



## **Smile Generation Dental Discount Plan – Kids**

### **Fee Schedule**

#### KANSAS

The fees listed on the Fee Schedule apply when services are provided by an in-network General Dentist. Exclusions and Limitations apply.

Services of an in-network Specialist (Endodontist, Oral Surgeons, Periodontist, Pediatric Dentist) are available at a minimum of 20% discount off the Specialist's usual and customary rate.

**Smile Generation Dental Plan is NOT insurance and is not intended to replace health insurance.** This plan does not pay providers directly. Members must pay for services at the time of treatment and will receive discounted rates from participating providers listed at [SmileGenerationDentalPlan.com](http://SmileGenerationDentalPlan.com). Discounted rates may vary depending on the type of provider and service. You may cancel within the first 30 days after payment and receive a refund of your annual fees, except the \$15 non-refundable application fee. (Application fee is refundable for AR, LA, FL. MD receive a \$10 refund). If you received services under the plan prior to cancellation, you may be responsible for paying your provider the difference between the discounted rate and your provider's standard rates for the services performed (excluding LA and WA residents). If your plan expires and you later decided to renew, another \$15 non-refundable application fee may apply. Wellfit Plans, LLC, a Discount Plan Organization, is located at 3900 Teleport Blvd., PO Box 140309, Irving, TX 75014-0309 and can be reached at 833-333-7437.



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
<b><i>Diagnostic Procedures</i></b>		
D0120	Periodic Oral Evaluation – Established Patient	\$0-\$44
D0140	Limited Oral Evaluation – Problem Focused	\$0-\$54
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0-48
D0150	Comprehensive Oral Evaluation – New Patient	\$0-\$64
D0160	Detailed and Extensive Oral Evaluation – Problem Focused by Report	\$0-\$74
D0170	Re-Evaluation – Limited, Problem Focused (Established Patient; Not Post Operative Visit	\$0-\$71
D0171	Re-Evaluation – Post Operative Office Visit	\$0-\$15
D0180	Comprehensive periodontal evaluation – new or established patient	\$0-102
D0190	Screening of a patient	\$0-31
D0191	Assessment of a patient	\$0-30
D0210	Intraoral – Complete Series of Radiographic Images	\$0-\$161
D0220	Intraoral – Periapical First Radiographic Image	\$0
D0230	Intraoral – Periapical Each Additional Radiographic Image	\$0
D0240	Intraoral – Occlusal Radiographic Image	\$0
D0250	Extra-oral posterior dental radiographic image	\$0
D0251	Extra-oral anterior dental radiographic image	\$0-74
D0270	Bitewing -Single Radiographic Image	\$0
D0272	Bitewings – Two Radiographic Images	\$0
D0273	Bitewings – Three Radiographic Images	\$0
D0274	Bitewings – Four Radiographic Images	\$0
D0330	Panoramic Radiographic Image	\$0
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$9-\$142
D0350	New Patient Photo Intra-Oral	\$0-\$6
D0351	3D Photographic Image	\$84-\$102
D0364	Cone Beam CT Capture and Interpretation with Limited Field of View – Less Than One Whole Jaw	\$2
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	\$210



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla	\$210
D0367	Cone Beam CT Capture and Interpretation with Field of View of Both Jaws: With or Without Cranium	\$199
D0368	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$210
D0369	Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$854
D0370	Cone beam CT image capture with field of view of one full dental arch – mandible	\$854
D0371	Cone beam CT image capture with field of view of one full dental arch – maxilla	\$515
D0372	Cone beam CT image capture with field of view of both jaws, with or without cranium	\$160
D0373	Cone beam CT image capture for TMJ series including two or more exposures	\$80
D0374	Cone beam CT image capture for cranium	\$48
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	\$199
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	\$210
D0383	Cone Beam CT Image Capture with Field of View of Both Jaws: With or Without Cranium	\$210
D0384	Cone beam CT image capture for TMJ series including two or more exposures	\$210
D0385	Maxillofacial MRI image capture	\$854
D0386	Maxillofacial MRI interpretation and report	\$854
D0387	Maxillofacial ultrasound image capture	\$140
D0388	Maxillofacial ultrasound interpretation and report	\$80
D0389	Facial photographic image capture	\$48
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$69
D0393	Treatment simulation using 3D image volume	\$279
D0394	Digital subtraction of two or more images or image volumes of the same area	\$677



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D0395	Fusion of two or more 3D image volumes of the same patient	\$677
D0411	HbA1c in-office point of service testing	\$71
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	\$268
D0415	Collection of microorganisms for culture and sensitivity	\$28
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing	\$75-\$186
D0418	Analysis of Saliva Sample	\$0-\$240
D0423	Genetic test for susceptibility to diseases – specimen collection and report	\$50
D0425	Caries susceptibility tests	\$38
D0431	Adjunctive Pre-Diagnostic Test Aiding in Detection of Mucosal Abnormalities Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy Procedures	\$34-\$64
D0460	Pulp Vitality Tests	\$61-\$63
D0470	Diagnostics Casts	\$44
D0472	Accession of Tissue, Gross Examination, Preparation And Transmission of Written Report	\$133-\$161
D0475	Oral/facial photographic images	\$246
D0479	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$200
D0481	Diagnostic casts	\$648
D0502	Other oral pathology procedures, by report	\$178
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	\$43
D0601	Caries risk assessment and documentation, with a finding of low risk	\$18
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$18
D0603	Caries risk assessment and documentation, with a finding of high risk	\$18



