

# dental bulletin

Winter 2012

## Watch your mail!

### Changes mean better service to you.

Just as you look for better ways to take care of your patients, Arkansas Blue Cross and Blue Shield looks for better ways to take care of you, our network dental providers.

In order to improve our services to you, Arkansas Blue Cross and our subsidiary, Life & Specialty Ventures (LSV), have partnered with Highmark/United Concordia Companies Inc. (UCCI) to create a world-class, centralized Blue-owned dental claims administration. This partnership will provide best-in-class systems, more accurate and

efficient claims processing and superior customer service. Watch your mail in February for a new contract amendment that will outline the partnership between Arkansas Blue Cross, LSV and UCCI. To continue as a participating dental provider in this new arrangement, you do not need to do anything. In addition to the new contract amendment, you can look forward to information and operational details for Arkansas Blue Cross dental programs in an easy-to-use online manual.

Under the new arrangement, you will be considered a participating

dental provider in a national dental network of Blue Plans. The reimbursement and general terms of your contract with Arkansas Blue Cross will remain the same. Your patients with dental coverage through Arkansas Blue Cross also will receive new dental ID cards that reflect the change.

Arkansas Blue Cross dental representatives Debbie Jines and Linda Duelper will be glad to answer questions during a personal visit to your office, or you can give them a call. Thank you for partnering with Arkansas Blue Cross.

## FAQs regarding the new dental claims administration

### **Q: What are the benefits of a new provider contract amendment agreement?**

**A:** The amendment provides enhancements to our current processes and allows you to be part of a nationwide Blue Plans' dental program, which includes UCCI, a subsidiary of Highmark Blue Cross and Blue Shield. This will offer practice access to more than 200,000 Arkansas insured members as well as access to thousands of insured members while receiving the Arkansas fee schedule allowance. In addition, the new provider agreement offers fast,

reliable and direct electronic claims processing, access to the UCCI Web site and continued access to your dedicated provider network representative.

### **Q: When will my new provider amendment become effective?**

**A:** The provider amendment becomes effective May 1, 2012.

### **Q: Will my patients be informed of the change?**

**A:** Your patients will receive a letter from Arkansas Blue Cross along with new ID cards.

### **Q: Does the new contract amendment change my relationship with Arkansas**

### **Blue Cross?**

**A:** No. You will remain in the Arkansas Blue Cross and Blue Shield dental network.

### **Q: How will I know if my patient is eligible for services?**

**A:** We will provide additional information soon explaining how to check patient eligibility and benefits using our online self-service option and when to begin using our new Customer Service phone number, 1-888-224-5213. Information on member eligibility also will be in the new dental manual included in your contract materials.



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

# General Dentist Fees

January 1, 2012

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

**Not all codes are covered benefits.**

*Please check the member's plan for verification and limitations.*

CDT	Description	Allowance
D0120	PERIODIC ORAL EXAMINATION	\$30.00
D0140	LIMITED ORAL EVALUATION PROBLEM FOCUSED	\$40.00
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)	\$96.00
D0220	INTRAORAL- PERIAPICAL-FIRST FILM	\$20.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$17.00
D0240	INTRAORAL-OCCLUSAL FILM	\$26.00
D0250	EXTRAORAL-FIRST FILM	\$35.00
D0260	EXTRAORAL - EACH ADDITIONAL FILM	\$20.00
D0270	BITEWING-SINGLE FILM	\$20.00
D0272	BITEWINGS - TWO FILMS	\$29.00
D0273	BITEWINGS - THREE FILMS	\$30.00
D0274	BITEWINGS - FOUR FILMS	\$38.00
D0277	VERTICAL BITEWINGS- 7-10 8 FILMS	\$66.00
D0330	PANORAMIC FILM	\$74.00
D0340	CEPHALOMETRIC FILM	\$74.00
D0460	PULP VITALITY TESTS	\$26.00
D0470	DIAGNOSTIC CASTS	\$41.00
D1110	PROPHYLAXIS - ADULTS	\$54.00
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	\$71.00
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$87.00
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$101.00
D2161	AMALGAM - FOUR SURFACES, PRIMARY OR PERMANENT	\$122.00
D2330	RESIN - ONE SURFACE, ANTERIOR	\$90.00
D2331	RESIN - TWO SURFACES, ANTERIOR	\$110.00
D2332	RESIN - THREE SURFACES, ANTERIOR	\$132.00
D2335	RESIN - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$170.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$160.00
<b>D2391</b>	<b>RESIN- BASED COMPOSITE - ONE SURFACE, POSTERIOR</b>	<b>\$100.00</b>
<b>D2392</b>	<b>RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR</b>	<b>\$136.00</b>
<b>D2393</b>	<b>RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR</b>	<b>\$168.00</b>
<b>D2394</b>	<b>RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR</b>	<b>\$185.00</b>
D2510	INLAY - METALLIC - ONE SURFACE	\$380.00
D2520	INLAY - METALLIC - TWO SURFACES	\$480.00

