

DENTAL BULLETIN

WINTER 2015/2016



Sheila arrives, Linda retires

The Arkansas Blue Cross and Blue Shield Dental Network Development team is saying hello to Sheila Ward and goodbye to Linda Duelmer.

Sheila, a registered dental hygienist, recently worked at Jines Family Dentistry and is currently serving in the Army National Guard as a dental assistant. She served two deployments to Iraq as a military police officer.

Linda, who has been with Arkansas Blue Cross and Blue Shield since 1989, has worked in Utilization Review, Group Underwriting and Marketing, Medi-Pak HMO, and has been a dental network development representative for 12 years. Sheila will be taking Linda's dental network development area while learning more about the position.

"Her providers and I will miss her greatly," Debbie said of Linda. "Thank goodness my family members and hers have become very close and I will continue to see her outside the office!"



Sheila Ward



Linda Duelmer

"Linda is really a joy to work with," said Dan Stevens, Director of Provider Network Operations. "She is always upbeat and really adds such a positive spirit to the division. She understands that building relationships with our providers is key for our business. When I have attended events with Debbie (Jines) and Linda for the Arkansas Dental Association or other meetings in the dental community, Linda's providers and even their family members interact with her like it's a family gathering. They obviously trust her and genuinely care about her. I will miss Linda professionally and personally."

Welcome to all our NEW PROVIDERS!



GENERAL DENTISTRY

William R Lunsford DDS — *Ashdown*
Ralph A Teed DDS — *Batesville*
Sarah E Beers DDS — *Bentonville*
Geoffrey B West DDS — *Berryville*
Shirin Amirfaiz DDS — *Bryant*
Eric Sharks DDS — *Bryant*
Brett D DeCoursey DDS — *Clarendon*
Marty J Harderson DDS — *Clarksville*
Chase C Diemer DDS — *Conway*
Katie E Crow DDS — *Dardanelle*
Earnest Lewis DDS — *Dermott*
Phillip W. Pennington DDS — *Dermott*
Raj H. Brahmbhatt DDS — *Fayetteville*
Douglas A. Carmical DDS — *Fayetteville*
Noble Dallison DDS — *Fayetteville*
Jessica M. Jordan DDS — *Fayetteville*
Chelsea N. Knox DDS — *Fayetteville*
Garrett W. Sanders DDS — *Fayetteville*
Ethan P. Truong DDS — *Fayetteville*
Christina E. Walls DDS — *Fayetteville*
Jenna K. Waselues DDS — *Fayetteville*
J. S. Wilson DDS — *Fort Smith*
Ellen B. McDonald DDS — *Hot Springs*
Jonathan D. Cook DDS — *Jonesboro*
Scott C. Dickinson DMD — *Jonesboro*
Brittney M. Halliburton DDS — *Jonesboro*
Russel Mulamba DDS — *Jonesboro*
Brandon A. Webb DDS — *Jonesboro*
Britt D. Burcham DDS — *Kennett*
John Cloud DDS — *Little Rock*
W. L. Cloud DMD — *Little Rock*

Amera T. Qureshi DDS — *Little Rock*
Richard T. Smith DDS — *Little Rock*
Marcia R. Wheeler DDS — *Little Rock*
Patricia G. Woolford DDS — *Little Rock*
David G. Hiebert DDS — *Lowell*
Matthew R. Reith DDS — *Lowell*
Jacob L. Seiter DDS — *Morrilton*
Stuart B. Sherwood DDS — *Morrilton*
Justin B. Bodeker DDS — *Newport*
Courtney M. Wright DMD — *North Little Rock*
Caleb J. Bauer DDS — *Paragould*
Justin D. McGarity DDS — *Paragould*
Chyrelle L. Blount DDS — *Rogers*
Brock W. Brown DDS — *Rogers*
Jeff Erickson DDS — *Rogers*
Sarah M. Gardner DDS — *Rogers*
Heather L. Jones DDS — *Rogers*
Jeffrey L. Miles DDS — *Rogers*
Shannon G. Wright DDS — *Rogers*
Sajini B. Chandran DMD — *Russellville*
Darryl K. Ragland DDS — *Searcy*
Alex J. Sharp DDS — *Searcy*
Stephen K. Taylor DDS — *Searcy*
Christopher Larson DDS — *Siloam Springs*
Adam J. Anderson DDS — *Springdale*
Brittany M. Bunch DDS — *Texarkana*
Adriane L. Lippian DDS — *Texarkana*
James M. Lippian DDS — *Texarkana*
DeMarquis O. Loyd DDS — *Texarkana*
Torin M. Marracino DDS — *Texarkana*
Robert E. Whitehead DDS — *Texarkana*

SPECIALISTS

ORAL SURGERY

Thomas A. Sarna DDS — *Fayetteville*
Anthony L. Tortorich DDS — *Little Rock*

PEDIATRIC DENTIST

Betsy D. Barcroft DDS — *Helena*
Emily E. Fourmy DDS — *Little Rock*
Larkin L. Clark DDS — *West Memphis*

ORTHODONTISTS

Charles A. Redmond Jr DDS — *Fayetteville*
Henry J. Udouj III DDS — *Fort Smith*
Henry J. Udouj Jr DDS — *Fort Smith*
Brittany G. Carpenter DDS — *Hot Springs*

ICD-10 guidelines for paper claim submissions

All claims submitted to the Arkansas Blue Cross and Blue Shield and its family of companies, including paper claims, must apply the following ICD-10 compliance guidelines. The switch to ICD-10 was mandated on October 1, 2015.