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D0604	Caries risk assessment and documentation, with a finding of low risk	\$106
D0605	Caries risk assessment and documentation, with a finding of moderate risk	\$55
D0701	Facial image capture	\$104
D0702	Intraoral image capture	\$94
D0703	Facial and intraoral image capture	\$72
D0704	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	\$95
D0705	Teledentistry-synchronous; real-time encounter with dentist	\$50
D0706	Intraoral – occlusal radiographic image – image capture only	\$31
D0707	Remote image capture only, with report	\$24
D0708	Remote real-time image capture with report	\$27
D0709	Unspecified remote diagnostic imaging procedure	\$124
D0801	Behavioral guidance – under 3 years of age	\$320
D0802	Behavioral guidance – age 3 years or older	\$320
D0803	Force majeure behavioral management	\$320
D0804	Sedation or general anesthesia risk assessment	\$320
D0999	Unspecified diagnostic procedure, by report	\$185
<b><u>Preventative Procedures</u></b>		
D1110	Prophylaxis – Adult	\$75
D1120	Prophylaxis – Child	\$75
D1206	Topical Application of Fluoride Varnish	\$34
D1208	Topical Application of Fluoride – Excluding Varnish	\$29
D1310	Nutritional Counseling for Control of Dental Disease	\$75
D1320	Tobacco Counseling for the Control and Prevention Of Oral Disease	\$65
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$44
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant – Per Tooth	\$45-\$56



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D1352	Prevention Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth Sealant	\$65-\$146
D1353	Repair – Per Tooth	\$30
D1354	Interim Caries Arresting Medicament Application Per Tooth	\$65-\$95
D1355	Caries preventive medicament application – per tooth	\$43
D1510	Space Maintainer – Fixed, Unilateral – Per Quad	\$265-\$331
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$384-\$448
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$385-\$448
D1520	Space Maintainer – Removable – Unilateral – Per Quad	\$341-\$432
D1526	Space Maintainer – Removable – Bilateral, Maxillary	\$472-\$566
D1527	Space Maintainer – Removable – Bilateral, Mandibular	\$472-\$566
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$81-\$99
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$81-\$99
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$68-\$81
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$84-\$146
D1557	Distal Shoe Space Maintainer – Fixed, Unilateral Per Quadrant	\$62
D1558	Removal of fixed bilateral space maintainer	\$60
D1575	Distal shoe space maintainer – fixed – unilateral	\$270-\$273
D1999	Unspecified preventive procedure, by report	\$190
<b><u>Restorative Procedures</u></b>		
D2140	Amalgam – One Surface, Primary or Permanent	\$104-\$138
D2150	Amalgam – Two Surface, Primary or Permanent	\$114-\$270
D2160	Amalgam – Three Surface, Primary or Permanent	\$153-\$214
D2161	Amalgam – Four Surface, Primary or Permanent	\$177-\$285
D2330	Resin-Based Composite – One Surface, Anterior	\$115
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$144
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$176
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$209



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D2390	Resin-Based Composite Crown, Anterior	\$269
D2391	Resin-Based Composite – One Surface, Posterior	\$164-\$204
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$184
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$224
D2394	Resin-Based Composite – Four or More Surfaces, Post	\$268
D2420	Gold Foil – Two Surfaces	\$752-\$914
D2430	Gold Foil – Three Surfaces	\$821-\$998
D2510	Inlay – Metallic – One Surface	\$700-\$851
D2520	Inlay – Metallic – Two Surfaces	\$775-\$911
D2530	Inlay – Metallic – Three or More Surfaces	\$850-\$911
D2542	Onlay – Metallic – Two Surfaces	\$815-\$991
D2543	Onlay – Metallic – Three Surfaces	\$334-\$1094
D2544	Onlay – Metallic – Four or More Surfaces	\$401-\$1174
D2610	Inlay – Porcelain/Ceramic – One Surface	\$510-\$820
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$510-\$914
D2630	Inlay – Porcelain/Ceramic – Three or More Surfaces	\$510-\$998
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$950-\$1451
D2643	Onlay - Porcelain/Ceramic – Three Surfaces	\$849-\$1451
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$1050-\$1474
D2650	Inlay – Resin-Based Composite – One Surface	\$792-\$1196
D2651	Inlay – Resin-Based Composite – Two Surfaces	\$752-\$914
D2652	Inlay – Resin-Based Composite – Three or More Surfaces	\$821-\$982
D2662	Onlay – Resin Based Composite – Two Surfaces	\$982-\$1194
D2663	Onlay – Resin Based Composite – Three Surfaces	\$1076-\$1194
D2664	Onlay – Resin Based Composite – Four or More Surfaces	\$1213-\$1474
D2710	Crown – Resin Based Composite (In-Direct)	\$1165-\$1475
D2740	Crown – Porcelain/Ceramic	\$960-\$2098
D2750	Crown – Porcelain Fused to High Noble	\$1096-\$2077
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$750-\$898
D2752	Crown – Porcelain Fused to Noble Metal	\$738-\$934
D2780	Crown – ¾ Cast High Noble Metal	\$1032-\$1222