CDT	Description	Allowance
<b>D2530</b>	<b>INLAY - METALLIC - THREE SURFACES</b>	<b>\$520.00</b>
<b>D2542</b>	<b>ONLAY - METALLIC - TWO SURFACES</b>	<b>\$500.00</b>
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>	<b>\$450.00</b>
<b>D2620</b>	<b>INLAY - PORCELAIN/CERAMIC - TWO SURFACES</b>	<b>\$500.00</b>
<b>D2630</b>	<b>INLAY - PORCELAIN/CERAMIC - THREE SURFACES</b>	<b>\$635.00</b>
<b>D2642</b>	<b>ONLAY- PORCELAIN/CERAMIC - TWO SURFACES</b>	<b>\$640.00</b>
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>	<b>\$425.00</b>
<b>D2651</b>	<b>INLAY - COMPOSITE/RESIN - TWO SURFACE</b>	<b>\$450.00</b>
<b>D2652</b>	<b>INLAY - COMPOSITE/RESIN - THREE OR MORE SURFACES</b>	<b>\$515.00</b>
<b>D2662</b>	<b>ONLAY - COMPOSITE/RESIN - TWO SURFACES</b>	<b>\$570.00</b>
D2663	ONLAY - COMPOSITE/RESIN - THREE SURFACES	\$615.00
D2664	ONLAY - COMPOSITE/RESIN - FOUR OR MORE SURFACES	\$630.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$770.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$740.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$630.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$690.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$650.00
D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL	\$625.00
D2782	CROWN - 3/4 CAST NOBLE METAL	\$615.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC (NOT VENEERS)	\$725.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$680.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$610.00
D2792	CROWN - FULL CAST NOBLE METAL	\$625.00
D2910	RECEMENT INLAY	\$52.00
D2920	RECEMENT CROWN	\$52.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$155.00
<b>D2931</b>	<b>PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH</b>	<b>\$155.00</b>
<b>D2932</b>	<b>PREFABRIATED RESIN CROWN</b>	<b>\$170.00</b>
<b>D2933</b>	<b>PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW</b>	<b>\$200.00</b>
<b>D2934</b>	<b>PREFABRICATED ESTHETIC STAINLESS STEEL CROWN - PRIMARY TOOTH</b>	<b>\$200.00</b>
D2940	SEDATIVE FILLING	\$45.00
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$135.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$45.00
<b>D2952</b>	<b>CAST POST &amp; CORE IN ADDITION TO CROWN</b>	<b>\$236.00</b>
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)	\$450.00
D3320	ROOT CANAL THERAPY - BICUSPID (EXCLUDING FINAL RESTORATION)	\$523.00
D3330	ROOT CANAL THERAPY - MOLAR (EXCLUDING FINAL RESTORATION)	\$660.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$550.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	\$620.00

CDT	Description	Allowance
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$760.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$253.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	\$100.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$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 ADDT'L 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	\$350.00
D4241	GINGIVAL FLAP, INCLUDING ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$200.00
D4249	CROWN LENGTHENING - HARD/SOFT TISSUE, BY REPORT	\$400.00
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)	\$450.00
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	\$275.00
D4268	SURGICAL REVISION - PERTOOTH	\$450.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$350.00
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE)	\$491.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$500.00
D4275	SOFT TISSUE ALLOGRAFT	\$475.00
<b>D4276</b>	<b>COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT</b>	<b>\$550.00</b>
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	\$42.00
D5411	ADJUST COMPLETE DENTURE - LOWER	\$42.00
D5421	ADJUST PARTIAL DENTURE - UPPER	\$42.00
D5422	ADJUST PARTIAL DENTURE - LOWER	\$42.00
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

