

## 2009: A Great Year for Our Dental Program

It's been an exciting year for the dental program at Arkansas Blue Cross and Blue Shield, and as we close out 2009 and head into 2010, we wanted to remind you of a few changes and tips that will make the new year even better.

### Type 2 NPI

The Type 2 National Provider Identifier (NPI) is needed only if you have an incorporated business (Inc.), a professional corporation (PC) or a limited liability company (LLC) and you have an employee identification number. Having both types of NPIs distinguishes the dentist providing the services from the practice billing the service. This ensures that tax responsibilities are properly assigned.

You can apply for an NPI three ways:

1. Online on the National Plan and Provider Enumeration System (NPPES) Web site at <https://nppes.cms.hhs.gov>.
2. Print a paper application from the NPPES Web site and mail or fax it in.
3. Call for an application at

1-800-465-3203 or TTY  
1-800-692-2326.

Report your NPI to Arkansas Blue Cross by sending a copy of your NPPES validation notice and a Change of Data form to the address on the back of this bulletin or fax it to (501) 378-2465.

### Multiple Clinics

If you practice in multiple locations and we are missing a location in our directory, please fill out a Change of Data form from the provider sections of our Web sites.

The form 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 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 or send it by mail to the address on the back of this bulletin.

### New Benefits

Arkansas Blue Cross added new dental benefits to our group

DentalBlue dental insurance plans. Three new standard benefits — annual rollover, family deductible enhancement and implants — and one optional benefit rider for composite restorations on posterior teeth are available to new and renewing small and large groups as of Oct. 1, 2009. These benefits are not available for BlueCare individual policies.

### Tools for Dental Providers on Web

Dental providers now have their own section on the Arkansas Blue Cross and BlueAdvantage Administrators of Arkansas Web sites.

1. Go to [arkansasbluecross.com](http://arkansasbluecross.com) or [blueadvantagearkansas.com](http://blueadvantagearkansas.com)
2. Select the "Providers" tab
3. Scroll down to "Tools for Dental Providers"

The "Tools for Dental Providers" includes:

- "Why Blue is Good for You" brochure
- Authorization Form for Clinic/ Group Billing
- Provider Change of Data Form
- Termination Form for Clinic/ Group Billing
- ADA Dental Claim Form for Members





# General Dentist Fees

January 1, 2010

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

CDT	DESCRIPTION	Allowance
D0120	PERIODIC ORAL EXAMINATION	\$28.00
D0140	LIMITED ORAL EVALUATION PROBLEM FOCUSED	\$37.00
D0145	ORAL EVALUATION – PATIENT UNDER 3	\$28.00
D0150	COMPREHENSIVE ORAL EXAMINATION	\$38.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION (PROBLEM FOCUSED)	\$50.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$52.00
D0210	INTRAORAL – COMPLETE SERIES (INCLUDING BITEWINGS)	\$90.00
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	\$27.00
D0273	BITEWINGS – THREE FILMS	\$30.00
D0274	BITEWINGS – FOUR FILMS	\$36.00
D0277	VERTICAL BITEWINGS – 7-10 8 FILMS	\$62.00
D0330	PANORAMIC FILM	\$69.00
D0340	CEPHALOMETRIC FILM	\$72.00
D0460	PULP VITALITY TESTS	\$26.00
D0470	DIAGNOSTIC CASTS	\$41.00
D1110	PROPHYLAXIS – ADULTS	\$50.00
D1120	PROPHYLAXIS – CHILD	\$34.00
D1203	TOPICAL APPLICATION FLUORIDE – CHILD	\$20.00
D1204	TOPICAL FLUORIDE WITHOUT PROPHY – ADULT	\$20.00
D1206	TOPICAL FLUORIDE VARNISH FOR HIGH CARIES RISK PATIENTS	\$20.00
D1351	SEALANT PER TOOTH	\$30.00
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>	<b>\$96.00</b>
<b>D2392</b>	<b>RESIN – BASED COMPOSITE – TWO SURFACES POSTERIOR</b>	<b>\$127.00</b>
<b>D2393</b>	<b>RESIN – BASED COMPOSITE – THREE SURFACES, POSTERIOR</b>	<b>\$160.00</b>
<b>D2394</b>	<b>RESIN – BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR</b>	<b>\$171.00</b>
D2510	INLAY – METALLIC – ONE SURFACE	\$380.00
D2520	INLAY – METALLIC – TWO SURFACES	\$480.00
D2530	INLAY – METALLIC – THREE SURFACES	\$520.00
D2542	ONLAY – METALLIC – TWO SURFACES	\$500.00

