

# dental bulletin

Winter 2010

## Arkansas Blue Cross wishes you happy, healthy holidays!



Linda Duelmer &  
Debbie Jines

On behalf of the Arkansas Blue Cross and Blue Shield family, we'd like to thank you for your business and wish you the best in the coming year. It has been a year of change as we adopted new

policies under health insurance reform, and ended 2010 with the exciting addition of our new DentalBlue® individual insurance plans, which cover patients of any age.



DentalBlue plans offer a variety of valuable benefits from essential preventive services to major

restorative services. These plans are great for your patients who are on Medicare and may not have had coverage in the past. If you have patients who may benefit from DentalBlue, please encourage them to contact their local independent or Farm Bureau agent or call Arkansas Blue Cross and Blue Shield at **1-800-392-2583**.



**Arkansas  
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# General Dentist Fees

January 1, 2011

*Codes in bold may be subject to alternate treatment and balance billed*

| CDT          | Description   | Allowance |
|--------------|---|-----------|
| D0120        | PERIODIC ORAL EXAMINATION   | \$29.00   |
| D0140        | LIMITED ORAL EVALUATION PROBLEM FOCUSED                             | \$38.00   |
| D0145        | ORAL EVALUATION-PATIENT UNDER 3                                     | \$28.00   |
| D0150        | COMPREHENSIVE ORAL EXAMINATION                                      | \$41.00   |
| D0160        | DETAILED AND EXTENSIVE ORAL EVALUATION (PROBLEM FOCUSED)            | \$50.00   |
| D0180        | COMPREHENSIVE PERIODONTAL EVALUATION                                | \$52.00   |
| D0210        | INTRAORAL – COMPLETE SERIES (INCLUDING BITEWINGS)                   | \$95.00   |
| D0220        | INTRAORAL – PERIAPICAL – FIRST FILM                                 | \$19.00   |
| D0230        | INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM                       | \$16.00   |
| D0240        | INTRAORAL – OCCLUSAL FILM   | \$26.00   |
| D0250        | EXTRAORAL – FIRST FILM  | \$35.00   |
| D0260        | EXTRAORAL – EACH ADDITIONAL FILM                                    | \$20.00   |
| D0270        | BITEWING – SINGLE FILM  | \$19.00   |
| D0272        | BITEWINGS – TWO FILMS   | \$28.00   |
| D0273        | BITEWINGS – THREE FILMS   | \$30.00   |
| D0274        | BITEWINGS – FOUR FILMS  | \$38.00   |
| D0277        | VERTICAL BITEWINGS – 7-10 8 FILMS                                   | \$66.00   |
| D0330        | PANORAMIC FILM  | \$72.00   |
| D0340        | CEPHALOMETRIC FILM  | \$72.00   |
| D0460        | PULP VITALITY TESTS   | \$26.00   |
| D0470        | DIAGNOSTIC CASTS  | \$41.00   |
| D1110        | PROPHYLAXIS – ADULTS  | \$53.00   |
| D1120        | PROPHYLAXIS – CHILD   | \$36.00   |
| D1203        | TOPICAL APPLICATION FLUORIDE – CHILD                                | \$22.00   |
| D1204        | TOPICAL FLUORIDE WITHOUT PROPHY – ADULT                             | \$22.00   |
| D1206        | TOPICAL FLUORIDE VARNISH FOR HIGH CARIES RISK PATIENTS              | \$22.00   |
| D1351        | SEALANT PER TOOTH   | \$30.00   |
| D1352        | PREVENTIVE RESIN RESTORATION  | \$33.00   |
| D1510        | SPACE MAINTAINER – FIXED UNILATERAL                                 | \$180.00  |
| D1515        | SPACE MAINTAINER – FIXED – BILATERAL                                | \$250.00  |
| D1550        | RECEMENTATION OF SPACE MAINTAINER                                   | \$40.00   |
| D1555        | REMOVAL OF FIXED SPACE MAINTAINER                                   | \$39.00   |
| D2140        | AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT                         | \$70.00   |
| D2150        | AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT                        | \$86.00   |
| D2160        | AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT                      | \$101.00  |
| D2161        | AMALGAM – FOUR SURFACES, PRIMARY OR PERMANENT                       | \$122.00  |
| D2330        | RESIN – ONE SURFACE, ANTERIOR                                       | \$86.00   |
| D2331        | RESIN – TWO SURFACES, ANTERIOR                                      | \$108.00  |
| D2332        | RESIN – THREE SURFACES, ANTERIOR                                    | \$129.00  |
| D2335        | RESIN – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) | \$165.00  |
| D2390        | RESIN-BASED COMPOSITE CROWN, ANTERIOR                               | \$160.00  |
| <b>D2391</b> | <b>RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR</b>               | \$96.00   |
| <b>D2392</b> | <b>RESIN-BASED COMPOSITE – TWO SURFACES POSTERIOR</b>               | \$127.00  |
| <b>D2393</b> | <b>RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR</b>            | \$160.00  |
| <b>D2394</b> | <b>RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR</b>     | \$171.00  |
| <b>D2510</b> | <b>INLAY – METALLIC – ONE SURFACE</b>                               | \$380.00  |
| <b>D2520</b> | <b>INLAY – METALLIC – TWO SURFACES</b>                              | \$480.00  |
| <b>D2530</b> | <b>INLAY – METALLIC – THREE SURFACES</b>                            | \$520.00  |