CDT	Description	Allowance
D5640	REPLACE BROKEN TEETH - PER TOOTH	\$85.00
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	\$310.00
D5711	REBASE COMPLETE LOWER DENTURE	\$275.00
D5720	REBASE UPPER PARTIAL DENTURE	\$275.00
D5721	REBASE LOWER PARTIAL DENTURE	\$300.00
D5730	RELIN COMPLETE UPPER DENTURE (CHAIRSIDE)	\$175.00
D5731	RELIN COMPLETE LOWER DENTURE (CHAIRSIDE)	\$175.00
D5740	RELIN UPPER PARTIAL DENTURE (CHAIRSIDE)	\$175.00
D5741	RELIN LOWER PARTIAL DENTURE (CHAIRSIDE)	\$175.00
D5750	RELIN COMPLETE UPPER DENTURE (LAB)	\$275.00
D5751	RELIN COMPLETE LOWER DENTURE (LAB)	\$275.00
D5760	RELIN UPPER PARTIAL DENTURE (LAB)	\$240.00
D5761	RELIN LOWER PARTIAL DENTURE (LAB)	\$240.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$86.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$86.00
<b>D5860</b>	<b>OVERDENTURE - COMPLETE</b>	<b>\$1,500.00</b>
<b>D5861</b>	<b>OVERDENTURE - PARTIAL</b>	<b>\$1,200.00</b>
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

CDT	Description	Allowance
D6080	IMPLANT MAINTENANCE PROCEDURES (REMOVAL, CLEANSING AND REINSERTION)	\$72.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$192.00
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER 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	\$680.00
D6211	PONTIC CAST PREDOMINANTLY BASE METAL	\$610.00
D6212	PONTIC - CAST NOBLE METAL	\$625.00
D6240	PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL	\$740.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$630.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$690.00
D6245	PONTIC - PORCELAIN / CERAMIC	\$740.00
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	\$740.00
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$740.00
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$630.00
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$690.00
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	\$680.00
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL	\$610.00
D6792	CROWN - FULL CAST NOBLE METAL	\$625.00
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>\$236.00</b>
D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER	\$180.00
D6973	CORE BUILD OR RETAINER, INCLUDING ANY PINS	\$150.00
D6980	BRIDGE REPAIR - BY REPORT	\$160.00

CDT	Description	Allowance
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	\$52.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$85.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$158.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$200.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$242.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$285.00
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY WITH COMPLICATIONS	\$360.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS - CUTTING PROCEDURES	\$170.00
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	\$50.00
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 ADDITIONAL 15 MINUTES	\$50.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$25.00

**Q: Will I have to renegotiate my contract?**

**A:** As a participating Arkansas Blue Cross dentist, you will continue to be reimbursed based on the Arkansas fee schedule for covered services provided to Arkansas Blue Cross members and members through the national network, which includes UCCI and other Blue plan members. The new contract amendment addresses the changes required to support this migration as well as other improvements in our business processes.

**Q: If I participate in the UCCI Advantage Plus network as well as my local Arkansas Blue Cross and Blue Shield network, which contract takes precedence?**

**A:** Arkansas Blue Cross and Blue Shield provider contracts will apply to Arkansas Blue Cross members, and UCCI provider contracts will apply to UCCI members.

**Q: How will I be reimbursed for services?**

**A:** The updated fee schedule went into effect January 1, 2012.

**Q: Will I be subject to Arkansas Blue Cross contracted allowable rates for non-covered services?**

**A:** You will not be subject to Arkansas Blue Cross contracted allowable rates for non-covered services.

**Q: What happens if I don't agree with the new contract amendments?**

**A:** To remain in the Arkansas Blue Cross dental network, you don't have to do anything. The contract amendment automatically becomes effective May 1, 2012. To be removed from the network, you will have to send a letter of termination to Arkansas Blue Cross.

**Q: How will I be reimbursed for services rendered to UCCI members?**

**A:** If you participate in UCCI's Advantage Plus network, you will be reimbursed based on the fee schedule you have agreed upon with UCCI. Otherwise, you will be reimbursed per the Arkansas Blue Cross fee schedule.

**Q: Where do I send paper claims for Arkansas Blue Cross patients?**

**A:** Beginning May 1, 2012, paper claims may be sent to:  
Dental Claims Administrator  
PO Box 69436  
Harrisburg, PA 17106-9436

**Q: Will the Payor ID number for electronic claims change?**

**A:** No. The Payor ID number for electronic claims has not changed. You may continue to use Payor ID TLY26.

**Q: What number do I call for claims and benefit information?**

**A:** After May 1, 2012, you may reach Customer Service by calling 1-888-224-5213. Please continue to use our current Customer Service phone number until that time.