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D2783	Crown – ¾ Porcelain Ceramic	\$1213- \$1734
D2790	Crown – Full Cast High Noble Metal	\$1635-\$1947
D2791	Crown – Full Cast Predominantly Base Metal	\$608-\$830
D2792	Crown – Full Cast Nobel Metal	\$471-\$596
D2799	Provisional Crown – Further Treatment or Completion Of Diagnosis Necessary Prior to Final Impression	\$454-\$552
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$102-\$130
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	\$97-\$123
D2920	Re-Cement or Re-Bond Crown	\$70-\$146
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$302-\$382
D2928	Prefabricated porcelain/ceramic crown – permanent	\$471
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$295
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$195-\$264
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$225-\$321
D2932	Prefabricated Resin Crown	\$270-\$389
D2933	Prefabricated stainless steel crown with resin window	\$264
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$265
D2940	Protective Restoration	\$80-\$130
D2941	Interim therapeutic restoration – primary dentition	\$114
D2949	Restorative Foundation for an Indirect Restoration	\$252-\$266
D2950	Core Buildup, Including Any Pins When Required	\$190-\$290
D2951	Pin retention – per tooth, in addition to restoration	\$53
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$412-\$502
D2954	Prefabricated Post and Core in Addition to Crown	\$350-\$402
D2955	Post Removal	\$330-\$418
D2957	Each additional indirectly fabricated post – same tooth	\$0
D2960	Labial Veneer (Resin Laminate) – Chairside	\$1110- \$1404
D2061	Labial veneer (resin laminate) – chairside	\$0
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	\$1100-\$1656
D2971	Additional procedures to customize a crown determined	\$0



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
	by the dentist as necessary to achieve optimal fit and function	
D2975	Coping	\$199-\$252
D2980	Crown Repair Necessitated by Restorative Material Failure	\$384-\$486
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$384-\$486
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$384-\$486
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$384-\$486
D2990	Resin infiltration of incipient smooth surface lesions	\$66
D2991	Resin infiltration of moderate to advanced smooth surface lesions	\$115
<b><i>Endodontic Procedures</i></b>		
D3110	Pulp Cap – Direct (Excluding Final Restorative)	\$69
D3120	Pulp Cap – Indirect (Excluding Final Restorative)	\$70-\$84
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$70-\$144
	Removal of Pulp Coronal to the Dentin Cemental Junction and Application of Medicament	
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$278
D3222	Partial Pulpotomy for Apexogenesis – Permanent Tooth with Incomplete Root Development	\$286
D3230	Pulpal Therapy (Resorbable Filling) – Anterior, Primary Tooth (Excluding Final Restoration)	\$174
D3240	Pulpal Therapy (Resorbable Filling) – Posterior, Primary Tooth (Excluding Final Restoration)	\$185
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$903-\$1066
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$987-\$1168
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$1176-\$1398
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	\$150-\$734
D3332	Incomplete Endodontic Therapy; Inoperable Unrestorable or Fractured Tooth	\$582-\$708
D3333	Internal root repair of perforation defects	\$293
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$922-\$1121



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D3347	Retreatment of Previous Root Canal Therapy – Pre-Molar	\$1067-\$1298
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$1311-\$1593
D3351	Apexification/recalcification – initial visit	\$309
D3352	Apexification/recalcification – interim medication replacement	\$338
D3353	Apexification/recalcification – final visit	\$482
D3355	Pulpal regeneration – initial visit	\$471
D3356	Pulpal regeneration – interim medication replacement	\$247
D3357	Pulpal regeneration – completion of treatment	\$564
D3410	Apicoectomy – anterior	\$584
D3421	Apicoectomy – bicuspid (first root)	\$635
D3425	Apicoectomy – molar (first root)	\$750
D3426	Apicoectomy (each additional root)	\$355
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	\$468
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	\$459
D3430	Retrograde filling – per root	\$249
D3431	Biologic Material to Aid in Soft and Osseous Tissue Regeneration in Conjunction with Periradicular Surgery	\$680-\$862
D3432	Surgical repair of root resorption	\$297
D3450	Root Amputation – Per Root	\$776-\$943
D3460	Apexification/recalcification – initial visit	\$2200
D3470	Apexification/recalcification – interim medication replacement	\$1174
D3471	Surgical repair of root resorption – anterior	\$530
D3472	Surgical repair of root resorption – premolar	\$530
D3473	Surgical repair of root resorption – molar	\$530
D3501	Surgical exposure of root surface without apicoectomy – anterior	\$870
D3502	Surgical exposure of root surface without apicoectomy – premolar	\$970
D3503	Surgical exposure of root surface without apicoectomy – molar	\$730



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D3910	Surgical procedure for isolation of tooth with rubber dam	\$160
D3911	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$275-\$334
D3920	Hemisection (including any root removal); not including root canal therapy	\$480
D3950	Canal preparation and fitting of preformed dowel or post	\$0
<b><i>Periodontic Procedures</i></b>		
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$636-\$646
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$424
D4212	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$262
D4230	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$3600
D4231	Anatomical Crown Exposure – One to Three Teeth or Tooth Bounded Spaces per Quadrant	\$2426-\$3071
D4240	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	\$646
D4241	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	\$547
D4245	Apically positioned flap	\$728
D4249	Crown Lengthening – Hard Tissues	\$850-\$1034
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$1340
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$938
D4263	Bone Replacement Graft – Retained Natural Tooth First Site in Quadrant	\$550-\$1046