| CDT          | Description   | Allowance |
|--------------|---|-----------|
| <b>D2542</b> | <b>ONLAY – METALLIC – TWO SURFACES</b>                              | \$500.00  |
| D2543        | ONLAY – METALLIC – THREE SURFACES                                   | \$440.00  |
| D2544        | ONLAY – METALLIC – FOUR OR MORE SURFACES                            | \$615.00  |
| <b>D2610</b> | <b>INLAY – PORCELAIN/CERAMIC – ONE SURFACE</b>                      | \$450.00  |
| <b>D2620</b> | <b>INLAY – PORCELAIN/CERAMIC – TWO SURFACES</b>                     | \$500.00  |
| <b>D2630</b> | <b>INLAY – PORCELAIN/CERAMIC – THREE SURFACES</b>                   | \$620.00  |
| <b>D2642</b> | <b>ONLAY – PORCELAIN/CERAMIC – TWO SURFACES</b>                     | \$625.00  |
| D2643        | ONLAY – PORCELAIN/CERAMIC – THREE SURFACES                          | \$650.00  |
| D2644        | ONLAY – PORCELAIN/CERAMIC – FOUR OR MORE SURFACES                   | \$675.00  |
| <b>D2650</b> | <b>INLAY – COMPOSITE/RESIN – ONE SURFACE</b>                        | \$425.00  |
| <b>D2651</b> | <b>INLAY – COMPOSITE/RESIN – TWO SURFACE</b>                        | \$450.00  |
| <b>D2652</b> | <b>INLAY – COMPOSITE/RESIN – THREE OR MORE SURFACES</b>             | \$515.00  |
| <b>D2662</b> | <b>ONLAY – COMPOSITE/RESIN – TWO SURFACES</b>                       | \$570.00  |
| D2663        | ONLAY – COMPOSITE/RESIN – THREE SURFACES                            | \$615.00  |
| D2664        | ONLAY – COMPOSITE/RESIN – FOUR OR MORE SURFACES                     | \$630.00  |
| D2740        | CROWN – PORCELAIN/CERAMIC SUBSTRATE                                 | \$755.00  |
| D2750        | CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL                         | \$724.00  |
| D2751        | CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL                 | \$620.00  |
| D2752        | CROWN – PORCELAIN FUSED TO NOBLE METAL                              | \$662.00  |
| D2780        | CROWN – 3/4 CAST HIGH NOBLE METAL                                   | \$645.00  |
| D2781        | CROWN – 3/4 CAST PREDOMINATELY BASE METAL                           | \$600.00  |
| D2782        | CROWN – 3/4 CAST NOBLE METAL  | \$610.00  |
| D2783        | CROWN – 3/4 PORCELAIN/CERAMIC (NOT VENEERS)                         | \$725.00  |
| D2790        | CROWN – FULL CAST HIGH NOBLE METAL                                  | \$667.00  |
| D2791        | CROWN – FULL CAST PREDOMINANTLY BASE METAL                          | \$580.00  |