**Q: Who do I call if I have questions about my new provider agreement?**

**A:** Please contact your provider representative, Debbie Jines at 501-378-3296 or Linda Duellmer at 501-378-2195.

**Customer Service Numbers**  
**Until May 1, 2012: (877) 203 9921**  
**After May 1, 2012: (888) 224 5213**

## Dental Provider Relations

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

Dental Provider Representatives  
Linda Duellmer, MHP  
Phone: 501-378-2195  
Fax: 501-378-2465

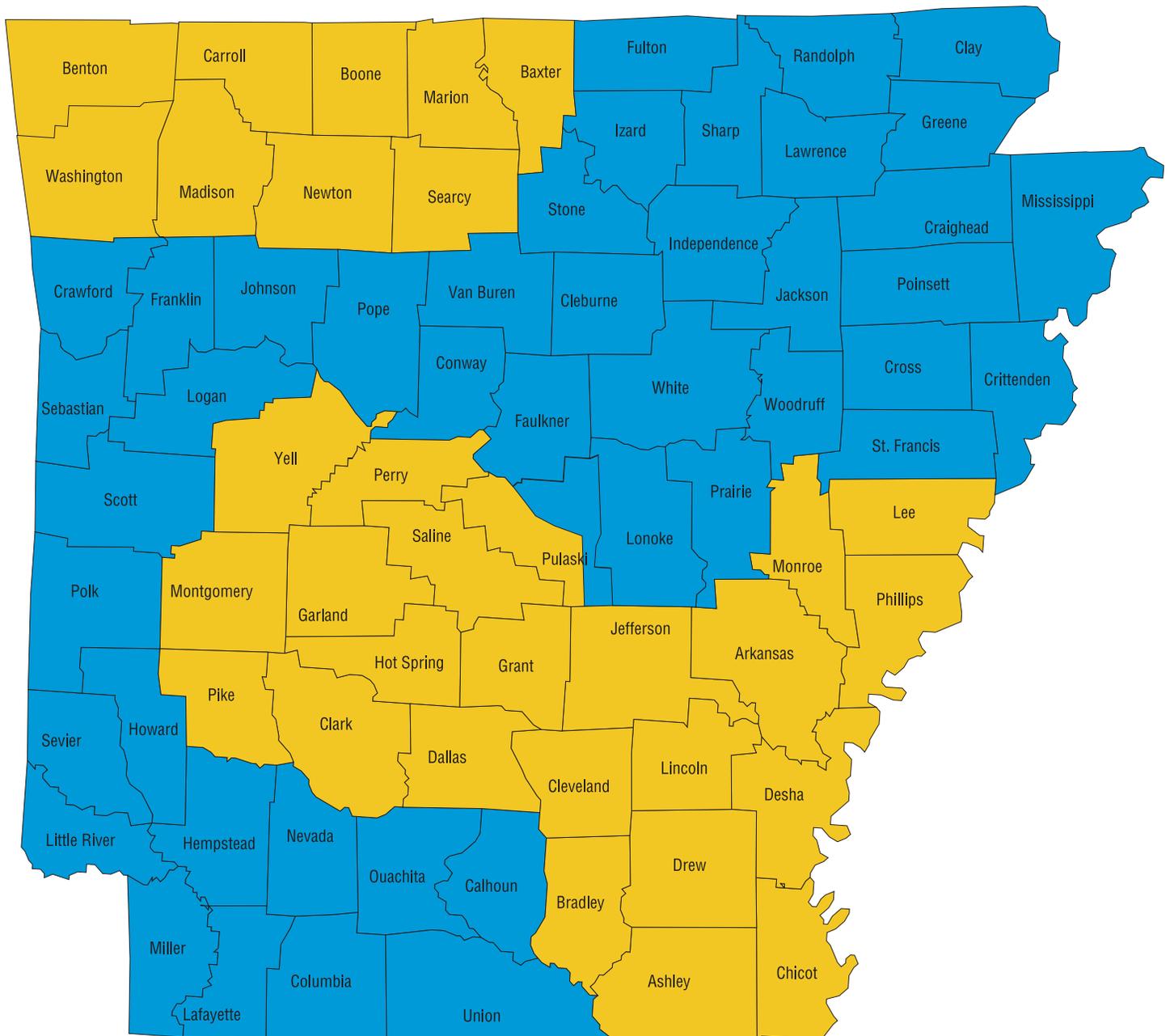
Debbie Jines, RDH, BS  
Phone: 501-378-3296  
Fax: 501-378-2465

Arkansas Blue Cross and Blue Shield  
Dental Provider Relations  
P.O. Box 2181  
Little Rock AR 72203

# Do you know your dental representative?

This map shows how Debbie Jines and Linda Duelmer divide the state in order to quickly respond to your needs (Pulaski County is divided by the Arkansas River).