<b>CDT</b>	<b>DESCRIPTION</b>	<b>YOU PAY</b>
D4264	Bone Replacement Graft – Retained Natural Tooth Each Additional Site in Quadrant	\$550-\$768
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$1786
D4266	Guided Tissue Regeneration – Resorbable Barrier, Per Site	\$400-\$914
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$902
D4270	Pedicle Soft Tissue Graft Procedure	\$816-\$992
D4273	Autogenous connective tissue graft (including donor and recipient surgical sites) – first tooth, implant or edentulous tooth position in graft	\$910
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed in Conjunction with Surgical Procedures In the Same Anatomical Area)	\$748-\$947
D4275	Non-autogenous connective tissue graft (including recipient site and donor material)	\$1340
D4276	Combined connective tissue and double pedicle graft, per tooth	\$1626
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$712
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$527
D4283	Autogenous connective tissue graft – each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$564
D4285	Non-autogenous connective tissue graft – each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$564
D4286	Vertical defect repair in conjunction with periradicular surgery – per defect	\$240
D4322	Splint Intra-Coronal; Natural Teeth or Prosthetic Crown	\$559-\$680
D4323	Splint Extra-Coronal; Natural Teeth or Prosthetic Crown	\$459-\$559



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D4341	Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant	\$155
D4342	Periodontal Scaling and Root Planning – One to Three Teeth per Quadrant	\$124
D4346	Scaling in the Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation	\$115
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit	\$138
D4381	Localized Delivery of Antimicrobial Agents via a Controlled Release Vehicle into Diseased Crevicular Tissue, Per Tooth	\$91-\$223
D4910	Periodontal Maintenance	\$109
D4921	Gingival Irrigation – Per Quadrant	\$8
D4999	Full Mouth Irrigation with Gross Scale	\$75-\$119
D4999	Full Mouth Bacterial Decontamination	\$75-\$119
D4999	Bacterial Decontamination – Per Quadrant	\$75-\$119
<b><i>Prosthodontic (Removable) Procedures</i></b>		
D5110	Complete Denture – Maxillary	\$832-\$3932
D5120	Complete Denture – Mandibular	\$832-\$3932
D5130	Immediate Denture – Maxillary	\$1200-\$1824
D5140	Immediate Denture – Mandibular	\$1200-\$1824
D5211	Maxillary Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)	\$632-\$2172
D5212	Mandibular Partial Denture – Resin Base (Including Retentive/Clasping Material, Rests and Teeth)	\$632-\$973
D5213	Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Material Rests and Teeth)	\$1840-\$3319
D5214	Mandibular Partial Denture – Cast metal Framework With Resin Denture Bases (Including Retentive/Clasping Material Rests and Teeth)	\$1840-\$2786
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$917



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$923
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1618
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1600
D5225	Maxillary Partial Denture – Flexible Bases (Including Clasps, Rests and Teeth)	\$1470-\$2416
D5226	Mandibular Partial Denture – Flexible Bases (Including Clasps, Rest, and Teeth)	\$1470-\$2416
D5282	Maxillary Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth)	\$957-\$1163
D5283	Mandibular Removable Unilateral Partial Denture One Piece Cast Metal (Including Clasps and Teeth)	\$957-\$1163
D5286	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$1374
D5410	Adjust Complete Denture – Maxillary	\$89-\$104
D5411	Adjust Complete Denture – Mandibular	\$87-\$103
D5421	Adjust Partial Denture – Maxillary	\$96-\$106
D5422	Adjust Partial Denture – Mandibular	\$96-\$106
D5511	Repair Broken Complete Denture Base, Mandibular	\$209-\$254
D5512	Repair Broken Complete Denture Base, Maxillary	\$209-\$254
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$178-\$216
D5611	Repair Resin Partial Denture Base, Mandibular	\$151-\$162
D5612	Repair Resin Partial Denture Base, Maxillary	\$151-\$162
D5621	Repair Cast partial Framework, Mandibular	\$284-\$345
D5622	Provisional removable partial denture, includes retentive/clasping materials, rests, and teeth	\$211
D5630	Repair or Replace Broken Retentive Clasping Materials Per Tooth	\$259-\$315
D5640	Replace Broken Teeth, Per Tooth	\$179-\$218
D5650	Add Tooth to Existing Partial Denture	\$219-\$266



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D5660	Add Clasp to Existing Partial Denture – Per Tooth	\$265-\$322
D5670	Replace all teeth and acrylic on maxillary denture	\$754
D5671	Replace all teeth and acrylic on mandibular denture	\$761
D5710	Rebase Complete Maxillary Denture	\$772-\$978
D5711	Rebase Complete Mandibular Denture	\$772-\$978
D5720	Rebase Maxillary Partial Denture	\$772-\$978
D5721	Rebase Mandibular Partial Denture	\$772-\$960
D5730	Reline Complete Maxillary Denture (Chairside)	\$365-\$444
D5731	Reline Complete Mandibular Denture (Chairside)	\$365-\$444
D5740	Reline Maxillary Partial Denture (Chairside)	\$365-\$444
D5741	Reline Mandibular Partial Denture (Chairside)	\$365-\$444
D5750	Reline Complete Maxillary Denture (Laboratory)	\$454-\$552
D5751	Reline Complete Mandibular Denture (Laboratory)	\$454-\$552
D5760	Reline Maxillary Partial Denture (Laboratory)	\$454-\$552
D5761	Reline Mandibular Partial Denture (Laboratory)	\$454-\$552
D5810	Interim Complete Denture – Maxillary	\$1151-\$1399
D5811	Interim Complete Denture – Mandibular	\$1151-\$1399
D5820	Interim Partial Denture – Maxillary	\$704-\$856
D5821	Interim Partial Denture – Mandibular	\$704-\$856
D5850	Tissue Conditioning – Maxillary	\$212-\$258
D5851	Tissue Conditioning – Mandibular	\$212-\$258
D5862	Precision Attachment, By Report	\$826-\$877
D5863	Overdenture – Complete Maxillary	\$1941-\$2458
D5864	Overdenture – Partial Maxillary	\$1843-\$1890
D5865	Overdenture – Complete Mandibular	\$1941-\$2458
D5866	Overdenture – Partial Mandibular	\$1456-\$1843
D5867	Replace Precision Attachment	\$220-\$278
D5875	Modification of removable prosthesis following implant surgery	\$0
D5876	Add metal substructure to acrylic full denture (per arch)	\$507
D5899	Unspecified removable prosthodontic procedure, by report	\$762
D5931	Obturator prosthesis, surgical	\$4440
D5932	Obturator prosthesis, interim	\$8280



