

Did you know ... ?

The American Dental Association has updated the topical application of fluoride code to D1208. This is one code to treat either children or adults.

Being an in-network provider pays!

As another perk to participating in our dental network, we have decided to reduce the reimbursement to our non-participating dentists 10 percent below the general dentist's reimbursement. We hope this will encourage more patients to seek treatment from **participating** dentists, like you!

Welcome New Dentists

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

Dr. Mecca Abdullah, Blytheville
Dr. Jared Acosta, Ft. Smith
Dr. Ashley Altazin, Rogers
Dr. William Arnett II, Cabot
Dr. John Cheek, Little Rock
Dr. Nathaniel Denson, Jonesboro
Dr. Sarah Farmer, Bryant
Dr. Karen Green, Fayetteville
Dr. Emily Grizzle, Ft. Smith

Dr. Ronnie Holland, Cabot
Dr. Keith Jones, West Memphis
Dr. Richard Keech, Little Rock
Dr. Emily Kimes, Ratcliff
Dr. Michael Kitchens, Russellville
Dr. Kyle Lewis, Jonesboro
Dr. Fredisha Manning, Fayetteville
Dr. Kathryn Morrison, Little Rock
Dr. Catriona Oltmann, Stuttgart

Dr. Douglas Rinehart, Jacksonville
Dr. Steven Stringfellow, Rogers
Dr. Hunter Thomas, Bull Shoals
Dr. Joe C. Thomas, Osceola
Dr. Michael Wainscott, Murfreesboro
Dr. Lori Weaver, Dumas
Dr. Garrett Webb, Jonesboro
Dr. William Webster, Hot Springs
Dr. Steven White, Jonesboro

Dental Provider Relations

Customer Service 1-888-224-5213

Dental Provider Representatives
Linda Duelder, MHP
Phone: 1-501-378-2195
Fax: 1-501-378-2465

Debbie Jines, RDH, BS
Phone: 1-501-378-3296
Fax: 1-501-378-2465

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

MPI_#1414

dental bulletin

December 2012

Online tools for dental providers

Arkansas Blue Cross and Blue Shield offers a wide array of Web-based products that can increase your office's efficiency while decreasing overall costs. Registered users have access to all of the following online services 24/7. If you have questions about electronic claim submission, electronic funds transfer (EFT) or *My Patients' Benefits*, please contact Dental Electronic Services at 1-800-633-5340 from 7 a.m. to 4 p.m., Monday through Friday.

To set up Speed eClaim:

- Go to mydentalcoverage.com and select "Dentists."
- Select the "Speed eClaim" link in the center of the page and provide required information.



password. If you haven't set up an account yet, you can create one by selecting "Create an Account."

- Select "Update Profile" from the top tool bar and choose "Manage EFT" from the drop-down menu.
- Select "Step 1-Request PIN." The PIN will arrive at your practice's mailing address within seven to 10 days from the date of the request.
- Once you receive your PIN, log in to mydentalcoverage.com and enter your PIN and banking information to activate the EFT.

Electronic Claim Submission

Electronic claims may be submitted for free to Arkansas Blue Cross via the electronic claim submission tool, Speed eClaim, or for a minimal charge by working with an external clearinghouse or vendor. By sending claims electronically, you benefit from:

- Smoother claims processing
- Faster payments
- Higher office productivity
- Reduced paper and postage costs
- A greener future

To use a clearinghouse or vendor to submit claims electronically, contact them directly or call Dental Electronic Services at 1-800-633-5430 to sign up for the service.

Electronic Funds Transfer

Arkansas Blue Cross also offers EFT. This process allows funds to be transferred from Arkansas Blue Cross directly to your bank account rather than issuing checks for services rendered. To enroll in EFT:

- Go to mydentalcoverage.com and select "Dentists."
- From the "Dentist" home page, log in with your user ID and

My Patients' Benefits

Arkansas Blue Cross provides direct, up-to-the-minute access to member information and free ability to check patient eligibility and the status of patients' claims online free of charge.

To access *My Patients' Benefits*:

- Go to mydentalcoverage.com and select "Dentists."
- Select "*My Patients' Benefits*" and enter your UCCL provider ID/NPI, member ID and the patient's birth date to obtain patient-specific information.