For CMS-1500 (02/12) claim form:

Claims with dates of service prior to October 1, 2015, must be filed using ICD-9 indicator of nine (9) and ICD-9 diagnosis codes in Box 21. Claims with dates of service on or after October 1, 2015, must be filed using ICD-10 indicator of (0) and ICD-10 diagnosis codes in Box 21.

Claims cannot have dates of services prior to October 1, 2015 and on or after October 1, 2015. Separate claims must be filed and appropriate ICD codes used based on the October 1, 2015 compliance date.

For UB-04 claim form:

Claims with a Statement covers period through date in form location FL 6 prior to October 1, 2015, must be filed using ICD-9 indicator of nine (9) in FL 66, ICD-9 diagnosis codes as needed in FL 67, 67A-Q, 69, 70a-c, and 72a-c, and ICD-9 procedure codes as needed in FL 74 and 74a-e. Otherwise, claims with a through date (FL6) on or after October 1, 2015, must be filed using ICD-10 indicator of zero (0) and ICD-10 diagnosis and procedure codes in the appropriate form locations.

Claims for outpatient facility and services cannot span the October 1, 2015 compliance date. The claims must be split and filed separately with the appropriate ICD codes."

Claims affected by these guidelines include claims submitted to Arkansas Blue Cross, BlueAdvantage Administrators of Arkansas, USAble Administrators, Health Advantage, Medi-Pak® Advantage, Federal Employees Program, Metallic Plans on the Arkansas Exchange, and includes claims for other Blue Plan members.

For detail instructions on how to properly complete the CMS-1500 (02/12) claim form, Arkansas Blue Cross recommends following the National Uniform Claim Committee (NUCC) guidelines located on their website at nucc.org.

Box 21: ICD Indicator
9 = ICD 9 Codes
0 = ICD 10 Codes

Box 21A-L: Diagnosis Codes
If used, fields must have correct ICD diagnosis codes based on Date(s) of Service (Box 24A)

Box 24A (Service Lines 1-6): Dates of Service
Dates determine whether or not ICD 9 or 10 diagnosis codes must be used. If the date of service is prior to October 1, 2015, the claim must use ICD 9 codes. Otherwise, ICD 10 codes must be used. Claim submissions cannot include both dates of service (or span) prior to and on or after October 1, 2015.

FL 6: Statement Through Date
If the Statement Through date is prior to October 1, 2015, the claim must use ICD 9 codes. Otherwise, ICD 10 codes must be used. Claims for outpatient facility and services cannot span the October 1, 2015, compliance date. A span occurs when the From Date is prior to October 1 and the Through Date is on or after October 1, 2015.

FL 66: ICD Indicator
9 = ICD 9 Codes
0 = ICD 10 Codes

FL 67, 67A-Q, 69, 70a-c, and 72a-c: Diagnosis Codes
If used, fields must have the correct ICD diagnosis codes based on the Statement Through Date (FL 6).

FL 74 and 74a-e: Procedure Codes
If used, fields must have the correct ICD procedure codes based on the Statement Through Date (FL 6).

2016 Dental Fee Schedule

Arkansas Blue Cross and Blue Shield has conducted its annual review of our dental fee schedule. Our analysis shows that our current reimbursement remains competitive with other dental plans in Arkansas. For this reason, and to maintain the affordability of dental care for our members, we've decided to keep the PPP fee schedule at its current levels for claims with dates of services on or after **January 1, 2016.**

The 2016 PPP fee schedules have been updated to reflect the new 2016 CDT codes and are available online. You'll find the 2016 fee schedule posted on Arkansas Blue Cross' website in the section for providers. Arkansas Blue Cross will continue its annual review of the fee schedule to ensure that the PPP fees remain fair and competitive.

Billing D codes for medical claims

Providers need to bill

D codes for medical claims with the exception of out-of-state claims. If you receive a rejection, call customer service first. The number will be located on the back of the members' ID card. Ask for a re-review. We are here to help, but these are the processes that need to be followed before calling your provider representative.