| D2792        | CROWN – FULL CAST NOBLE METAL                                       | \$620.00  |
| D2910        | RECEMENT INLAY  | \$52.00   |
| D2920        | RECEMENT CROWN  | \$52.00   |
| D2930        | PREFABRICATED STAINLESS STEEL CROWN – PRIMARY TOOTH                 | \$145.00  |
| <b>D2931</b> | <b>PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH</b>        | \$145.00  |
| <b>D2932</b> | <b>PREFABRIATED RESIN CROWN</b>                                     | \$157.00  |
| <b>D2933</b> | <b>PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW</b>        | \$186.00  |
| <b>D2934</b> | <b>PREFABRICATED ESTHETIC STAINLESS STEEL CROWN – PRIMARY TOOTH</b> | \$191.00  |
| D2940        | SEDATIVE FILLING  | \$45.00   |
| D2950        | CORE BUILDUP, INCLUDING ANY PINS                                    | \$132.00  |
| D2951        | PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION               | \$45.00   |
| <b>D2952</b> | <b>CAST POST &amp; CORE IN ADDITION TO CROWN</b>                    | \$236.00  |
| D2954        | PREFABRICATED POST & CORE IN ADDITION TO CROWN                      | \$186.00  |
| D2962        | LABIAL VENEER (PORCELAIN LAMINATE) – LAB                            | \$724.00  |
| D2980        | CROWN REPAIR, BY REPORT   | \$129.00  |
| D3110        | PULP CAP – DIRECT (EXCLUDING FINAL RESTORATION)                     | \$48.00   |
| D3120        | PULP CAP – INDIRECT   | \$40.00   |
| D3220        | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)                 | \$98.00   |
| D3221        | PUPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH                      | \$100.00  |
| D3230        | PUPAL THERAPY (RESORBABLE) ANTERIOR, PRIMARY                        | \$124.00  |
| D3240        | PUPAL THERAPY (RESORBABLE) POSTERIOR, PRIMARY                       | \$133.00  |
| D3310        | ROOT CANAL THERAPY – ANTERIOR (EXCLUDING FINAL RESTORATION)         | \$445.00  |
| D3320        | ROOT CANAL THERAPY – BICUSPID (EXCLUDING FINAL RESTORATION)         | \$517.00  |
| D3330        | ROOT CANAL THERAPY – MOLAR (EXCLUDING FINAL RESTORATION)            | \$651.00  |
| D3346        | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR               | \$510.00  |
| D3347        | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID               | \$589.00  |
| D3348        | RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR                  | \$724.00  |

