97.00	*$97.00	*Dental Rebasing, effective 7/1/2026.
D2160	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	*$105.00	*$105.00	*Dental Rebasing, effective 7/1/2026.
D2161	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	*$115.00	*$115.00	*Dental Rebasing, effective 7/1/2026.
D2330	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-ONE SURFACE, ANTERIOR	*$97.00	*$97.00	*Dental Rebasing, effective 7/1/2026.

D2331	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-TWO SURFACES, ANTERIOR	*$110.00	*$110.00	*Dental Rebasing, effective 7/1/2026.
D2332	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-THREE SURFACES, ANTERIOR	*$125.00	*$125.00	*Dental Rebasing, effective 7/1/2026.
D2335	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-FOUR/MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	*$155.00	*$155.00	*Dental Rebasing, effective 7/1/2026.
D2390	Tooth numbers 1-32, A-T	RESIN-BASED COMPOSITE CROWN, ANTERIOR	$101.40	n/c	1 per 5 years
D2391	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	*$95.00	*$95.00	*Dental Rebasing, effective 7/1/2026.
D2392	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	*$110.00	*$110.00	*Dental Rebasing, effective 7/1/2026.

D2393	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	*$135.00	*$135.00	*Dental Rebasing, effective 7/1/2026.
D2394	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR	*$160.00	*$160.00	*Dental Rebasing, effective 7/1/2026.
D2710	Tooth numbers 1-32, A-T	CROWN RESIN-BASED COMPOSITE INDIRECT	$150.00	$150.00	1 per 5 years per tooth
D2721	Tooth numbers 1-32, A-T	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	$200.00	$200.00	1 per 5 years per tooth
D2740	Tooth numbers 1-32, A-T	CROWN-PORCELAIN/CERAMIC	$529.95	$529.95	1 per 5 years per tooth
D2750	Tooth numbers 1-32, A-T	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	$599.25	$599.25	1 per 5 years per tooth

D2751	Tooth numbers 1-32, A-T	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$457.33	$457.33	1 per 5 years per tooth
D2752	Tooth numbers 1-32, A-T	CROWN-PORCELAIN FUSED TO NOBLE METAL	$528.29	$528.29	1 per 5 years per tooth
D2790	Tooth numbers 1-32, A-T	CROWN-FULL CAST HIGH NOBLE METAL	$492.81	$492.81	1 per 5 years per tooth
D2791	Tooth numbers 1-32, A-T	CROWN-FULL CAST PREDOMINANTLY BASE METAL	$315.41	$315.41	1 per 5 years per tooth
D2792	Tooth numbers 1-32, A-T	CROWN-FULL CAST NOBLE METAL	$386.37	$386.37	1 per 5 years per tooth
D2799	Tooth numbers 1-32, A-T	INTERIM CROWN-FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	$150.00	$150.00	1 per 5 years per tooth

D2920	Tooth numbers 1-32, A-T	RE-CEMENT OR RE-BOND CROWN	*$30.25	*$30.25	*Dental Rebasing, effective 7/1/2026. 1 per 5 years per tooth
D2928	Tooth numbers 1-32, A-T	PREFABRICATED PORCELAIN/CERAMIC CROWN-PERMANENT TOOTH	$153.00	$153.00	1 per 5 years per tooth
D2930	Tooth numbers 1-32, A-T	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	*$160.00	*$160.00	*Dental Rebasing, effective 7/1/2026. 1 per 5 years per tooth
D2931	Tooth numbers 1-32, A-T	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	*$160.00	*$160.00	*Dental Rebasing, effective 7/1/2026. 1 per 5 years per tooth
D2932	Tooth numbers 1-32, A-T	PREFABRICATED RESIN CROWN	$113.10	$113.10	1 per 5 years per tooth
D2934	Tooth numbers 1-32, A-T Surface code M, O, D, B, L, F, I	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	$119.60	n/c	Once per tooth per 12 month per member. Ages 0 - 11