-  **Debbie Jines**  
501-378-3296
-  **Linda Duelmer**  
501-378-2195



# Did you know ... ?

When filing claims, whether it's a medical or dental claim, you should use the same type of codes on the claim, i.e., use all CPT coding for a medical claim, or all CDT coding for a dental claim — **do not mix the codes.**

Arkansas Blue Cross and Blue Shield will accept a dental accident claim on an ADA Dental Claim form with all CDT coding; just be sure to use the member's health plan ID number on these claims!

## Has your information changed? Check ID cards frequently

Many of our dentists have moved practices, or now practice in multiple locations. If you have had a change or addition in your practice, we need you to fill out a new Change of Data form. You can find it in the providers' section of our Web sites in the special provider section: "Tools for Dental Providers."

simply moving your practice. Add the NPI Type 2 number for each location as well.

Please fax the completed form with supporting documents to 501-378-2465. You also can send the information by mail to Provider Network Operations, P.O. Box 2181, Little Rock, AR 72203.

The Change of Data form currently only has space for one location, but you can add as many locations as you need by including the information on a sheet of letterhead from your office. Be sure to include all locations so it is clear that you are adding more locations and not

The form is titled "Provider Change of Data Form" and includes the following fields: Name (First, MI, Last), ABCBSR, NPI (with a note to search only of NPI verification from NPPES), Doing Business As, Medical Records Fax #, Change Effective Date, Degree, Male, Female, US Citizen?, SSN, Date of Birth, Secondary Specialty, Secondary Language, Primary Language (English), TTY Services?, Issue Date, Expiration Date, Handicapped Accessible?, AR License/Certification # (with a note to search only of license), ST, Issue Date, Expiration Date, Other License/Certification # (with a note to search only of license), ST, Issue Date, Expiration Date, and DEA #.

Your staff can help avoid claims delays by checking your patients' ID cards on a regular basis. Sometimes a group may change benefits, or an individual may make a change in coverage. It is always better to ask for the card just to be sure you have the most recent one in your files. Also, Arkansas Blue Cross and Blue Shield never uses a member's Social Security number, so even if a member offers it, please ask instead for the ID card.

# 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. M. Louie Allred — Little Rock  
Dr. Amy Barfield — Texarkana  
Dr. Jana Barfield — Little Rock  
Dr. Stephen Beeler — Harrison  
Dr. Katherine Behrents — Fayetteville  
Dr. Nathaniel Behrents — Fayetteville  
Dr. Ken Berley — Rogers  
Dr. Paul Burton — Little Rock  
Dr. Matthew Carlisle — Jonesboro  
Dr. Rebecca Carlisle — Conway  
Dr. Preston Carter — Hope  
Dr. Kyle Catron — Ft. Smith  
Dr. Michael Cruse — Little Rock

Dr. Jennifer Daniel — Conway  
Dr. James Davenport — Little Rock  
Dr. Zachary Dixon — Morrilton  
Dr. Valentine Emechete — Marianna  
Dr. David Glass — Texarkana  
Dr. Kristi Gorman — Rogers  
Dr. Larry Gould — Mountain Home  
Dr. Kelli Vanhouten Grubbs — Helena  
Dr. Leah Jennings — Fayetteville  
Dr. Steve Mangan — Little Rock  
Dr. Jennifer Matousek — Rogers  
Dr. Ashley McDonald — Texarkana  
Dr. Matthew Milliner — Jonesboro  
Dr. Ryan Moore — Little Rock

Dr. Nona Naghavi — Bentonville  
Dr. Christopher Olson — Fort Smith  
Dr. William Panneck — Jonesboro  
Dr. Stephen Parks — Lonoke  
Dr. Michelle Pate — Hot Springs  
Dr. Leslie Ringgold — Sherwood  
Dr. Adrian Rowe — Little Rock  
Dr. Roxanne Siegrist — Mena  
Dr. Beau Sparkman — Fort Smith  
Dr. Brandon Stroope — North Little Rock  
Dr. Buford Suffridge — Jonesboro  
Dr. Summer Tyson — Jonesboro  
Dr. Monica Williams — Marianna