| CDT          | Description  | Allowance  |
|--------------|--|------------|
| D3351        | APEXIFICATION/RECALCIFICATION – INITIAL VISIT                                      | \$253.00   |
| D3352        | APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION REPLACEMENT                     | \$100.00   |
| D3353        | APEXIFICATION/RECALCIFICATION – FINAL VISIT  | \$100.00   |
| D3354        | PULPAL REGENERATION  | \$100.00   |
| D3410        | APICOECTOMY/PERIRADICULAR SURGERY – ANTERIOR                                       | \$400.00   |
| D3421        | APICOECTOMY/PERIRADICULAR SURGERY – BICUSPID (FIRST ROOT)                          | \$495.00   |
| D3425        | APICOECTOMY/PERIRADICULAR SURGERY – MOLAR (FIRST ROOT)                             | \$600.00   |
| D3426        | APICOECTOMY/PERIRADICULAR SURGERY – EACH ADDITIONAL ROOT                           | \$185.00   |
| D3430        | RETROGRADE FILLING – PER ROOT  | \$124.00   |
| D3450        | ROOT AMPUTATION – PER ROOT   | \$200.00   |
| D3920        | HEMISECTION (INCLUDING ANY ROOT REMOVAL)   | \$260.00   |
| D3950        | CANAL PREPARATION & FITTING OF PREFORMED DOWEL OR POST                             | \$120.00   |
| D4210        | GINGIVECTOMY/GINGIVOPLASTY – ONE TO THREE TEETH, PER QUADRANT                      | \$250.00   |
| D4211        | GINGIVECTOMY/GINGIVOPLASTY – PER TOOTH   | \$105.00   |
| D4240        | GINGIVAL FLAP, INCLUDING ROOT PLANING – PER QUADRANT                               | \$315.00   |
| D4241        | GINGIVAL FLAP, INCLUDING ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT           | \$168.00   |
| D4249        | CROWN LENGTHENING – HARD/SOFT TISSUE, BY REPORT                                    | \$362.00   |
| D4260        | OSSEOUS SURGERY (INCLUDING FLAP ENTRY & CLOSURE – FOUR OR MORE TEETH PER QUADRANT) | \$620.00   |
| D4261        | OSSEOUS SURGERY (INCLUDING FLAP ENTRY & CLOSURE – ONE TO THREE TEETH PER QUADRANT) | \$362.00   |
| D4263        | BONE REPLACEMENT GRAFT – SINGLE SITE   | \$362.00   |
| D4264        | BONE REPLACEMENT GRAFT – EACH ADDITIONAL SITE IN QUADRANT                          | \$200.00   |
| D4266        | GUIDED TISSUE REGENERATION – RESORBABLE BARRIER, PER SITE                          | \$380.00   |
| D4267        | GUIDED TISSUE REGENERATION – NONRESORBABLE BARRIER, PER SITE                       | \$250.00   |
| D4270        | PEDICLE SOFT TISSUE GRAFT PROCEDURE  | \$300.00   |