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D5982	Surgical Stent	\$486-\$590
D5986	Fluoride gel carrier	\$224
D5988	Surgical Splint	\$812-\$987
D5992	Adjust maxillofacial Prosthetic Appliance, by Report	\$186-\$291
D5993	Maintenance and Cleaning of a maxillofacial Prosthesis (Extra or Intra Oral) Other Than Required by Adjustment	\$285-\$347
D5995	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$534
D5996	Chemotherapeutic management of periodontal biofilm, per tooth	\$534
D5999	Unspecified maxillofacial prosthesis, by report	\$0
<b><i>Implant Procedures</i></b>		
D6010	Surgical Placement of Implant Body, Endosteal Implant	\$2000-\$2474
D6011	Second Stage Implant Surgery	\$389-\$492
D6012	Surgical placement of interim implant body for transitional prosthesis – includes removal when applicable	\$2400
D6013	Surgical Placement of Mini Implant	\$1441-\$1824
D6040	Surgical placement: eposteal implant	\$2138
D6050	Surgical placement: transosteal implant	\$5600
D6051	Interim Abutment	\$582-\$738
D6055	Connecting Bar – Implant or Abutment Supported	\$2329-\$2948
D6056	Prefabricated Abutment – Includes Modification And Placement	\$440-\$886
D6057	Custom Fabricated Abutment – Included Placement	\$660-\$1109
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1200-\$2406
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Nobel Metal)	\$1275-\$2062
D6060	Implant crown – porcelain fused to high noble metal	\$1218
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1500-\$1545



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D6062	Abutment supported cast metal crown (high noble metal)	\$1435
D6063	Abutment supported cast metal crown (predominantly base metal)	\$1344
D6064	Abutment supported cast metal crown (noble metal)	\$1109
D6065	Implant supported porcelain/ceramic crown	\$1435
D6066	Implant Supported Crown – Porcelain Fused to High Noble Alloys	\$2028-\$2567
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1378
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1378
D6071	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$1049
D6072	Abutment supported retainer for cast metal FPD (noble metal)	\$1696
D6073	Abutment supported retainer for cast metal FPD (high noble metal)	\$1549
D6074	Abutment supported retainer crown for FPD – titanium	\$0
D6075	Implant supported retainer for ceramic FPD	\$1400
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal)	\$1326
D6077	Implant supported retainer for cast metal FPD (predominantly base or noble metal)	\$1712
D6080	Implant Maintenance Procedures when Prostheses are Removed and Reinserted, Including Cleaning of the Protheses and Abutments	\$208-\$263
D6081	Scaling and Debridement in the Presence of Inflammation or Mucositis of a Single Implant, Including Cleaning of the Implant Surfaces without Flap Entry and Closure	\$150-\$190
D6085	Provisional implant crown	\$392
D6090	Repair Implant Supported Prothesis, by Report	\$922-\$1167
D6091	Implant Replace Attachment	\$723-\$878
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$104-\$127



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$175-\$205
D6095	Repair Implant Abutment, By Report	\$154-\$500
D6096	Remove interim implant prosthesis	\$192
D6100	Implant Removal, By Report	\$1155-\$1462
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry & Closure	\$363-\$389
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Including Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$384-\$486
D6103	Bone Graft for Repair of Peri-Implant Defect – Does Not Include Flap Entry and Closure	\$826-\$1046
D6104	Bone Graft at Time of Implant Procedure	\$826-\$1046
D6105	Implant/abutment supported removable denture for completely edentulous arch – mandibular	\$164
D6106	Implant/abutment supported removable denture for completely edentulous arch – maxillary	\$864
D6107	Implant/abutment supported fixed denture for completely edentulous arch (fixe prosthesis, edentulous)	\$882
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch – Maxillary	\$2670-\$3245
D6111	Implant Abutment Supported Removable Denture for Edentulous Arch – Mandibular	\$2670-\$3245
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Maxillary	\$2670-\$3264
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Mandibular	\$2670-\$3245
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Maxillary	\$1407-\$9200
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Mandibular	\$1407-\$9200