■ Billing Medical Claims

It has become a challenge for some of our dental providers to file medical claims. We have a solution we think will make it easier for you to file services on medical claims. Submit services on the medical claim (CMS 1500) with ICD-10 diagnosis codes and the medical plan member ID number, but bill with dental codes (D codes). Our systems will accept the dental codes and make the filing easier for you! Always bill your procedure and anesthesia to match in coding; i.e., D6010 with D9220 (or D9243 beginning in January 2016).

■ Billing Medical Claims for Implants

When billing for implants, use the medical claim form but use the dental implant codes. We have seen a problem with filing the implants with CPT code 21248 or 21249. Unless you have rebuilt the maxilla or mandible with bone from the hip, leg, etc., bill the implants with dental implant codes. Implants replace teeth, not the maxilla/mandible.

■ Anesthesia Billing

Remember beginning January 1, 2016, bill IV moderate (conscious) sedation/analgesia as D9243, replacing D9220 and D9221 codes, which have been deleted from the ADA Dental Code Book for 2016.



DID YOU KNOW?

Once the yearly max of a member's contract has been met, you are allowed to bill your fees. You are no longer held to our fee schedule.

Not all codes are covered benefits. Please check the member's plan for verification and limitations.

| CDT | DESCRIPTION | ALLOWANCE |
|-------|---|-----------|
| D0120 | Periodic Oral Examination | \$31 |
| D0140 | Limited Oral Evaluation Problem Focused | \$41 |
| D0145 | Oral Evaluation—Patient Under 3 | \$28 |
| D0150 | Comprehensive Oral Examination | \$43 |
| D0160 | Detailed And Extensive Oral Evaluation (Problem Focused) | \$50 |
| D0180 | Comprehensive Periodontal Evaluation | \$52 |
| D0210 | Intraoral – Complete Series (Including Bitewings) | \$100 |
| D0220 | Intraoral – Periapical – First Radiographic Image | \$21 |
| D0230 | Intraoral – Periapical – Each Additional Radiographic Image | \$18 |
| D0240 | Intraoral – Occlusal Radiographic Image | \$26 |
| D0250 | Extra-oral – 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector | \$35 |
| D0270 | Bitewing – Single Radiographic Image | \$20 |
| D0272 | Bitewings – Two Radiographic Images | \$30 |
| D0273 | Bitewings – Three Radiographic Images | \$30 |
| D0274 | Bitewings – Four Radiographic Images | \$39 |
| D0277 | Vertical Bitewings – 7---10 8 Radiographic Images | \$66 |
| D0330 | Panoramic Radiographic Image | \$76 |
| D0340 | 2D Cephalometric Radiographic Image- Acquisition, Measurement and Analysis | \$74 |
| D0460 | Pulp Vitality Tests | \$28 |
| D0470 | Diagnostic Casts | \$41 |
| D1110 | Prophylaxis – Adults | \$55 |
| D1120 | Prophylaxis – Child | \$38 |
| D1206 | Topical Fluoride Varnish For High Caries Risk Patients | \$25 |
| D1208 | Topical Fluoride, excluding varnish | \$24 |
| D1351 | Sealant Per Tooth | \$32 |
| D1352 | Preventive Resin Restoration | \$33 |
| D1510 | Space Maintainer – Fixed Unilateral | \$190 |
| D1515 | Space Maintainer – Fixed– Bilateral | \$280 |
| D1550 | Re-cementation or Re-bond of Space Maintainer | \$45 |
| D1555 | Removal of Fixed Space Maintainer | \$39 |
| D2140 | Amalgam – One Surface, Primary or Permanent | \$80 |
| D2150 | Amalgam – Two Surfaces, Primary or Permanent | \$92 |
| D2160 | Amalgam – Three Surfaces, Primary or Permanent | \$112 |
| D2161 | Amalgam – Four Surfaces, Primary or Permanent | \$130 |
| D2330 | Resin – One Surface, Anterior | \$94 |
| D2331 | Resin – Two Surfaces, Anterior | \$117 |
| D2332 | Resin – Three Surfaces, Anterior | \$134 |
| D2335 | Resin – Four or More Surfaces or Involving Incisal Angle (Anterior) | \$171 |
| D2390 | Resin – Based Composite Crown, Anterior | \$170 |
| D2391 | Resin – Based Composite – One Surface, Posterior | \$112 |
| D2392 | Resin---Based Composite – Two Surfaces Posterior | \$143 |
| D2393 | Resin---Based Composite – Three Surfaces, Posterior | \$170 |