General Dentist Fees

January 1, 2013



Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

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
D0140	LIMITED ORAL EVALUATION PROBLEM FOCUSED	\$40
D0145	ORAL EVALUATION – PATIENT UNDER 3	\$28
D0150	COMPREHENSIVE ORAL EXAMINATION	\$42
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION (PROBLEM FOCUSED)	\$50
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$52
D0210	INTRAORAL – COMPLETE SERIES (INCLUDING BITEWINGS)	\$98
D0220	INTRAORAL – PERIAPICAL – FIRST RADIOGRAPHIC IMAGE	\$20
D0230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$17
D0240	INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE	\$26
D0250	EXTRAORAL – FIRST RADIOGRAPHIC IMAGE	\$35
D0260	EXTRAORAL – EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$20
D0270	BITEWING – SINGLE RADIOGRAPHIC IMAGE	\$20
D0272	BITEWINGS – TWO RADIOGRAPHIC IMAGES	\$29
D0273	BITEWINGS – THREE RADIOGRAPHIC IMAGES	\$30
D0274	BITEWINGS – FOUR RADIOGRAPHIC IMAGES	\$38
D0277	VERTICAL BITEWINGS – 7-10 8 RADIOGRAPHIC IMAGES	\$66
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$74
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$74
D0460	PULP VITALITY TESTS	\$28
D0470	DIAGNOSTIC CASTS	\$41
D1110	PROPHYLAXIS – ADULTS	\$54
D1120	PROPHYLAXIS – CHILD	\$37
D1206	TOPICAL FLUORIDE VARNISH FOR HIGH CARIES RISK PATIENTS	\$25
D1208	TOPICAL FLUORIDE	\$23
D1351	SEALANT PER TOOTH	\$31
D1352	PREVENTIVE RESIN RESTORATION	\$33
D1510	SPACE MAINTAINER – FIXED UNILATERAL	\$190
D1515	SPACE MAINTAINER – FIXED – BILATERAL	\$280
D1550	RECEMENTATION OF SPACE MAINTAINER	\$45
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$39
D2140	AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT	\$78
D2150	AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT	\$90
D2160	AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT	\$110
D2161	AMALGAM – FOUR SURFACES, PRIMARY OR PERMANENT	\$130
D2330	RESIN – ONE SURFACE, ANTERIOR	\$92
D2331	RESIN – TWO SURFACES, ANTERIOR	\$114
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	\$110
D2392	RESIN – BASED COMPOSITE – TWO SURFACES POSTERIOR	\$140
D2393	RESIN – BASED COMPOSITE – THREE SURFACES, POSTERIOR	\$170
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

CDT	Description	Allowance
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
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	BIOPSY OF ORAL TISSUE – HARD (BONE, TOOTH)	\$320
D7286	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	REBONDING OR RECEMENTING AND/OR REPAIR, FIXED RETAINERS	\$36
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURES	\$50
D9220	DEEP SEDATION (UNCONSCIOUS) / GENERAL ANESTHESIA – FIRST 30 MINUTES	\$259
D9221	DEEP SEDATION (UNCONSCIOUS) / GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES	\$67
D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$25
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – FIRST 30 MINUTES	\$205
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA – EACH ADDITIONAL 15 MINUTES	\$55
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$25

CDT	Description	Allowance
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	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$70
D6093	RECEMENT 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
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD – (TITANIUM)	\$1,100
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
D6600	INLAY – PORCELAIN/CERAMIC, TWO SURFACES	\$500
D6601	INLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$525
D6602	INLAY – CAST HIGH NOBLE METAL, TWO SURFACES	\$430
D6603	INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$460
D6604	INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$445
D6605	INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$480
D6606	INLAY – CAST NOBLE METAL, TWO SURFACES	\$430
D6607	INLAY CAST NOBLE METAL, THREE OR MORE SURFACES	\$500
D6608	ONLAY – PORCELAIN/CERAMIC, TWO SURFACES	\$650
D6609	ONLAY – PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$670
D6610	ONLAY – CAST HIGH NOBLE, TWO SURFACES	\$510
D6611	ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$600
D6612	ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$500
D6613	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$550
D6614	ONLAY – CAST NOBLE METAL, TWO SURFACES	\$500
D6615	ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	\$550
D6740	CROWN PORCELAIN / CERAMIC	\$760
D6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	\$760
D6751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$650
D6752	CROWN – PORCELAIN FUSED TO NOBLE METAL	\$700
D6780	CROWN – 3/4 CAST HIGH NOBLE	\$650
D6781	CROWN 3/4 CAST PREDOMINATELY BASED METAL	\$600
D6782	CROWN 3/4 NOBLE METAL	\$625
D6783	CROWN 3/4 PORCELAIN I CERAMIC	\$675
D6790	CROWN – FULL CAST HIGH NOBLE METAL	\$750
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL	\$710
D6792	CROWN – FULL CAST NOBLE METAL	\$700
D6920	CONNECTOR BAR	\$200
D6930	RECEMENT BRIDGE	\$70
D6980	BRIDGE REPAIR – NECESSARY BY RESTORATIVE MATERIAL FAILURE	\$190
D7111	CORONAL REMNANTS – DECIDUOUS TOOTH	\$52
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$86
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$162
D7220	REMOVAL OF IMPACTED TOOTH – SOFT TISSUE	\$200
D7230	REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY	\$250