| D4271        | FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE)                            | \$491.00   |
| D4273        | SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE                                    | \$465.00   |
| D4275        | SOFT TISSUE ALLOGRAFT  | \$475.00   |
| <b>D4276</b> | <b>COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT</b>                         | \$550.00   |
| D4341        | PERIODONTAL SCALING AND ROOT PLANING – PER QUADRANT                                | \$160.00   |
| D4342        | PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT            | \$93.00    |
| D4910        | PERIODONTAL MAINTENANCE (FOLLOWING ACTIVE THERAPY)                                 | \$72.00    |
| D5110        | COMPLETE DENTURE – UPPER   | \$900.00   |
| D5120        | COMPLETE DENTURE – LOWER   | \$900.00   |
| D5130        | IMMEDIATE DENTURE – UPPER  | \$951.00   |
| D5140        | IMMEDIATE DENTURE – LOWER  | \$951.00   |
| D5211        | UPPER PARTIAL – RESIN BASE (WITH CONVENTIONAL CLASPS, RESTS & TEETH)               | \$615.00   |
| D5212        | LOWER PARTIAL – RESIN BASE (WITH CONVENTIONAL CLASPS, RESTS & TEETH)               | \$615.00   |
| D5213        | UPPER PARTIAL – CAST METAL BASE WITH RESIN SADDLES                                 | \$1,034.00 |
| D5214        | LOWER PARTIAL – CAST METAL BASE WITH RESIN SADDLES                                 | \$1,034.00 |
| D5225        | MAXILLARY PARTIAL DENTURE – FLEXIBLE BASE (INCL. CLASPS, RESTS, TEETH)             | \$1,000.00 |
| D5226        | MANDIBULAR PARTIAL DENTURE – FLEXIBLE BASE (INCL. CLASPS, RESTS, TEETH)            | \$1,000.00 |
| D5281        | REMOVABLE UNILATERAL PARTIAL DENTURE – 1 PIECE CAST METAL                          | \$550.00   |
| D5410        | ADJUST COMPLETE DENTURE – UPPER  | \$40.00    |
| D5411        | ADJUST COMPLETE DENTURE – LOWER  | \$40.00    |
| D5421        | ADJUST PARTIAL DENTURE – UPPER   | \$40.00    |
| D5422        | ADJUST PARTIAL DENTURE – LOWER   | \$40.00    |
| D5510        | REPAIR BROKEN COMPLETE DENTURE BASE  | \$100.00   |
| D5520        | REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE (EACH TOOTH)                    | \$100.00   |
| D5610        | REPAIR RESIN SADDLE OR BASE  | \$100.00   |
| D5620        | REPAIR CAST FRAMEWORK  | \$155.00   |
| D5630        | REPAIR OR REPLACE BROKEN CLASP   | \$132.00   |
| D5640        | REPLACE BROKEN TEETH – PER TOOTH   | \$85.00    |

