KMAP GENERAL BULLETIN 26160

Fiscal Year 2027 Dental Rate Increase

Effective with dates of service on or after October 1, 2026, the Medicaid reimbursement rates will be increased for the selected dental services listed below.

Code	New Rate
D0120	$38.21
D0140	$49.00
D0145	$48.42
D0150	$52.29
D0170	$41.74
D1110	$67.15
D1120	$49.13
D1206	$22.68
D1208	$22.48
D1351	$32.95
D1354	$17.33
D2330	$99.74
D2331	$120.89
D2332	$143.56
D2335	$166.23
D2390	$198.00
D2391	$105.78
D2392	$113.34
D2393	$120.89
D2394	$143.56
D2740	$409.86
D2751	$544.50
D2752	$568.70
D2792	$313.63
D2910	$13.07
D2920	$37.51
D2921	$72.60
D2929	$158.51
D2930	$156.82
D2931	$158.51
D2934	$169.40
D2940	$36.30
D2954	$145.20

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Fiscal Year 2027 Dental Rate Increase continued

Code	New Rate
D3110	$33.88
D3310	$326.70
D3320	$359.37
D3330	$457.38
D4341	$94.00
D4910	$57.32
D7140	$115.43
D7210	$164.03
D7220	$139.15
D7230	$189.75
D7240	$215.60
D7241	$259.33
D7250	$139.15

Note: The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Note: The effective date of the policy is October 1, 2026. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

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