CDT	DESCRIPTION	Allowance
D2543	ONLAY – METALLIC – THREE SURFACE	\$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>\$620.00</b>
<b>D2642</b>	<b>ONLAY – PORCELAIN/CERAMIC – TWO SURFACES</b>	<b>\$625.00</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	\$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>	<b>\$145.00</b>
<b>D2932</b>	<b>PREFABRIATED RESIN CROWN</b>	<b>\$157.00</b>
<b>D2933</b>	<b>PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW</b>	<b>\$186.00</b>
<b>D2934</b>	<b>PREFABRICATED ESTHETIC STAINLESS STEEL CROWN – PRIMARY TOOTH</b>	<b>\$191.00</b>
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>	<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
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
D3351	APEXIFICATION/RECALCIFICATION – INITIAL VISIT	\$253.00
D3352	APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION REPLACEMENT	\$100.00

CDT	DESCRIPTION	Allowance
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 ADD’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	\$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>	<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	\$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
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 FRAMEWORK (MAXILLARY)	\$550.00

CDT	DESCRIPTION	Allowance
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, INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS 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

CDT	DESCRIPTION	Allowance
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
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$155.00
D7220	REMOVAL OF IMPACTED TOOTH – SOFT TISSUE	\$196.00

CDT	DESCRIPTION	Allowance
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
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
D9940	OCCLUSAL GUARDS BY REPORT	\$310.00
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



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Little Rock, AR 72203-2181

**Continued from Page 1**

- Accident Form for Dental Injury
- Claims and Benefits Information
- *Dental Bulletin* newsletters
- Dental Network Development Representatives

As we make our visits to dental providers throughout the state, we are always happy to get feedback on how we can make your jobs easier. If you have any questions or concerns, don't wait for a visit, give us a call or send us an e-mail (see below for contact information). We love hearing from you and we want to make your experience with Arkansas Blue Cross the best it can be.

# Welcome New Providers!

Erica W. Armstrong, DDS, Harrisburg  
 Kellie Barnes, DDS, Fayetteville  
 Robert J. Barnett, DDS, Hot Springs  
 Stephen M. Beetstra, DDS, Little Rock  
 Matthew Berg, DMD, Little Rock  
 Robert F. Beyer III, DDS, Lowell  
 Bryan W. Bishop, DDS, Fort Smith  
 Joseph G. Bussell, DDS, Malvern  
 Randall L. Campbell, DDS, Searcy  
 Reeca D. Daves, DDS, Little Rock  
 Matthew W. Dover, DDS, Jacksonville  
 Robin Eiler, DDS, Little Rock  
 Lindsay N. English, DDS, Rogers  
 Christopher M. Fergus, DDS, Rogers  
 Aaron K. Forrester, DDS, Van Buren  
 Emily B. Gairhan, DDS, Jonesboro  
 Alex Hamilton, DDS, Little Rock  
 Jonathan M. Hart, DDS, Little Rock  
 Brandi M. Hodge, DDS, Russellville  
 Judy Hsu, DDS, Little Rock  
 Cara J. Jones, DDS, Little Rock

Stephen W. Kifer, DDS, Fayetteville  
 Jason M. Landers, DDS, Fayetteville  
 Robert Lewis, DDS, Rogers  
 Brittany S. Maynard, DDS, Jonesboro  
 James Minish, DDS, Ft. Smith  
 William W. Moore, DDS, Ft. Smith  
 B. E. Oliver, DDS, Malvern  
 John H. Puckett, DDS, Paragould  
 Craig A. Rechkemmer, DDS, Little Rock  
 Brandi R. Roach, DDS, Fayetteville  
 Jeffrey Rockacy, DMD, Rogers  
 Christina T. Rosenthal, DDS, Parkin  
 Cimone J. Rush, DDS, Little Rock  
 Teresa N. Schultz, DMD, Rogers  
 Alan A. Smith, DDS, Little Rock  
 Charles A. Vondran, Jr. DDS, Little Rock  
 Michael Wattles, DMD, Ft. Smith  
 James C. Wilkins, DDS, Little Rock  
 Jason D. Woolsey, DDS, Ft. Smith  
 Samuel W. Wright, DMD, Mena



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## Dental Provider Relations

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

**Dental Provider Representatives**

Linda Duelmer, MHP  
 Phone: (501) 378-2195  
 Fax: (501) 378-2465  
 Toll-free: 1-800-843-1329

Debbie Jines, RDH, BS  
 Phone: (501) 378-3296  
 Fax: (501) 378-2465  
 Toll Free: 1-800-843-1329

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