| CDT   | Description   | Allowance  |
|-------|---|------------|
| D5650 | ADD TOOTH TO EXISTING PARTIAL DENTURE   | \$119.00   |
| D5660 | ADD CLASP TO EXISTING PARTIAL DENTURE   | \$145.00   |
| D5670 | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME WORK (MAXILLARY)                        | \$550.00   |
| D5671 | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)                        | \$550.00   |
| D5710 | REBASE COMPLETE UPPER DENTURE   | \$300.00   |
| D5711 | REBASE COMPLETE LOWER DENTURE   | \$240.00   |
| D5720 | REBASE UPPER PARTIAL DENTURE  | \$240.00   |
| D5721 | REBASE LOWER PARTIAL DENTURE  | \$300.00   |
| D5730 | RELINE COMPLETE UPPER DENTURE (CHAIRSIDE)   | \$175.00   |
| D5731 | RELINE COMPLETE LOWER DENTURE (CHAIRSIDE)   | \$175.00   |
| D5740 | RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)  | \$175.00   |
| D5741 | RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)  | \$175.00   |
| D5750 | RELINE COMPLETE UPPER DENTURE (LAB)   | \$275.00   |
| D5751 | RELINE COMPLETE LOWER DENTURE (LAB)   | \$275.00   |
| D5760 | RELINE UPPER PARTIAL DENTURE (LAB)  | \$240.00   |
| D5761 | RELINE LOWER PARTIAL DENTURE (LAB)  | \$240.00   |
| D5850 | TISSUE CONDITIONING, MAXILLARY  | \$86.00    |
| D5851 | TISSUE CONDITIONING, MANDIBULAR   | \$86.00    |
| D5860 | OVERDENTURE – COMPLETE  | \$1,200.00 |
| D5861 | OVERDENTURE – PARTIAL   | \$880.00   |
| D6010 | SURGICAL PLACEMENT OF IMPLANT BODY – ENDOSTEAL IMPLANT                                    | \$1,200.00 |
| D6012 | SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTESIS – ENDOSTEAL IMPLANT | \$1,120.00 |
| D6040 | SURGICAL PLACEMENT – EPOSTEAL IMPLANT   | \$4,000.00 |
| D6050 | SURGICAL PLACEMENT – TRANSOSTEAL IMPLANT  | \$3,040.00 |
| D6053 | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH               | \$880.00   |
| D6054 | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH                | \$880.00   |
| D6055 | DENTAL IMPLANT SUPPORTED CONNECTING BAR   | \$304.00   |
| D6056 | PREFABRICATED ABUTMENT – INCLUDES PLACEMENT   | \$400.00   |
| D6057 | CUSTOM ABUTMENT INCLUDES PLACEMENT  | \$480.00   |
| D6058 | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN  | \$960.00   |
| D6059 | ABUTMENT SUPPORTED PFM/HIGH NOBLE CROWN   | \$920.00   |
| D6060 | ABUTMENT SUPPORTED PFM/BASE METAL CROWN   | \$680.00   |
| D6061 | ABUTMENT SUPPORTED PFM/NOBLE CROWN  | \$960.00   |
| D6062 | ABUTMENT SUPPORTED CAST/HIGH NOBLE CROWN  | \$920.00   |
| D6063 | ABUTMENT SUPPORTED CAST/BASE METAL CROWN  | \$680.00   |
| D6064 | ABUTMENT SUPPORTED CAST/NOBLE METAL CROWN   | \$920.00   |
| D6065 | IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN   | \$960.00   |
| D6066 | IMPLANT SUPPORTED PFM/HIGH NOBLE CROWN  | \$920.00   |
| D6067 | IMPLANT SUPPORTED METAL CROWN/HIGH NOBLE  | \$920.00   |
| D6068 | ABUTMENT SUPPORTED RETAINER FOR CERAMIC FPD   | \$960.00   |
| D6069 | ABUT SUPPORTED RETAINER FOR PFM H/NOBLE FPD   | \$920.00   |
| D6070 | ABUT SUPPORTED RETAINER FOR PFM BASEMETAL RPD   | \$680.00   |
| D6071 | ABUT SUPPORTED RETAINER FOR PFM NOBLE FPD   | \$920.00   |
| D6072 | ABUT SUPPORTED RETAINER FOR H/NOBLE CAST FPD  | \$920.00   |
| D6073 | ABUT SUPPORTED RETAINER FOR BASE CAST FPD   | \$680.00   |
| D6074 | ABUT SUPPORTED RETAINER FOR NOBLE CAST FPD  | \$920.00   |
| D6075 | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD  | \$960.00   |
| D6076 | IMPLANT SUPPORTED RETAINER H/NOBLE PFM FPD  | \$920.00   |
| D6077 | IMPLANT SUPPORTED RETAINER – CAST H/ NOBLE FPD  | \$920.00   |
| D6078 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH                   | \$2,400.00 |
| D6079 | IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH                    | \$1,440.00 |
| D6080 | IMPLANT MAINTENANCE PROCEDURES, CLEANSING OF PROSTHESIS AND ABUTMENTS AND REINSERTION     | \$72.00    |