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary	\$1602-\$2028
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular	\$1602-\$2028
D6118	Recement implant abutment crown	\$1907
D6119	Repair implant abutment-supported prosthesis, by report	\$2117
D6190	Radiographic/Surgical Implant Index, By Report	\$728-\$922
D6191	Semi-precision attachment, by report	\$1000
D6192	Precision attachment, by report	\$927
D6197	Single implant supported removable denture – mandibular	\$164
D6199	Unspecified Implant Procedure, By Report	\$439-\$47896
<b><u>Prosthodontic (Fixed) Procedures</u></b>		
D6210	Pontic – Cast High Noble Metal	\$887-\$1246
D6211	Pontic – Cast Predominately Base Metal	\$420-\$600
D6212	Pontic - cast noble metal	\$1200
D6240	Pontic – Porcelain Fused to High Nobel Metal	\$944-\$3733
D6241	Pontic – Porcelain Fused to Predominately Base Metal	\$656-\$1157
D6242	Pontic - porcelain fused to noble metal	\$1032
D6245	Pontic – Porcelain/Ceramic	\$988-\$3353
D6253	Retainer - porcelain fused to noble metal	\$0
D6545	Retainer – Cast Metal for Resin Bonded Fixed Prosthesis	\$494-\$763
D6548	Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$890-\$1092
D6608	Inlay - porcelain/ceramic, two surfaces	\$1165
D6609	Inlay - porcelain/ceramic, three or more surfaces	\$1242
D6610	Inlay - cast high noble metal, two surfaces	\$1277
D6611	Inlay - cast high noble metal, three or more surfaces	\$1397
D6612	Inlay - cast predominantly base metal, two surfaces	\$1211
D6613	Inlay - cast predominantly base metal, three or more surfaces	\$1288
D6015	Inlay - cast predominantly base metal, three or more surfaces	\$1286



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D6710	Crown - indirect resin-based composite	\$0
D6740	Retainer Crown – Porcelain/Ceramic	\$950-\$3353
D6750	Retainer Crown – Porcelain Fused to High Noble Metal	\$944-\$3353
D6751	Retainer Crown – Porcelain Fused to Predominately Base Metal	\$656-\$1157
D6752	Crown - porcelain fused to noble metal	\$1080
D6783	Retainer crown - 3/4 cast predominantly base metal	\$1185
D6790	Retainer Crown – Full Cast High Noble Metal	\$887-\$1246
D6791	Retainer Crown – Full Cast Predominately Base Metal	\$402-\$1146
D6920	Connector bar	\$900
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$205-\$260
D6940	Stress breaker	\$0
D6950	Precision Attachment	\$826-\$911
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$229-\$250
D6985	Pediatric Partial Denture, Fixed	\$550-\$608
<b><u>Oral and Maxillofacial Surgery Procedures</u></b>		
D7111	Extraction, Coronal Remnants – Primary Tooth	\$107-\$156
D7140	Extraction, Erupted Tooth or Exposed Root (Evaluation And/or Forceps Removal)	\$178
D7210	Extraction, Erupted Tooth Requiring Removal of Bone And/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$259-\$312
D7220	Removal of impacted tooth – soft tissue	\$271
D7230	Removal of impacted tooth – partially bony	\$295
D7240	Removal of impacted tooth – completely bony	\$323
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$363
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$335-\$346
D7251	Coronectomy – Intentional Partial Tooth Removal	\$529-\$670
D7260	Oroantral Fistula Closure	\$1468-\$1500
D7261	Primary Closure of a Sinus Perforation	\$631-\$938
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$521-\$1092

<b>CDT</b>	<b>DESCRIPTION</b>	<b>YOU PAY</b>
D7280	Surgical access of an unerupted tooth (placement of a device to facilitate eruption)	\$362
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$462-\$554
D7283	Placement of a temporary anchorage device [screw retained plate] requiring flap; includes device removal	\$372
D7285	Incisional Biopsy of Oral Tissue Hard (Bone, Tooth)	\$749-\$836
D7286	Incisional Biopsy of Oral Tissue Soft	\$400-\$486
D7290	Surgical repositioning of teeth	\$709
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy	\$267-\$338
D7292	Mucogingival surgery – per tooth	\$2400
D7293	Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$486-\$2880
D7294	Placement of Temporary Anchorage Device Without Flap; Including Device Removal	\$389-\$1920
D7295	Harvest of Bone for use in Autogenous Grafting Procedure	\$461-\$584
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant	\$831
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant	\$874
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$297
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$254
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$446
D7321	Alveoplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Space, Per Quadrant	\$344-\$467
D7350	Vestibuloplasty – Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment and Management of Hypertrophied and Hyperplastic Tissue)	\$3250-\$3950
D7410	Excision of Benign Lesion Up to 1.25 cm	\$448-\$545
D7411	Excision of Benign Lesion Greater than 1.25cm	\$753-\$954

<b>CDT</b>	<b>DESCRIPTION</b>	<b>YOU PAY</b>
D7412	Excision of benign lesion, greater than 1.25 cm	\$1453
D7413	Excision of malignant lesion up to 1.25 cm	\$897
D7414	Excision of malignant lesion, greater than 1.25 cm	\$1128
D7415	Excision of malignant lesion, complicated	\$1715
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$1498
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$2974
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$628-\$762
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm	\$985-\$1062
D7460	Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm	\$586
D7461	Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm	\$1418
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$638
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$706-\$851
D7472	Removal of Torus Palatinus	\$486-\$615
D7473	Removal of lateral exostosis (maxilla or mandible)	\$446
D7485	Reduction of Osseous Tuberosity	\$1053-\$1334
D7509	Resin base partial denture, maxillary (includes any conventional clasps, rests, and teeth)	\$520
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$173-\$231
D7511	Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated	\$315-\$383
D7520	Incision and Drainage of Abscess – Extraoral Soft Tissue	\$600-\$729
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multi-space involvement)	\$1466
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$499