D2940	Tooth numbers 1-32, A-T	PROTECTIVE RESTORATION	$60.78	60.78	
D2950	1-32, A-T	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	*$134.40	*$134.40	*Dental Rebasing, effective 7/1/2026. change to adult and child 1/1/2023 no prior auth required.
D2951	Tooth numbers 1 2 3 14 15 16 17 18 19 30 31 32	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	$13.00	$13.00	Permanent molars only (1 2 3 14 15 16 17 18 19 30 31 32). 1 per tooth per date of service and 2 per lifetime per member
D2954	Tooth numbers 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.
D2990	Tooth numbers 1-32, A-T	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	$97.48	$97.48	2 per tooth per lifetime
D3110	Tooth numbers 1-32, A-T	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	$17.00	n/c	

D3120		PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	$190.83	190.83	Prior Authorization required
D3220	Tooth numbers 1-32, A-T	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	$67.60	n/c	1 per tooth per lifetime
D3310	Tooth numbers 6-11; 22-27	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	$274.30	$274.30	1 per tooth per lifetime
D3320	Tooth numbers 4-5; 12-13; 28-29; 20-21	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$344.50	$344.50	1 per tooth per lifetime
D3330	Tooth numbers 1 2 3 14 15 16 17 18 19 30 31 32	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$481.00	$481.00	1 per tooth per lifetime
D3346	Tooth numbers 6-11; 22-27	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	$606.58	$606.58	1 per tooth per lifetime

D3347	Tooth numbers 4-5; 12-13; 28-29; 20-21	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-PREMOLAR	$696.20	$696.20	1 per tooth per lifetime
D3348	Tooth numbers 1 2 3 14 15 16 17 18 19 30 31 32	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	$724.31	$724.31	1 per tooth per lifetime
D3351	Tooth numbers 1-32, A-T	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	$149.60	$149.60	1 per tooth per lifetime
D3352	Tooth numbers 1-32, A-T	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)	$104.50	$104.50	1 per tooth per lifetime
D3353	Tooth numbers 1-32, A-T	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC)	$246.40	$246.40	1 per tooth per lifetime
D3410	Tooth numbers 6-11; 22-27	APICOECTOMY-ANTERIOR	$201.50	$155.00	1 per tooth per lifetime

D3421	Tooth numbers 4-5; 12-13; 28-29; 20-21	APICOECTOMY-PREMOLAR FIRST ROOT	$201.50	$155.00	1 per tooth per lifetime
D3425	Tooth numbers 1 2 3 14 15 16 17 18 19 30 31 32	APICOECTOMY-MOLAR FIRST ROOT	$201.50	$155.00	1 per tooth per lifetime
D3426	Tooth numbers 1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT	$197.00	$197.00	1 per tooth per lifetime
D3430	Tooth numbers 1-32, A-T	RETROGRADE FILLING-PER ROOT	$134.10	$134.10	1 per tooth per lifetime
D4210	Quadrant 10, 20, 30, 40	GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$336.70	$259.00	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4211	Quadrant 10, 20, 30, 40	GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$104.00	$104.00	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period

D4212	Quadrant 10, 20, 30, 40	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	$220.16	$220.16	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4240	Quadrant 10, 20, 30, 40	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$526.26	$526.26	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4241	Quadrant 10, 20, 30, 40	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$341.20	$341.20	Requires prior authorization - must have chronic conditions or take medications that cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider, per recipient per twelve (12) month period
D4249	Tooth numbers 1-32, A-T Quadrant 10, 20, 30, 40	CLINICAL CROWN LENGTHEN-HARD TISSUE	$483.71	$483.71	1 per tooth/quadrant per lifetime
D4263	Quadrant 10, 20, 30, 40	BONE REPLCE GRAFT-RETAINED NATURAL TOOTH-FIRST SITE IN QUADRANT	$414.97	$414.97	1 per site (quadrant) per lifetime
D4266	Quadrant 10, 20, 30, 40	GUIDED TISSUE REGENERATION, NATURAL TEETH-RESORBABLE BARRIER, PER SITE	$645.39	$645.39	1 per 36 months per quadrant