CDT	Description	Allowance
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	\$800
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	RECEMENT INLAY	\$52
D2920	RECEMENT 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	PREFABRIATED 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	\$135
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
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	\$680

CDT	Description	Allowance
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID	\$650
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR	\$780
D3351	APEXIFICATION/RECALCIFICATION – INITIAL VISIT	\$253
D3352	APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION REPLACEMENT	\$100
D3353	APEXIFICATION/RECALCIFICATION – FINAL VISIT	\$100
D3354	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 ADDT'L 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, BY REPORT	\$400
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY & CLOSURE – 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 – PERTOOTH	\$450
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$410
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE	\$500
D4275	SOFT TISSUE ALLOGRAFT	\$475
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$550
D4277	FREE SOFT TISSUE GRAFT – FIRST THREE TEETH	\$530
D4278	FREE SOFT TISSUE GRAFT – EACH ADDITIONAL TOOTH	\$100
D4341	PERIODONTAL SCALING AND ROOT PLANING – PER QUADRANT	\$160
D4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE TEETH, PER QUADRANT	\$93
D4910	PERIODONTAL MAINTENANCE (FOLLOWING ACTIVE THERAPY)	\$80
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 (WITH 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
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

CDT	Description	Allowance
D5620	REPAIR CAST FRAMEWORK	\$190
D5630	REPAIR OR REPLACE BROKEN CLASP	\$160
D5640	REPLACE BROKEN TEETH – PER TOOTH	\$85
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$125
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$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 (CHAIRSIDE)	\$185
D5731	RELINE COMPLETE LOWER DENTURE (CHAIRSIDE)	\$185
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	\$185
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	\$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
D5860	OVERDENTURE – COMPLETE	\$1,500
D5861	OVERDENTURE – PARTIAL	\$1,200
D6010	SURGICAL PLACEMENT OF IMPLANT BODY – ENDOSTEAL IMPLANT	\$1,300
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTESIS – ENDOSTEAL IMPLANT	\$1,120
D6040	SURGICAL PLACEMENT – EPOSTEAL IMPLANT	\$4,000
D6050	SURGICAL PLACEMENT – TRANSOSTEAL IMPLANT	\$3,040
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$880
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$880
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 PFM/HIGH NOBLE CROWN	\$950
D6060	ABUTMENT SUPPORTED PFM/BASE METAL CROWN	\$800
D6061	ABUTMENT SUPPORTED PFM/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 PFM/HIGH NOBLE CROWN	\$1,000
D6067	IMPLANT SUPPORTED METAL CROWN/HIGH NOBLE	\$1,000
D6068	ABUTMENT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,000
D6069	ABUT SUPPORTED RETAINER FOR PFM H/NOBLE FPD	\$1,000
D6070	ABUT SUPPORTED RETAINER FOR PFM BASEMETAL RPD	\$900
D6071	ABUT SUPPORTED RETAINER FOR PFM NOBLE FPD	\$1,000
D6072	ABUT SUPPORTED RETAINER FOR H/NOBLE CAST FPD	\$1,000
D6073	ABUT SUPPORTED RETAINER FOR BASE CAST FPD	\$800
D6074	ABUT SUPPORTED RETAINER FOR NOBLE CAST FPD	\$1,000
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,000
D6076	IMPLANT SUPPORTED RETAINER H/NOBLE PFM FPD	\$1,000
D6077	IMPLANT SUPPORTED RETAINER – CAST H/ NOBLE FPD	\$1,100
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$2,400
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$1,800