State of Kansas

Kansas Department of Health and Environment

Division of Health Care Finance Public Notice

The Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) is amending the Kansas Medicaid State Plan. Dentures and partial prosthetics will be covered for Medicaid adults who meet medically necessary criteria for partial or full mouth dentures and related services, when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to treat the member's oral health.

The proposed effective date for the State Plan Amendment (SPA) is July 1, 2023.

|  |  |
| --- | --- |
| Fee-For-Service Only  | Estimated Federal Financial Participation  |
| FFY 2023  | $ 0  |
| FFY 2024  | $ 0  |

To request a copy of the proposed SPA, to submit a comment, or to review comments, please contact William C. Stelzner by email at william.stelzner@ks.gov , or by mail:

William C. Stelzner

Kansas Department of Health and Environment

Division of Health Care Finance 900 SW Jackson, Room 900N Topeka, KS 66612.

The last day for public comment is June 19, 2023.

Draft copies of the proposed SPA may also be found at a Local Health Department (LHD).

Sarah Fertig, State Medicaid Director

Division of Health Care Finance

Kansas Department of Health and Environment

# KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

 #10

Page 1

Dental Services Limitations (continued)

x)

hospital call may be reported when providing treatment in hospital or

ambulatory surgical center, in addition to reporting appropriate code

numbers for actual services performed;

y)

prior authorization on selected medical procedures;

z)

prior authorization on selected dental procedures associated with

medically necessary extractions;

aa)

interim caries-arresting medicament applications;

bb)

amalgam restorations (including polishing);

cc)

resin based composite restorations – direct;

dd)

crowns;

ee)

periodontal treatment with maintenance; and

ff)

dentures and partial prosthetics – medically necessary.

KS 23-0022 Approval Date Effective Date 7/1/2023 Supersedes KS 22-0027

**KANSAS MEDICAID STATE PLAN**

**Attachment 4.19-B**

**#10**

**Dental Services**

**Methods and Standards for Establishing Payment Rates**

Dental services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges

except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for

computation of range maximums.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both

governmental and private providers of dental services. The agency’s fee schedule rate was set as of July

1

, 2023 and is effective for services provided on or after that date. The agency’s established fee schedule

rates are published on the agency’s website at

[https://portal.kmap-state](https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList)

[-](https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList)

[ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleLis](https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList)

[t](https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList)

This link will take the user to a page titled “Reference Copyright Notice.” Scroll to the bottom of the page

and click on the word “Accept” to access the fee schedule. The next page that appears is titled “KMAP

Fee Schedules.”

To access a fee schedule:

 a. Select the program from the drop-down list -TXIX;

 b. Choose the type of rates – Medicaid;

 c. After choosing the rate type, the user will see a list of the current and historical versions of

 the corresponding schedule;

 d. Click the schedule TXIX.

KS 23-0022 Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date 7/1/2023 Supersedes KS 22-0027