D4267	Quadrant 10, 20, 30, 40	GUIDED TISSUE REGENERATION, NATURAL TEETH-NONRESORBABLE BARRIER, PER SITE	$692.29	$692.29	1 per 36 months per quadrant
D4270	Tooth numbers 1-32, A-T Quadrant 10, 20, 30, 40	PEDICLE SOFT TISSUE GRAFT PROCEDURE	$554.25	$554.25	1 per area (Quadrant/tooth) per lifetime
D4273	Tooth numbers 1-32, A-T	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	$654.75	$654.75	1 per area (tooth) per lifetime
D4277	Tooth numbers 1-32, A-T	FREE SOFT TISSUE GRAFT PROCEDURE (INCUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	$363.17	$363.17	1 per area (tooth) per lifetime
D4322	Tooth numbers 1-32, A-T	SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	$240.79	$240.79	
D4323	Tooth numbers 1-32, A-T	SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	$212.46	$212.46	

D4341	Quadrant 10, 20, 30, 40	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH, PER QUADRANT	$101.40	$78.00	Requires prior authorization- not to exceed 1 per quadrant, per twelve months, per recipient, per provider
D4342	Quadrant 10, 20, 30, 40	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE TEETH, PER QUADRANT	$36.42	$28.02	
D4346		SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	$204.00	$204.00	Prior Authorization required
D4355		FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIDONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	$68.50	$68.50	Adults and children
D4381	Tooth numbers 1-32, A-T	LOCALIZED DELIVERY ANTIMICROBIAL AGENTS VIA CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	$110.28	$110.28	Prior authorization required - only allowed after treatment of periodontal disease; received perio maintenance; or an isolated pocket depth of greater than 5mm – not to be used for generalized perio thearopy.
D4910		PERIODONTAL MAINTENANCE PROCEDURES	$96.88	$96.88	

D4920		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	$94.05	$94.05	
D5110		DENTURES COMPLETE MAXILLARY	$656.11	$656.11	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 period
D5120		DENTURES COMPLETE MANDIBULAR	$611.73	$611.73	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 period
D5130		DENTURES IMMEDIATE MAXILLARY	$567.40	$567.40	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 period
D5140		DENTURES IMMEDIATE MANDIBULAR	$543.95	$543.95	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 period
D5211		MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$624.64	$624.64	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 period

D5212		MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$595.80	$595.80	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 period
D5213		MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$545.30	$545.30	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 period
D5214		MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$571.75	$571.75	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 period
D5221		IMMEDIATE MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$585.18	$585.18	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 period
D5222		IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$487.67	$487.67	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 period
D5225		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$793.00	$793.00	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 period

D5226		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	$920.55	$920.55	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 period
D5282		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	$360.00	$360.00	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 period
D5283		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	$360.00	$360.00	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 period
D5284		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), PER QUADRANT	$400.00	$400.00	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 period
D5286		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), PER QUADRANT	$400.00	$400.00	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 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
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
D5520	Tooth numbers 1-32, A-T	REPLACE MISSING/BROKEN TEETH-DENTURE-COMPLETE 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
D5630		REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	$64.90	$64.90	1 per 12 months
D5640	Tooth numbers 1-32, A-T	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	$36.40	$36.40	1 per 12 months
D5730		RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	$108.08	$108.08	1 per 12 months
D5731		RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	$88.00	$88.00	1 per 12 months

D5740		RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	$88.00	$88.00	1 per 12 months
D5741		RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	$107.18	$107.18	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
*D5810		*INTERIM COMPLETE DENTURE FOR THE MAXILLARY ARCH	*$319.80	*$319.80	*1 per 5 years either D5810 or D5820 per member
*D5811		*INTERIM COMPLETE DENTURE FOR THE MANDIBULAR	*$336.70	*$336.70	*1 per 5 years either D5811 or D5821 per member