| CDT          | Description  | Allowance       |
|--------------|--|-----------------|
| D6090        | REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT                 | \$192.00        |
| D6091        | REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT          | \$180.00        |
| D6092        | RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN                      | \$54.00         |
| D6093        | RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE      | \$88.00         |
| D6094        | ABUTMENT SUPPORTED CROWN – TITANIUM                            | \$544.00        |
| D6095        | REPAIR IMPLANT ABUTMENT, BY REPORT                             | \$152.00        |
| D6100        | IMPLANT REMOVAL, BY REPORT                                     | \$260.00        |
| D6194        | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – (TITANIUM)         | \$780.00        |
| D6210        | PONTIC – CAST HIGH NOBLE METAL                                 | \$635.00        |
| D6211        | PONTIC CAST PREDOMINANTLY BASE METAL                           | \$570.00        |
| D6212        | PONTIC – CAST NOBLE METAL                                      | \$600.00        |
| D6240        | PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL                     | \$724.00        |
| D6241        | PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL           | \$585.00        |
| D6242        | PONTIC – PORCELAIN FUSED TO NOBLE METAL                        | \$672.00        |
| D6245        | PONTIC – PORCELAIN / CERAMIC                                   | \$730.00        |
| D6545        | RETAINER CAST METAL FOR RESIN BONDED FIXED PROSTHESIS          | \$300.00        |
| D6548        | RETAINER – PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS | \$260.00        |
| D6600        | INLAY – PORCELAIN/CERAMIC, TWO SURFACES                        | \$400.00        |
| D6601        | INLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES              | \$400.00        |
| D6602        | INLAY – CAST HIGH NOBLE METAL, TWO SURFACES                    | \$380.00        |
| D6603        | INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES               | \$420.00        |
| D6604        | INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES            | \$396.00        |
| D6605        | INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES  | \$420.00        |
| D6606        | INLAY – CAST NOBLE METAL, TWO SURFACES                         | \$360.00        |
| D6607        | INLAY CAST NOBLE METAL, THREE OR MORE SURFACES                 | \$396.00        |
| D6608        | ONLAY – PORCELAIN/CERAMIC, TWO SURFACES                        | \$400.00        |
| D6609        | ONLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES              | \$525.00        |
| D6610        | ONLAY – CAST HIGH NOBLE, TWO SURFACES                          | \$488.00        |
| D6611        | ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES          | \$488.00        |
| D6612        | ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES            | \$400.00        |
| D6613        | ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES  | \$408.00        |
| D6614        | ONLAY– CAST NOBLE METAL, TWO SURFACES                          | \$420.00        |
| D6615        | ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES               | \$424.00        |
| D6740        | CROWN PORCELAIN / CERAMIC                                      | \$730.00        |
| D6750        | CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL                    | \$724.00        |
| D6751        | CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL            | \$585.00        |
| D6752        | CROWN – PORCELAIN FUSED TO NOBLE METAL                         | \$672.00        |
| D6780        | CROWN – 3/4 CAST HIGH NOBLE                                    | \$472.00        |
| D6781        | CROWN 3/4 CAST PREDOMINATELY BASED METAL                       | \$444.00        |
| D6782        | CROWN 3/4 NOBLE METAL  | \$452.00        |
| D6783        | CROWN 3/4 PORCELAIN I CERAMIC                                  | \$625.00        |
| D6790        | CROWN – FULL CAST HIGH NOBLE METAL                             | \$655.00        |
| D6791        | CROWN FULL CAST PREDOMINANTLY BASE METAL                       | \$570.00        |
| D6792        | CROWN – FULL CAST NOBLE METAL                                  | \$600.00        |
| D6920        | CONNECTOR BAR  | \$120.00        |
| D6930        | RECEMENT BRIDGE  | \$65.00         |
| <b>D6970</b> | <b>CAST POST &amp; CORE IN ADDITION TO BRIDGE RETAINER</b>     | <b>\$180.00</b> |
| D6972        | PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER     | \$160.00        |
| D6973        | CORE BUILD OR RETAINER, INCLUDING ANY PINS                     | \$150.00        |
| D6980        | BRIDGE REPAIR – BY REPORT                                      | \$160.00        |
| D7111        | CORONAL REMNANTS – DECIDUOUS TOOTH                             | \$52.00         |
| D7140        | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT                      | \$83.00         |