| CDT | DESCRIPTION | ALLOWANCE |
|-------|--|-----------|
| D2394 | Resin--Based Composite – Four or More Surfaces, Posterior | \$190 |
| D2510 | Inlay – Metallic – One Surface | \$400 |
| D2520 | Inlay – Metallic – Two Surfaces | \$480 |
| D2530 | Inlay – Metallic – Three Surfaces | \$625 |
| D2542 | Onlay – Metallic – Two Surfaces | \$625 |
| D2543 | Onlay – Metallic – Three Surfaces | \$660 |
| D2544 | Onlay – Metallic – Four or More Surfaces | \$670 |
| D2610 | Inlay – Porcelain/Ceramic – One Surface | \$450 |
| D2620 | Inlay – Porcelain/Ceramic – Two Surfaces | \$500 |
| D2630 | Inlay – Porcelain/Ceramic – Three Surfaces | \$635 |
| D2642 | Onlay – Porcelain/Ceramic – Two Surfaces | \$660 |
| D2643 | Onlay – Porcelain/Ceramic – Three Surfaces | \$670 |
| D2644 | Onlay – Porcelain/Ceramic – Four or More Surfaces | \$680 |
| D2650 | Inlay – Composite/Resin – One Surface | \$425 |
| D2651 | Inlay – Composite/Resin – Two Surface | \$450 |
| D2652 | Inlay – Composite/Resin – Three or More Surfaces | \$550 |
| D2662 | Onlay – Composite/Resin – Two Surfaces | \$600 |
| D2663 | Onlay – Composite/Resin – Three Surfaces | \$620 |
| D2664 | Onlay – Composite/Resin – Four or More Surfaces | \$650 |
| D2740 | Crown – Porcelain/Ceramic Substrate | \$815 |
| D2750 | Crown – Porcelain Fused to High Noble Metal | \$780 |
| D2751 | Crown – Porcelain Fused to Predominantly Base Metal | \$640 |
| D2752 | Crown – Porcelain Fused to Noble Metal | \$720 |
| D2780 | Crown – 3/4 Cast High Noble Metal | \$700 |
| D2781 | Crown – 3/4 Cast Predominately Base Metal | \$680 |
| D2782 | Crown – 3/4 Cast Noble Metal | \$660 |
| D2783 | Crown – 3/4 Porcelain/Ceramic (Not Veneers) | \$750 |
| D2790 | Crown – Full Cast High Noble Metal | \$750 |
| D2791 | Crown – Full Cast Predominantly Base Metal | \$650 |
| D2792 | Crown – Full Cast Noble Metal | \$725 |
| D2910 | Re-cement or Re-bond Inlay, Onlay | \$52 |
| D2920 | Re-cement or Re-bond Crown | \$52 |
| D2929 | Prefabricated Porcelain/Ceramic Crown | \$200 |
| D2930 | Prefabricated Stainless Steel Crown – Primary Tooth | \$158 |
| D2931 | Prefabricated Stainless Steel Crown – Permanent Tooth | \$175 |
| D2932 | Prefabricated Resin Crown | \$180 |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | \$200 |
| D2934 | Prefabricated Esthetic Stainless Steel Crown – Primary Tooth | \$200 |
| D2940 | Sedative Filling | \$53 |
| D2950 | Core Buildup, Including Any Pins | \$138 |
| D2951 | Pin Retention – Per Tooth, In Addition to Restoration | \$45 |
| D2952 | Cast Post & Core In Addition to Crown | \$275 |
| D2954 | Prefabricated Post & Core In Addition to Crown | \$200 |
| D2962 | Labial Veneer (Porcelain Laminate) – Lab | \$740 |
| D2980 | Crown Repair, Necessary By Restorative Material Failure | \$150 |
| D2981 | Inlay Repair Necessitated By Restorative Material Failure | \$120 |
| D2982 | Onlay Repair Necessitated By Restorative Material Failure | \$120 |
| D2983 | Veneer Repair Necessitated By Restorative Material Failure | \$120 |