D5820		INTERIM PARTIAL DENTURE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	$319.80	$319.80	*1 per 5 years either D5810 or D5820 per member
D5821		INTERIM PARTIAL DENTURE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	$336.70	$336.70	*1 per 5 years either D5811 or D5821 per member
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 GUIDANCE 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	
D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	manually priced	manually priced	Requires prepayment review to determine if requirements in 907 KAR 1:026 have been met prior to authorizing payment
D6010	Tooth numbers 1-32, A-T	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	$2,001.07	$2,001.07	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
*D6049		*SCALING AND DEBRIDEMENT OF A IMPLANT IN THE PRESENCE OF PERI-IMPLANTITIS INFLAMATION, BLEEDING UPON PROBING AND INCREASED POCKET DEPTHS, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	*$238.35	*$238.35	*Effective 1/1/2026
D6056	Tooth numbers 1-32, A-T	PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND PLACEMENT	$600.29	$600.29	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6057	Tooth numbers 1-32, A-T	CUSTOM FABRICATED ABUTMENT-INCLUDES PLACEMENT	$729.95	$729.95	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime

D6058	Tooth numbers 1-32, A-T	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	$1,076.11	$1,076.11	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6059	Tooth numbers 1-32, A-T	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	$1,324.39	$1,324.39	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6065	Tooth numbers 1-32, A-T	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	$1,400.93	$1,400.93	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6066	Tooth numbers 1-32, A-T	IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO HIGH NOBLE ALLOYS	$1,057.00	$1,057.00	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6081	Tooth numbers 1-32, A-T	*SCALING AND DEBRIDEMENT OF A SINGLE IMPLANT IN THE PRESENCE OF MUCOSITIS, INCLUDING INFLAMMATION, BLEEDING UPON PROBING AND INCREASED POCKET DEPTHS; INCLUDES CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	$238.35	$238.35	Prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6091	Tooth numbers 1-32, A-T	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	$279.00	$279.00	Effective 1/1/2024 Prior authorization required, once per tooth per lifetime

D6092	Tooth numbers 1-32, A-T	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	$73.00	$73.00	Effective 1/1/2024 Prior authorization required, once per tooth per lifetime
D6103	Tooth numbers 1-32, A-T	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT-DOES NOT INCLUDE FLAP ENTRY AND CLOSURE	$263.86	$263.86	prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6104	Tooth numbers 1-32, A-T	*BONE GRAFT AT TIME OF IMPLANT PLACEMENT	$288.65	$288.65	Prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime
D6110		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY	$1,324.26	$1,324.26	Prior authorization required, one per lifetime
D6111		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	$1,323.60	$1,323.60	Prior authorization required, one per lifetime
D6190	Tooth numbers 1-32, A-T	*RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	$411.87	$411.87	Prior authorization required. An implant must be based on last resort (dentures cause damage or not wearable due to medical reasons) once per tooth per lifetime

D6191		SEMI-PRECISION ABUTMENT - PLACEMENT	$419.00	$419.00	Effective 1/1/2024 Prior authorization required, once per tooth per lifetime
D6192		SEMI-PRECISION ATTACHMENT - PLACEMENT	$106.00	$106.00	Effective 1/1/2024 Prior authorization required, once per tooth per lifetime
D6199	Tooth numbers 1-32, A-T	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	$173.00	$173.00	Effective 1/1/2024 Prior authorization required, once per tooth per lifetime
D6211	Tooth numbers 1-32, A-T	PONTIC-CAST PREDOMINANTLY BASE METAL	$341.00	$341.00	1 per 5 years
D6240	Tooth numbers 1-32, A-T	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	$483.00	$483.00	1 per 5 years
D6241	Tooth numbers 1-32, A-T	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$341.00	$341.00	1 per 5 years

D6242	Tooth numbers 1-32, A-T	PONTIC-PORCELAIN FUSED TO NOBLE METAL	$412.00	$412.00	1 per 5 years
D6750	Tooth numbers 1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	$553.96	$553.96	1 per 5 years
D6751	Tooth numbers 1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$341.00	$341.00	1 per 5 years
D6752	Tooth numbers 1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	$412.00	$412.00	1 per 5 years
D6930	Tooth numbers 1-32, A-T	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	$77.00	$77.00	
D7251	Tooth numbers 1-32, A-T	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	$466.37	$466.37	1 per lifetime per tooth

*D7283		*PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	*$80.00	*$80.00	*Dental Rebasing, effective 7/1/2026. Used in conjunction with D7280 that has the following limitations: Coverage of surgical access of an unerupted tooth shall:(a) Be limited to exposure of the tooth for orthodontic treatment; and (b) Require prepayment review.
**D9248		NON-INTRAVENOUS CONCIOUS SEDATION	$39.00	$39.00	Must have anesthesia certification on file in their office for auditing purposes. Termed 12/31/2025
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 Pathology Procedures and Fee Schedule