| CDT   | Description   | Allowance       |
|-------|---|-----------------|
| D7210 | SURGICAL REMOVAL OF ERUPTED TOOTH   | \$155.00        |
| D7220 | REMOVAL OF IMPACTED TOOTH – SOFT TISSUE                                       | \$196.00        |
| D7230 | REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY                                    | \$238.00        |
| D7240 | REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY                                   | \$274.00        |
| D7241 | REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH COMPLICATIONS                | \$346.00        |
| D7250 | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS – CUTTING PROCEDURES                 | \$165.00        |
| D7251 | CORONECTOMY   | <b>\$274.00</b> |
| D7260 | ORAL ANTRAL FISTULA CLOSURE   | \$250.00        |
| D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION  | \$300.00        |
| D7280 | SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH – ORTHO                      | \$207.00        |
| D7283 | PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH                  | \$82.00         |
| D7285 | BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH)                                    | \$320.00        |
| D7286 | BIOPSY OF ORAL TISSUE – SOFT  | \$180.00        |
| D7310 | ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS – PER QUADRANT                    | \$150.00        |
| D7311 | ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS – ONE TO THREE, PER QUAD          | \$125.00        |
| D7320 | ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS PER QUADRANT                  | \$160.00        |
| D7321 | ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS – ONE/THREE, PER QUAD         | \$135.00        |
| D7340 | VESTIBULOPLASTY – RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)               | \$290.00        |
| D7471 | REMOVAL OF EXOSTOSIS – MAXILLA OR MANDIBLE                                    | \$260.00        |
| D7472 | REMOVAL OF TORUS PALATINUS  | \$260.00        |
| D7473 | REMOVAL OF TORUS MANDIBULARIS   | \$260.00        |
| D7485 | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY                                      | \$260.00        |
| D7510 | INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE                      | \$92.00         |
| D7530 | REMOVAL OF FOREIGN BODY, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE                 | \$130.00        |
| D7560 | MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY            | \$280.00        |
| D7960 | FRENULECTOMY – SEPARATE PROCEDURE   | \$207.00        |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE – PER ARCH                                    | \$235.00        |
| D7971 | EXCISION OF PERICORONAL GINGIVA   | \$100.00        |
| D8010 | LIMITED ORTHODONTIC TREATMENT OF PRIMARY DENTITION                            | \$1,000.00      |
| D8020 | LIMITED ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION                       | \$1,000.00      |
| D8030 | LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION                         | \$1,000.00      |
| D8040 | LIMITED ORTHODONTIC TREATMENT OF ADULT DENTITION                              | \$1,200.00      |
| D8050 | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION                   | \$2,000.00      |
| D8060 | INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION              | \$2,000.00      |
| D8070 | COMPREHENSIVE ORTHO TREATMENT OF THE TRANSITIONAL DENTITION                   | \$5,000.00      |
| D8080 | COMPREHENSIVE ORTHO TREATMENT OF THE ADOLESCENT DENTITION                     | \$6,000.00      |
| D8090 | COMPREHENSIVE ORTHO TREATMENT OF THE ADULT DENTITION                          | \$7,000.00      |
| D8210 | REMOVABLE APPLIANCE THERAPY   | \$1,000.00      |
| D8220 | FIXED APPLIANCE THERAPY   | \$1,200.00      |
| D8680 | ORTHODONTIC RETENTION   | \$500.00        |
| D8693 | REBONDING OR RECEMENTING AND/OR REPAIR, FIXED RETAINERS                       | \$36.00         |
| D9110 | PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURES            | \$48.00         |
| D9220 | DEEP SEDATION (UNCONSCIOUS) / GENERAL ANESTHESIA – FIRST 30 MINUTES           | \$259.00        |
| D9221 | DEEP SEDATION (UNCONSCIOUS) / GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES | \$67.00         |
| D9230 | ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE                            | \$25.00         |
| D9241 | INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – FIRST 30 MINUTES                   | \$200.00        |
| D9242 | INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – EACH ADD'L 15 MINUTES              | \$50.00         |
| D9910 | APPLICATION OF DESENTIZING MEDICAMENT   | \$25.00         |
| D9940 | OCCLUSAL GUARDS   | \$310.00        |



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## Did you know ... ?

Many providers file claims for anterior composite restorations involving the incisal angle with the two- or three-surface composite codes D2331 or D2332, rather than the American Dental Association (ADA) code D2335. The ADA describes the D2335 code as “resin-based composite — four or more surfaces or involving incisal angle.” Look at the reimbursement and make the change. You definitely will be happier with the reimbursement!

# Welcome New Providers

The following dental providers have recently joined the Arkansas Blue Cross and Blue Shield network. Thanks for being part of the Blue team!

Dr. David T. Drummond — Bentonville  
Dr. Tuyet Van — Rogers  
Dr. Charles S. Dillon III — Hot Springs  
Dr. Steven D. Kimbrough — Bentonville  
Dr. Blair E. Cohen — Little Rock  
Dr. Rosetta Shelby Calvin — Bryant



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good for  
**YOU.**

## Dental Provider Relations

**Customer Service** 1-877-203-9921

### Dental Provider Representatives

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Debbie Jines, RDH, BS  
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