<b>CDT</b>	<b>DESCRIPTION</b>	<b>YOU PAY</b>
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$671
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$501
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$1840
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$4000
D7630	Malar and/or zygomatic arch – open reduction	\$5200
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$1555
D7671	Alveolus – open reduction, may include stabilization of teeth	\$2235
D7880	Occlusal Orthotic Device, By Report	\$1208-\$1468
D7881	Occlusal orthotic device adjustment	\$98
D7899	Unspecified TMD (temporomandibular disorder) therapy, by report	\$378-\$400
D7910	Suture of recent small wounds up to 5 cm	\$628
D7911	Complicated suture – up to 5 cm	\$807
D7912	Complicated suture – greater than 5 cm	\$1715
D7920	Skin graft (identify defect covered, location, and type of graft)	\$2400
D7921	Collection and application of autologous blood concentrate product	\$139
D7922	Placement of antimicrobial agent – per tooth	\$367
D7940	Osteoplasty – For Orthognathic Deformities	\$3997-\$4790
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$2233
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$2233
D7952	Sinus augmentation via a vertical approach	\$2233
D7953	Bone Replacement Graft for Ridge Preservations Per Site	\$481-\$499
D7956	Guided tissue regeneration – resorbable barrier, per site	\$523
D7957	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$811

<b>CDT</b>	<b>DESCRIPTION</b>	<b>YOU PAY</b>
D7961	Buccal/labial frenectomy (frenulectomy)	\$438
D7962	Lingual frenectomy (frenulectomy)	\$532
D7970	Excision of Hyperplastic Tissue – Per Arch	\$550-\$641
D7971	Excision of Pericoronal Gingiva	\$277-\$351
D7979	Non-surgical sialolithotomy	\$256
D7980	Sialolithotomy (removal of salivary calculus)	\$958
D7981	Excision of salivary gland, by report	\$1360
D7983	Closure of salivary fistula	\$2071
D7993	Surgical placement of craniofacial implant – extra-oral	\$1900
D7999	Unspecified oral surgery procedure, by report	\$0
<b><i>Orthodontic Procedures</i></b>		
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$1080- \$3290
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$1225- \$3600
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$1190-\$3825
D8040	Limited Orthodontic Treatment of Adult Dentition	\$1500- \$4560
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$1835-\$5400
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$1945-\$5650
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$2060-\$5895
D8091	Limited orthodontic treatment of the adult dentition	\$2220-\$6480
D8210	Removable appliance therapy	\$495
D8220	Fixed appliance therapy	\$575
D8660	Pre-Orthodontic Treatment Visit	\$0
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainers(s)/Removable(s)	\$495
D8681	Orthodontic Retainer Adjustment	\$85-\$155
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	\$295
D8696	Repair of Orthodontic Appliance – Maxillary	\$135



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D8697	Repair of Orthodontic Appliance – Mandibular	\$135
D8698	Re-Cement or Re-Bond Fixed Retainer – Maxillary	\$375-\$437
D8699	Re-Cement or Re-Bond Fixed Retainer – Mandibular	\$375-\$437
D8701	Replacement of lost or broken retainer – maxillary	\$189
D8702	Replacement of lost or broken retainer – mandibular	\$189
D8703	Replacement of Lost or Broken Retainer – Maxillary	\$295-\$355
D8704	Replacement of Lost or Broken Retainer – Mandibular	\$295-\$355
D8999	Unspecified Orthodontic Procedure, By Report	\$0-\$1103
<b><u>Adjunctive General Procedures</u></b>		
D9110	Palliative (Emergency) Treatment of Dental Care – Minor	\$151-\$233
D9120	Fixed Partial Sectioning	\$158-\$200
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$38
D9212	Trigeminal division block anesthesia	\$0
D9215	Local Anesthesia in Conjunction with Operative or Surgical Procedure	\$63-\$80
D9219	Evaluation for Moderate Sedation, Deep Sedation or General Anesthesia	\$82-\$100
D9222	Deep sedation/general anesthesia – first 15 minutes	\$195
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$128
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$95
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$214
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$214
D9248	Non-Intravenous Conscious Sedation	\$325-\$353
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$55
D9311	Consultation with a report, including written report	\$204
D9420	Hospital or Ambulatory Surgical Center Call	\$275-\$400
D9430	Office Visit of Observation (During Regularly Scheduled Hours) No Other Service Performed	\$0-\$50



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D9440	Office Visit After Regularly Scheduled Hours	\$177-\$215
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$26-\$204
D9610	Therapeutic Parenteral Drug, Single Administration	\$50-\$120
D9612	Therapeutic Parenteral Drug, Two or More Administrations Different Medications	\$55-\$162
D9613	Therapeutic drug injection (e.g., corticosteroids, Botox)	\$244
D9630	Drugs/Medicaments Dispensed in the Office for Home	\$35-\$155
D9910	Application of Desensitizing Medicament	\$73-\$93
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth	\$121-\$154
D9920	Behavior Management, by Report	\$108-\$195
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$157
D9932	Cleaning and inspection of removable complete denture, maxillary	\$72
D9933	Cleaning and inspection of removable complete denture, mandibular	\$242
D9934	Cleaning and inspection of removable partial denture, maxillary	\$242
D9935	Cleaning and inspection of removable partial denture, mandibular	\$242
D9941	Fabrication of Athletic Mouthguard	\$300-\$348
D9942	Repair and/or reline of occlusal guard	\$249
D9943	Occlusal guard adjustment	\$170
D9944	Occlusal Guard – Hard Appliance, Full Arch	\$445-\$687
D9945	Occlusal Guard – Soft Appliance, Full Arch	\$305-\$667
D9946	Occlusal guard – hard appliance, full arch	\$421
D9950	Occlusal Analysis – Mounted Case	\$356-\$434
D9951	Occlusal Adjustment – Limited	\$192-\$234
D9952	Occlusal Adjustment – Complete	\$698-\$849
D9953	Occlusal guard adjustment	\$2400
D9970	Enamel Microabrasion	\$127-\$202
D9971	Odontoplasty 1–2 teeth; includes removal of enamel projections	\$132