D0472		ACCESSION OF TISSUE GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$43.71	$43.71	Covered for adults effective 1/1/2023
D0473		ACCESSION OF TISSUE GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$61.81	$61.81	Covered for adults effective 1/1/2023
D0474		ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$152.38	$152.38	Covered for adults effective 1/1/2023
D0475		SPECIAL STAINS FOR MICROORGANISMS (ONLY COVERED IF 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 adults effective 1/1/2023
D0477		IMMUNOHISTOCHEMICAL STAINS (ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	$71.03	$71.03	Covered for adults effective 1/1/2023
D0478		TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$71.97	$71.97	Covered for adults effective 1/1/2023
D0479		DIRECT IMMUNOFLUORESCENCE *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$55.43	$55.43	Covered for adults effective 1/1/2023
D0482		CONSULTATION ON SLIDES PREPARED ELSEWHERE *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$52.09	$52.09	Covered for adults effective 1/1/2023
D0484		CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$52.09	$52.09	Covered for adults effective 1/1/2023

D0485		LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC SAMLE MICROSCOPIC EXAMINATION AND PREPARATION AND TRANSMISSION OF WRITTEN REPORT *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$88.10	$88.10	Covered for adults effective 1/1/2023
D0486		DECALCIFICATION PROCEDURE (ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	$35.44	$35.44	Covered for adults effective 1/1/2023
D0486		LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC SAMLE MICROSCOPIC EXAMINATION AND PREPARATION AND TRANSMISSION OF WRITTEN REPORT *(ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)*	$35.44	$35.44	Covered for adults effective 1/1/2023

Orthodontic Procedures and Fee Schedule - only payable for members under 21 years old

Proc Code	Tooth Numbers Quadrant	Procedure Description	UNDER AGE 21 Rate	OVER AGE 21 RATE	Notes
*D8020		*LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	*$1600.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. Only one of the following limited orthodontic treatment procedure codes can be billed: D8020 or D8030 Reimbursement is limited to one, either limited or comprehensive (not both), per member, per lifetime. (D8020/D8030 or D8070/D8080).
*D8030		*LIMITED ORTHODONTIC TREATMENT OF THE ADOLESC	*$1600.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. Only one of the following limited orthodontic treatment procedure codes can be billed: D8020 or D8030 Reimbursement is limited to one, either limited or comprehensive (not both), per member, per lifetime. (D8020/D8030 or D8070/D8080).

*D8070		*COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	*$2475.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. Only one of the following limited orthodontic treatment procedure codes can be billed: D8020 or D8030 Reimbursement is limited to one, either limited or comprehensive (not both), per member, per lifetime. (D8020/D8030 or D8070/D8080).
*D8080		COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	*$2475.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. Only one of the following limited orthodontic treatment procedure codes can be billed: D8020 or D8030 Reimbursement is limited to one, either limited or comprehensive (not both), per member, per lifetime. (D8020/D8030 or D8070/D8080).
*D8210		REMOVABLE APPLIANCE THERAPY	*$425.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. Two (2) per 12 months, using either D1510, D1516, D1517, D1520, D1526, D1527, D8210 or D8220. Can't be in conjunction with comprehensive orthodontics (D8020, D8030, D8070, D8080).
*D8220		FIXED APPLIANCE THERAPY	*$300.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. Two (2) per 12 months, using either D1510, D1516, D1517, D1520, D1526, D1527, D8210 or D8220. Can't be in conjunction with comprehensive orthodontics (D8020, D8030, D8070, D8080).
*D8660		PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	*$160.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per 12 months. Two (2) per lifetime Paid at initial records appointment.
*D8670		PERIODIC ORTHODONTIC TREATMENT VISIT	*$1275.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per lifetime. Billed after 6 months in treatment from Banding. Payable for cases that are approved for D8060, D8070, or D8080, if patient does not receive banding