| CDT | DESCRIPTION | ALLOWANCE |
|-------|---|-----------|
| D2990 | Resin Infiltration of Incipient Smooth Surface Lesions | \$37 |
| D3110 | Pulp Cap – Direct (Excluding Final Restoration) | \$60 |
| D3120 | Pulp Cap – Indirect | \$60 |
| D3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | \$100 |
| D3221 | Pupal Debridement, Primary And Permanent Teeth | \$100 |
| D3230 | Pupal Therapy (Resorbable) Anterior, Primary | \$124 |
| D3240 | Pupal Therapy (Resorbable) Posterior, Primary | \$133 |
| D3310 | Root Canal Therapy – Anterior (Excluding Final Restoration) | \$460 |
| D3320 | Root Canal Therapy – Bicuspid (Excluding Final Restoration) | \$540 |
| D3330 | Root Canal Therapy – Molar (Excluding Final Restoration) | \$675 |
| D3346 | Retreatment of Previous Root Canal Therapy – Anterior | \$620 |
| D3347 | Retreatment of Previous Root Canal Therapy – Bicuspid | \$700 |
| D3348 | Retreatment of Previous Root Canal Therapy – Molar | \$835 |
| D3351 | Apexification/Recalcification – Initial Visit | \$253 |
| D3352 | Apexification/Recalcification – Interim Medication Replacement | \$100 |
| D3353 | Apexification/Recalcification – Final Visit | \$100 |
| D3355 | Pulpal Regeneration | \$100 |
| D3410 | Apicoectomy/Periradicular Surgery – Anterior | \$415 |
| D3421 | Apicoectomy/Periradicular Surgery – Bicuspid (First Root) | \$500 |
| D3425 | Apicoectomy/Periradicular Surgery – Molar (First Root) | \$600 |
| D3426 | Apicoectomy/Periradicular Surgery – Each Additional Root | \$200 |
| D3430 | Retrograde Filling – Per Root | \$130 |
| D3450 | Root Amputation – Per Root | \$220 |
| D3920 | Hemisection (Including any Root Removal) | \$270 |
| D3950 | Canal Preparation & Fitting of Preformed Dowel or Post | \$125 |
| D4210 | Gingivectomy/Gingivoplasty – 4 or More Contiguous Teeth | \$300 |
| D4211 | Gingivectomy/Gingivoplasty – 1 to 3 Contiguous Teeth | \$115 |
| D4212 | Gingivectomy/Gingivoplasty For Restorative Access | \$58 |
| D4240 | Gingival Flap, Including Root Planing – Per Quadrant | \$350 |
| D4241 | Gingival Flap, Including Root Planing – One to Three Teeth, Per Quadrant | \$225 |
| D4249 | Crown Lengthening – Hard/Soft Tissue, Clinical Crown | \$400 |
| D4260 | Osseous Surgery (Including – Four or More Teeth Per Quadrant) | \$625 |
| D4261 | Osseous Surgery (Including Flap Entry & Closure – One to Three Teeth Per Quadrant) | \$450 |
| D4263 | Bone Replacement Graft – Single Site | \$375 |
| D4264 | Bone Replacement Graft – Each Additional Site In Quadrant | \$255 |
| D4266 | Guided Tissue Regeneration – Resorbable Barrier, Per Site | \$380 |
| D4267 | Guided Tissue Regeneration – Nonresorbable Barrier, Per Site | \$330 |
| D4268 | Surgical Revision – Per Tooth | \$450 |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$410 |
| D4273 | Autogenous Connective Tissue Graft Procedure– First Tooth, Implant, or Edentulous Tooth Position in Graft | \$500 |
| D4275 | Non-autogenous Connective Tissue Graft– First Tooth, Implant, or Edentulous Tooth Position in Graft | \$475 |
| D4276 | Combined Connective Tissue And Double Pedicle Graft | \$550 |
| D4277 | Free Soft Tissue Graft Procedure – First Tooth, Implant, or Edentulous Tooth Position in Graft | \$530 |
| D4278 | Free Soft Tissue Graft Procedure – Each Additional Tooth In Same Graft Site | \$100 |
| D4283 | Autogenous Connective Tissue Graft Procedure- Each Additional Tooth In Same Graft Site | \$100 |
| D4285 | Non-Autogenous Connective Tissue Graft Procedure- Each Additional Tooth In Same Graft Site | \$100 |
| D4341 | Periodontal Scaling And Root Planing – Per Quadrant | \$160 |
| D4342 | Periodontal Scaling And Root Planing – One to Three Teeth, Per Quadrant | \$93 |