## KANSAS FEE SCHEDULE

CDT	DESCRIPTION	YOU PAY
D9972	External Bleaching Per Arch – Performed in Office	\$450-\$555
D9973	External Bleaching Per Tooth	\$291-\$354
D9974	Internal Bleaching Per Tooth	\$350-\$426
D9975	External Bleaching for Home Appliance, per Arch; Includes Materials and Fabrication of Custom Trays	\$375-\$456
D9985	Sales tax	\$0
D9986	Missed appointment	\$0
D9987	Cancelled appointment	\$0
D9990	Certified translation or sign-language services, per visit	\$0
D9991	Dental case management – addressing appointment compliance barriers	\$0
D9992	Dental case management – care coordination	\$0
D9993	Dental case management – motivational interviewing	\$0
D9994	Dental case management – patient education to improve oral health literacy	\$0
D9995	Teledentistry – Synchronous: Real Time Encounter	\$0
D9996	Teledentistry – Asynchronous: Information Stored and Forwarded to Dentist for Subsequent Review	\$0
D9997	Dental case management – medication management	\$0
D9999	Unspecified adjunctive procedure, by report	\$0-\$35

## Exclusions

This section identifies standard exclusions for the Dental Plan. Members will be financially responsible for the dentist's usual and customary fee for any excluded or otherwise ineligible services.

1. Services provided by a non-participating dentist are not discounted under the discount plan.
2. Procedures deemed not reasonably necessary or not customarily performed, including, but not limited to: services that have a poor prognosis and duplicate prosthetic devices or appliances are excluded.
3. The services of an anesthesiologist are not discounted. The patient is responsible for the anesthesiologist's usual and customary rate.
4. Treatment of jaw fractures or dislocations, congenital or developmental malformations, malignancies, cysts or neoplasms, or treatments for Temporomandibular Joint Syndrome (TMJ) are not discounted.
5. Courses of treatment which were begun prior to the Member's discount plan effective date and/or expenses incurred after termination of the discount plan are excluded.
6. Any dental disease, defect or injury that arises out of or during any occupational incident or exposure, for which the Member is entitled to benefits under applicable workers' compensation laws are not discounted by this Plan.
7. Any service not specifically listed on the Fee Schedule is excluded.
8. The services of a prosthodontist are excluded.
9. Prophylaxis benefits are excluded in the presence of periodontal disease.

## Limitations

This section identifies standard limitations for the Dental Plan. Members will be financially responsible for the dentist's usual and customary fee for any ineligible services.

1. Replacement of partial dentures is limited to one per arch every five years.
2. Replacement of full upper and lower dentures is limited to one per arch every five years.
3. Replacement of fixed prosthetics such as crowns, bridges, inlays, and onlays is limited to once every five years.
4. Members who are pregnant or have diabetes have a benefit for an additional Prophylaxis (routine cleaning) at no cost. This benefit is limited to one (1) in any six (6) month period. The benefit is applicable only after the Member pays for the first Prophylaxis within the same six-month period, based on the Fee Schedule.
5. Members who are pregnant or have diabetes have a benefit for one additional Periodontal Maintenance at no cost. This benefit is limited to one (1) in any six (6) month period. The benefits applicable only after the Member pays for the first Periodontal Maintenance within the same six-month period, based on the Fee Schedule.
6. Members who are pregnant or have diabetes have a benefit for a free electric toothbrush. This benefit is limited to one (1) per lifetime. The toothbrush will be mailed to the member by the toothbrush manufacturer directly. It will not be distributed at the office.
7. The fees listed on the Fee Schedule applies to services provided by an in network General Dentist. Services of an in-network Specialist (Endodontist, Oral Surgeons, Periodontist, Pediatric dentist) are available at a 20% discount off the specialist's usual and customary fee.
8. Services of a specialist may not be available in all areas.

**9. Orthodontic Limitations:**

- a. The Fee for Comprehensive Orthodontics includes records and retention and is limited to cases up to 24 months.
  - i. Additional months of treatment are available at an additional charge of 80% of the office's usual and customary rate for treatment extension.
- b. The Fee for Clear Aligner Therapy includes records and standard retainers (e.g. Essex, lab fabricated, Polly, lingual bond, etc.).
  - i. Upgraded retainers (e.g. Viverra) are not included in the Fee, but are available at the additional cost listed.
- c. Habit inhibitor appliances are not included in the Orthodontic Fees.
  - i. Such appliances are available at 80% of the office's usual and customary rate.
- d. Replacement retainers are not included in the Orthodontic Fees.
  - i. Such appliances are available at 80% of the office's usual and customary rate.
- e. Orthodontic appliances (e.g. retainers) provided apart from active therapy are available at up to 80% of the office's usual and customary rate.
- f. Replacement retainers are available at up to 80% of the office's usual and customary rate.