*D8680		*ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	*$160.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per member per lifetime. Removal of appliances and construction and placement of retainers.
*D8698		*RE-CEMENT OR RE-BOND FIXED RETAINER - MAXILLARY	*$90.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization.
*D8699		*RE-CEMENT OR RE-BOND FIXED RETAINER - MANDIBULAR	*$90.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per 4 years
*D8701		*REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT - MAXILLARY	*$30.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per 4 years
*D8702		*REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT - MANDIBULAR	*$30.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per 4 years
*D8703		*REPLACEMENT OF LOST OR BROKEN RETAINER - MAXILLARY	*$160.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per 4 years

*D8704		*REPLACEMENT OF LOST OR BROKEN RETAINER - MANDIBULAR	*$160.00	n/c	*Dental Rebasing, effective 7/1/2026. Requires prior authorization. One (1) per 4 years	
D8999		UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	*By Report	n/c	Requires prior authorization. *Two (2) per lifetime. Do not use D8999 if a more specific code exists.	

Oral Surgeon Procedures and Fee Schedule

Proc Code	Tooth Numbers Quadrant	Procedure Description	UNDER AGE 21 Rate	OVER AGE 21 RATE	Oral Surgeon Rate	Notes
D0330		PANORAMIC RADIOGRAPHIC IMAGE	*$82.00	*$82.00	*$82.00	*Dental Rebasing, effective 7/1/2026. 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 for a recipient under the age of six (6) years;
D3410	Tooth numbers 1-32, A-T	APICOECTOMY-ANTERIOR	$201.50	$155.00	$363.00	1 per tooth per lifetime
D3421	Tooth numbers 1-32, A-T	APICOECTOMY-PREMOLAR FIRST ROOT	$201.50	$155.00	$294.50	1 per tooth per lifetime
D3425	Tooth numbers 1-32, A-T	APICOECTOMY-MOLAR FIRST ROOT	$201.50	$155.00	$294.50	1 per tooth per lifetime
D3426	Tooth numbers 1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT	$197.00	$197.00	$197.00	1 per tooth per lifetime
D7111	Tooth numbers 1-32, A-T	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	$72.25	$72.25	$72.25	1 per lifetime per tooth
D7140	Tooth numbers 1-32, A-T	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL	*$100.00	*$100.00	*$100.00	*Dental Rebasing, effective 7/1/2026. 1 per lifetime per tooth
D7210	Tooth numbers 1-32, A-T	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	*$160.00	*$160.00	*$160.00	*Dental Rebasing, effective 7/1/2026. 1 per lifetime per tooth

D7220	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	$127.40	$98.00	$187.00	1 per lifetime per tooth
D7230	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	$179.40	$138.00	$236.50	1 per lifetime per tooth
D7240	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	$215.80	$166.00	$295.00	1 per lifetime per tooth
D7241	Tooth numbers 1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	$222.30	$171.00	$333.00	1 per lifetime per tooth
D7250	Tooth numbers 1-32, A-T	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	$142.00	$142.00	$142.00	1 per lifetime per tooth
D7260		ORAL ANTRAL FISTULA CLOSURE	$135.20	$104.00	$370.50	
D7270	Tooth numbers 1-32, A-T	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	$200.00	$200.00	$200.00	
D7280	Tooth numbers 1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	$434.25	$434.25	$434.25	Per 907 KAR 1:026 Coverage of surgical access of an unerupted tooth shall: (a) Be limited to exposure of the tooth for orthodontic treatment; and (b) Require prepayment review.
D7285		INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	$210.50	$210.50	$210.50	Effective 1/1/2025
D7286		INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	$172.59	$172.59	$172.59	Effective 1/1/2025
D7310	Quadrant 10, 20, 30, 40	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	$189.49	$189.49	$189.49	Be limited to one (1) per quadrant, per lifetime, per recipient; Require a minimum of a four (4) tooth area within the same quadrant.
D7320	Quadrant 10, 20, 30, 40	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	$189.49	$189.49	$189.49	
D7410		EXCISION OF BENIGN LESION LESS THAN 1.25 CM	$87.10	$67.00	$102.50	
D7411		EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25 CM	$87.10	$67.00	$431.00	
D7471	Arch number 01, 02	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	$101.40	$78.00	$204.00	
D7472		REMOVAL OF TORUS PALATINUS	$302.47	$302.47	$403.50	1 per lifetime
D7473		REMOVAL OF TORUS MANDIBULARIS	$209.28	$209.28	$409.00	1 per lifetime
D7510		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	$67.60	$52.00	$112.24	
D7520		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	$80.60	$62.00	$144.00	
D7530		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	$201.50	$201.50	$201.50	