| CDT | DESCRIPTION | ALLOWANCE |
|-------|--|-----------|
| D4910 | Periodontal Maintenance (Following Active Therapy) | \$82 |
| D5110 | Complete Denture – Upper | \$950 |
| D5120 | Complete Denture – Lower | \$950 |
| D5130 | Immediate Denture – Upper | \$1,000 |
| D5140 | Immediate Denture – Lower | \$1,000 |
| D5211 | Upper Partial – Resin Base (With Conventional Clasps, Rests & Teeth) | \$650 |
| D5212 | Lower Partial – Resin Base (W1th Conventional Clasps, Rests & Teeth) | \$650 |
| D5213 | Upper Partial – Cast Metal Base With Resin Saddles | \$1,045 |
| D5214 | Lower Partial – Cast Metal Base With Resin Saddles | \$1,045 |
| D5221 | Immediate Maxillary Partial Denture- Resin Base (With Conventional Clasps, Rests & Teeth) | \$650 |
| D5222 | Immediate Mandibular Partial Denture- Resin Base (With Conventional Clasps, Rests & Teeth) | \$650 |
| D5223 | Immediate Maxillary Partial Denture- Cast Metal Framework With Resin Denture Bases (With Conventional Clasps, Rests & Teeth) | \$1,045 |
| D5224 | Immediate Mandibular Partial Denture- Cast Metal Framework With Resin Denture Bases(With Conventional Clasps, Rests & Teeth) | \$1,045 |
| D5225 | Maxillary Partial Denture – Flexible Base (Incl. Clasps, Rests, Teeth) | \$1,050 |
| D5226 | Mandibular Partial Denture – Flexible Base (Incl. Clasps, Rests, Teeth) | \$1,050 |
| D5281 | Removable Unilateral Partial Denture – 1 Piece Cast Metal | \$570 |
| D5410 | Adjust Complete Denture – Upper | \$45 |
| D5411 | Adjust Complete Denture – Lower | \$45 |
| D5421 | Adjust Partial Denture – Upper | \$45 |
| D5422 | Adjust Partial Denture – Lower | \$45 |
| D5510 | Repair Broken Complete Denture Base | \$125 |
| D5520 | Replace Missing or Broken Teeth – Complete Denture (Each Tooth) | \$100 |
| D5610 | Repair Resin Saddle or Base | \$125 |
| D5620 | Repair Cast Framework | \$190 |
| D5630 | Repair or Replace Broken Clasp- Per Tooth | \$160 |
| D5640 | Replace Broken Teeth – Per Tooth | \$85 |
| D5650 | Add Tooth to Existing Partial Denture | \$125 |
| D5660 | Add Clasp to Existing Partial Denture- Per Tooth | \$160 |
| D5670 | Replace All Teeth And Acrylic On Cast Metal Frame Work (Maxillary) | \$550 |
| D5671 | Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular) | \$550 |
| D5710 | Rebase Complete Upper Denture | \$310 |
| D5711 | Rebase Complete Lower Denture | \$310 |
| D5720 | Rebase Upper Partial Denture | \$300 |
| D5721 | Rebase Lower Partial Denture | \$300 |
| D5730 | Reline Complete Upper Denture (chair side) | \$185 |
| D5731 | Reline Complete Lower Denture (chair side) | \$185 |
| D5740 | Reline Upper Partial Denture (chair side) | \$185 |
| D5741 | Reline Lower Partial Denture (chair side) | \$185 |
| D5750 | Reline Complete Upper Denture (Lab) | \$285 |
| D5751 | Reline Complete Lower Denture (Lab) | \$285 |
| D5760 | Reline Upper Partial Denture (Lab) | \$280 |
| D5761 | Reline Lower Partial Denture (Lab) | \$280 |
| D5850 | Tissue Conditioning, Maxillary | \$86 |
| D5851 | Tissue Conditioning, Mandibular | \$86 |
| D5863 | Overdenture – Complete Maxillary | \$1500 |
| D5864 | Overdenture – Partial Maxillary | \$1200 |

| CDT | DESCRIPTION | ALLOWANCE |
|-------|---|-----------|
| D5865 | Overdenture – Complete Mandibular | \$1,500 |
| D5866 | Overdenture – Partial Mandibular | \$1,200 |
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments | \$50 |
| D6010 | Surgical Placement of Implant Body: Endosteal Implant | \$1,300 |
| D6012 | Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant | \$1,120 |
| D6040 | Surgical Placement: Eposteal Implant | \$4,000 |
| D6050 | Surgical Placement: Transosteal Implant | \$3,040 |
| D6055 | Dental Implant Supported Connecting Bar | \$304 |
| D6056 | Prefabricated Abutment – Includes Placement | \$450 |
| D6057 | Custom Abutment Includes Placement | \$525 |
| D6058 | Abutment Supported Porcelain/Ceramic Crown | \$1,000 |
| D6059 | Abutment Supported Porcelain Fused to Metal/High Noble Crown | \$950 |
| D6060 | Abutment Supported Porcelain Fused to Metal/Base Metal Crown | \$800 |
| D6061 | Abutment Supported Porcelain Fused to Metal/Noble Crown | \$1,000 |
| D6062 | Abutment Supported Cast/High Noble Crown | \$1,025 |
| D6063 | Abutment Supported Cast/Base Metal Crown | \$800 |
| D6064 | Abutment Supported Cast/Noble Metal Crown | \$1,000 |
| D6065 | Implant Supported Porcelain/Ceramic Crown | \$1,025 |
| D6066 | Implant Supported Porcelain Fused to Metal (Titanium, Titanium Alloy, High Noble) | \$1,000 |
| D6067 | Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble) | \$1,000 |
| D6068 | Abutment Supported Retainer For Porcelain/Ceramic FPD | \$1,000 |
| D6069 | Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble) | \$1,000 |
| D6070 | Abutment Supported Retainer For Porcelain Fused to Metal (Predominantly Base Metal) | \$900 |
| D6071 | Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal) | \$1,000 |
| D6072 | Abutment Supported Retainer For Cast Metal FPD (High Noble Metal) | \$1,000 |
| D6073 | Abutment Supported Retainer For Cast Metal FPD (Predominantly Based Mental) | \$800 |
| D6074 | Abutment Supported Retainer For Cast Metal FPD (Noble Metal) | \$1,000 |
| D6075 | Implant Supported Retainer For Ceramic FPD | \$1,000 |
| D6076 | Implant Supported Retainer For Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, High Noble) | \$1,000 |
| D6077 | Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, High Noble) | \$1,100 |
| D6080 | Implant Maintenance Procedures (Removal, Cleansing And Reinsertion) | \$72 |
| D6090 | Repair Implant Supported Prosthesis, By Report | \$200 |
| D6091 | Replacement of Semi---Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment | \$180 |
| D6092 | Re-cement or Re-bond Implant/Abutment Supported Crown | \$70 |
| D6093 | Re-cement or Re-bond Implant/Abutment Supported Fixed Partial Denture | \$100 |
| D6094 | Abutment Supported Crown – Titanium | \$1,100 |
| D6095 | Repair Implant Abutment, By Report | \$200 |
| D6100 | Implant Removal, By Report | \$350 |
| D6110 | Implant/abutment supported removable denture for edentulous arch - maxillary | \$880 |
| D6111 | Implant/abutment supported removable denture for edentulous arch – mandibular | \$880 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch - maxillary | \$880 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch - mandibular | \$880 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch – maxillary | \$2,400 |
| D6115 | Implant/abutment supported fixed denture for edentulous arch – mandibular | \$2,400 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch – maxillary | \$1,800 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch – mandibular | \$1,800 |
| D6194 | Abutment Supported Retainer Crown For FPD (Titanium) | \$1,100 |