D7550		PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	$231.00	$231.00	$231.00	
D7880		OCCLUSAL ORTHOTIC APPLIANCE	$424.00	$424.00	$424.00	Requires prior authorization - 1 per lifetime
D7910		suture of recent small wounds up to 5 cm	$67.60	$52.00	$121.47	
D7961		BUCCAL/LABIAL FRENECTOMY -FIRST PROCEDURE	$167.60	$167.60	$167.60	2 per date of service @ $167.60 each
D7961		BUCCAL/LABIAL FRENECTOMY-SECOND PROCEDURE	$167.60	$167.60	$167.60	
D7962		LINGUAL FRENECTOMY	$167.60	$167.60	$167.60	2 per date of service @ $167.60 each
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	$61.95	$61.95	$61.95	1 per date of ervice
D9222		*ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE INCREMENT, OR ANY PORTION THEREOF	*$162.50	*$162.50	*$162.50	*Dental Rebasing, effective 7/1/2026. Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9223		*ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF	*$162.50	*$162.50	*$162.50	*Dental Rebasing, effective 7/1/2026. Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9230		*ADMINISTRATION OF NITROUS OXIDE	*$45.00	*$45.00	*$45.00	*Dental Rebasing, effective 7/1/2026.
D9239		*ADMINISTRATION OF MODERATE SEDATION-INTRAVENOUS - FIRST 15 MINUTE INCREMENT OR ANY PORTION THEREOF	$138.78	138.78	$138.78	Requires Dentists to have anesthesia certification on file in their office for auditing purposes
D9243		*ADMINISTRATION OF MODERATE SEDATION - INTRAVENOUS - EACH SUBSEQUENT 15 MINUTE INCREMENT, OR ANY PORTION THEREOF	$138.78	$138.78	$138.78	Requires Dentists to have anesthesia certification on file in their office for auditing purposes
*D9245		*ADMINISTRATION OF MODERATE SEDATION - ENTERAL	*$59.00	*$59.00	*$59.00	*Effective 1/1/2026
*D9246		*ADMINISTRATION OF MODERATE SEDATION - NON INTRAVENOUS PARENTERAL - FIRST 15 MINUTE INCREMENT OR ANY PORTION THEREOF	*$75.00	*$75.00	*$75.00	*Effective 1/1/2026
*D9247		*ADMINISTRATION OF MODERATE SEDATION - NON INTRAVENOUS PARENTERAL - EACH SUBSEQUENT 15 MINUTE INCREMENT OR ANY PORTION THEREOF	*$75.00	*$75.00	*$75.00	*Effective 1/1/2026
**D9248		NON-INTRAVENOUS CONCIOUS SEDATION	*$39.00	*$39.00	$39.00	Must have anesthesia certification on file in their office for auditing purposes. Termed 12/31/2025
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	$67.60	$52.00	$67.60	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	$67.60	$52.00	$67.60	
D9610		THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	$42.28	$42.28	$42.28	

Kentucky Medicaid Dental Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
7/1/2023	Add Certified Community Health Workers 98960, 98961, 98962 - UB Modifier - to be billed on CMS1500 or 837P with limitation of 2 units per week. No more than 104 units per calendar year.	7/11/2023
1/1/2023	Allow additional services based on medical necessity by prior authorization for the following codes: D1110, D1120, D1206	7/12/2023
Various	D2940 $60.78; D5225 $793.00; D5226 $920.55 These items currently show payable in the system yet were not added to fee schedule when original change order was done in 2014. Descriptions changed to long descriptions. D9239, D9243, D9248 - payable to dentist who have anesthesia certification on file in their office for auditing purposes. D7280 - price changed to $434.25 D0330 Notation of 1 per 12 months was incorrect per regulation - updated to 1 per 24 months D0140 updated notation to match regulation D0210 Notation of 1 per 12 months was incorrect per regulation - updated to 1 per 24 months D0210, D0220, D0230, D0270, D0272, D0273, D0274 - notation updated to match regulation.	8/7/2023
No change	D1352 and D1353 was listed on fee schedule with D1353 first then D1352 (in wrong order) with incorrect description and pricing. Has been fixed	8/22/2023
1/1/2023	Remove limitation of Once per tooth per per 12 month per member for the following codes: D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394. All claims to be reprocessed for payment.	8/24/2023
11/1/2023	D1110 price updated to $60.13 effective 11/1/2023	11/20/2023
7/1/2023	Added D9994 $22.53 per patient effective July 1, 2023	11/20/2023
N/A	Updated language on notes of the following codes to remove the words "per provider". These codes are per member no matter provider: D1110, D1120, D1206, and D1208	11/20/2023
1/1/2023	Oral pathology codes made payable for adults effective 1/1/2023. Child pricing to be same for adult pricing.	11/27/2023
1/1/2023	Updated tooth numbers for D1353, D1352, D2951; D3310; D3320; D3330; D3346; D3347; D3410; D3421; D3425	11/29/2023
1/1/2023	The following 2 codes show payable in the system yet was not entered on the fee schedule. Updated fee schedule. Both require prior authorization: D4346, D3120	2.28.2024
1/1/2024	Add codes D6110 and D6111 effective 1/1/2024	3.28.2024
1/1/2024	Added the following codes effective 1/1/2024 Prior authorization required, once per tooth per lifetime: D6091 $279.00, D6092 $73.00, D6191 $419.00, D6192 $106.00, D6199 $173.00	6.4.2024

1/1/2023	Corrected code D4342. Was showing to require tooth numbers instead of quadrants.	10.21.2024
1/1/2025	Added 2 codes effective 1/1/2025: D5730 and D5741 Added prior authorization requirements: D6110 and D6111	7.2.2025
1/1/2025	Added codes D7285 and D7286 to Dentist Section of the Fee Schedule, effective 1/1/2025. Added notation: Current Dental Terminology 2025 American Dental Association. All rights reserved.	11.5.2025
1/1/2026	**Termed Codes:** D1352, D9248 **Updated Description:** D5934, D9222, D9223, D9230, D9239, D9243, D6081, D6104, D6190 **Maintenence Code Additions: (D5810, D5811**) - Codes D5810 and D5811 refer to interim dentures utilized immediately following tooth extractions, these two codes were overlooked during the 2023 adult expansion and have been requested by providers and TAC for inclusion in the dental fee schedule. **(D6049)** - Code D6049 is a new dental code introduced by the American Dental Association (ADA) in 2026. (D9245, D9246, and D9247) are replacement codes for D9248 which was terminated by the American Dental Association (ADA). **Added Notation** : Medicare bypass list column with a checkmark, for dually eligible members, bill as a straight claim. (Does not apply to QMB and SLMB members). **Removed tooth number**, Tooth numbers 1-32, A-T from fee schedule on codes D6191 and D6192. **Updated limitations/notes** for codes D5820 and D5821. **Removed notation on code D8660 stating**: authorization - and only if individual ultimately not approved for orthodontic treatment.	5.5.2026
7/1/2026	**Dental Rebasing Updated Pricing, effective 7/1/2026:** D0120, D0150, D0210, D0330, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2920, D2930, D2931, D2950, D7140, D7210, D8210, D8220, D8698, D9222, D9223, D9230, D8999. **Dental Procedure Code added, effective 7/1/2026:** D7283. **Orthodontics Code additions, effective 7/1/2026:** D8020, D8030, D8070, D8080, D8210, D8220, D8680, D8698, D8699, D8701, D8702, D8703, D8704. **Code limitation updated for D8999** Requires prior authorization. *Two (2) per lifetime. Do not use D8999 if a more specific code exists. **Moved procedures codes that are billed by both dentist and oral surgeon**, under the Oral Surgeon section to identify both rates with an additional column. The oral surgeon rates are considered for both children and adults.	8.17.2026