| CDT | DESCRIPTION | ALLOWANCE |
|-------|--|-----------|
| D6210 | Pontic – Cast High Noble Metal | \$750 |
| D6211 | Pontic Cast Predominantly Base Metal | \$650 |
| D6212 | Pontic – Cast Noble Metal | \$700 |
| D6240 | Pontic Porcelain Fused to High Noble Metal | \$740 |
| D6241 | Pontic – Porcelain Fused to Predominantly Base Metal | \$640 |
| D6242 | Pontic – Porcelain Fused to Noble Metal | \$700 |
| D6245 | Pontic – Porcelain / Ceramic | \$740 |
| D6545 | Retainer Cast Metal For Resin Bonded Fixed Prosthesis | \$315 |
| D6548 | Retainer – Porcelain/Ceramic For Resin Bonded Fixed Prosthesis | \$260 |
| D6549 | Resin retainer – for resin bonded fixed prosthesis | \$315 |
| D6600 | Retainer Inlay – Porcelain/Ceramic, Two Surfaces | \$500 |
| D6601 | Retainer Inlay – Porcelain/Ceramic, Three or More Surfaces | \$525 |
| D6602 | Retainer Inlay – Cast High Noble Metal, Two Surfaces | \$430 |
| D6603 | Retainer Inlay – Cast Noble Metal, Three or More Surfaces | \$460 |
| D6604 | Retainer Inlay. Cast Predominantly Base Metal, Two Surfaces | \$445 |
| D6605 | Retainer Inlay – Cast Predominantly Base Metal, Three or More Surfaces | \$480 |
| D6606 | Retainer Inlay – Cast Noble Metal, Two Surfaces | \$430 |
| D6607 | Retainer Inlay Cast Noble Metal, Three or More Surfaces | \$500 |
| D6608 | Retainer Onlay – Porcelain/Ceramic, Two Surfaces | \$650 |
| D6609 | Retainer Onlay – Porcelain/Ceramic, Three or More Surfaces | \$670 |
| D6610 | Retainer Onlay – Cast High Noble, Two Surfaces | \$510 |
| D6611 | Retainer Onlay – Cast High Noble Metal, Three or More Surfaces | \$600 |
| D6612 | Retainer Onlay – Cast Predominantly Base Metal, Two Surfaces | \$500 |
| D6613 | Retainer Onlay – Cast Predominantly Base Metal, Three or More Surfaces | \$550 |
| D6614 | Retainer Onlay – Cast Noble Metal, Two Surfaces | \$500 |
| D6615 | Retainer Onlay – Cast Noble Metal, Three or More Surfaces | \$550 |
| D6740 | Retainer Crown Porcelain / Ceramic | \$760 |
| D6750 | Retainer Crown – Porcelain Fused to High Noble Metal | \$760 |
| D6751 | Retainer Crown – Porcelain Fused to Predominantly Base Metal | \$650 |
| D6752 | Retainer Crown – Porcelain Fused to Noble Metal | \$700 |
| D6780 | Retainer Crown – 3/4 Cast High Noble | \$650 |
| D6781 | Retainer Crown 3/4 Cast Predominately Based Metal | \$600 |
| D6782 | Retainer Crown 3/4 Noble Metal | \$625 |
| D6783 | Retainer Crown 3/4 Porcelain I Ceramic | \$675 |
| D6790 | Retainer Crown – Full Cast High Noble Metal | \$750 |
| D6791 | Retainer Crown Full Cast Predominantly Base Metal | \$710 |
| D6792 | Retainer Crown – Full Cast Noble Metal | \$700 |
| D6920 | Connector Bar | \$200 |
| D6930 | Re-cement or Re-bond Fixed Partial Denture | \$70 |
| D6980 | Bridge Repair – Necessary By Restorative Material Failure | \$190 |
| D7111 | Coronal Remnants – Deciduous Tooth | \$52 |
| D7140 | Extraction, Erupted Tooth or Exposed Root | \$88 |
| D7210 | Surgical Removal of Erupted Tooth | \$165 |
| D7220 | Removal of Impacted Tooth – Soft Tissue | \$200 |
| D7230 | Removal of Impacted Tooth – Partially Bony | \$250 |
| D7240 | Removal of Impacted Tooth – Completely Bony | \$290 |
| D7241 | Removal of Impacted Tooth – Completely Bony With Complications | \$360 |
| D7250 | Surgical Removal of Residual Tooth Roots – Cutting Procedures | \$170 |

| CDT | DESCRIPTION | ALLOWANCE |
|-------|---|-----------|
| D7260 | Oral Antral Fistula Closure | \$250 |
| D7261 | Primary Closure of a Sinus Perforation | \$300 |
| D7280 | Surgical Exposure of Impacted or Unerupted Tooth – Ortho | \$207 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | \$125 |
| D7285 | Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth) | \$320 |
| D7286 | Incisional Biopsy of Oral Tissue – Soft | \$180 |
| D7310 | Alveoplasty In Conjunction With Extractions – Per Quadrant | \$150 |
| D7311 | Alveoplasty In Conjunction With Extractions – One to Three, Per Quad | \$125 |
| D7320 | Alveoplasty Not In Conjunction With Extractions Per Quadrant | \$165 |
| D7321 | Alveoplasty Not In Conjunction With Extractions – One/Three, Per Quad | \$150 |
| D7340 | Vestibuloplasty – Ridge Extension (Secondary Epithelialization) | \$300 |
| D7471 | Removal of Exostosis – Maxilla or Mandible | \$260 |
| D7472 | Removal of Torus Palatinus | \$260 |
| D7473 | Removal of Torus Mandibularis | \$260 |
| D7485 | Surgical Reduction of Osseous Tuberosity | \$260 |
| D7510 | Incision And Drainage of Abscess – Intraoral Soft Tissue | \$92 |
| D7530 | Removal of Foreign Body, Skin, or Subcutaneous Alveolar Tissue | \$130 |
| D7560 | Maxillary Sinusotomy For Removal of Tooth Fragment or Foreign Body | \$280 |
| D7960 | Frenulectomy – Separate Procedure | \$207 |
| D7970 | Excision of Hyperplastic Tissue – Per Arch | \$235 |
| D7971 | Excision of Pericoronal Gingiva | \$120 |
| D8010 | Limited orthodontic Treatment of Primary Dentition | \$1,000 |
| D8020 | Limited orthodontic Treatment of Transitional Dentition | \$1,000 |
| D8030 | Limited orthodontic Treatment of Adolescent Dentition | \$1,000 |
| D8040 | Limited orthodontic Treatment of Adult Dentition | \$1,200 |
| D8050 | Interceptive orthodontic Treatment of The Primary Dentition | \$2,000 |
| D8060 | Interceptive orthodontic Treatment of The Transitional Dentition | \$2,000 |
| D8070 | Comprehensive Ortho Treatment of The Transitional Dentition | \$5,000 |
| D8080 | Comprehensive Ortho Treatment of The Adolescent Dentition | \$6,000 |
| D8090 | Comprehensive Ortho Treatment of The Adult Dentition | \$7,000 |
| D8210 | Removable Appliance Therapy | \$1,000 |
| D8220 | Fixed Appliance Therapy | \$1,200 |
| D8680 | Orthodontic Retention | \$500 |
| D8693 | Re---bonding or Re---cementing and/or Repair, Fixed Retainers | \$36 |
| D9110 | Palliative (Emergency) Treatment of Dental Pain – Minor Procedures | \$50 |
| D9223 | Deep Sedation/ General Anesthesia- Each 15 Minute Increment | \$110 |
| D9230 | Analgesia, Anxiolysis, Inhalation of Nitrous Oxide | \$25 |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia- Each 15 Minute Increment | \$80 |
| D9910 | Application of Desensitizing Medicament | \$25 |

LIVE FEARLESSSM

WITH THE NAME TRUSTED FOR 65 YEARS



An Independent Licensee of the Blue Cross and Blue Shield Association

Contact Information:

Debbie Jines RDH, BS

501-378-3296
501-378-2465 fax

Sheila Ward, RDH, BS

501-378-6628
501-378-2465 fax