

DENTAL BULLETIN

DECEMBER 2017





Welcoming University of Arkansas System members

Beginning January 1, 2018, the University of Arkansas System (UAS) dental plan will be administered by Arkansas Blue Cross and Blue Shield. Your patients who are covered under the UAS dental plan will enjoy a full suite of dental benefits including orthodontic coverage, maximum rollover benefit and additional cleanings through Dental Xtra.

For the first time ever, University employees will have orthodontic benefits as part of their covered services for the 2018 dental plan. The orthodontic benefit includes a \$2,000 lifetime maximum, is paid at 50 percent and is not subject to the calendar-year deductible.

Please ask patients covered under the UAS dental plan to present their new ID card the first time they visit your offices beginning January 1, 2018. A sample of their ID card is printed below. If you have questions about a patient's dental benefits under the UAS plan, please call us at **1-888-224-5213**.

 	
MEMBER NAME JOHN DOE	
MEMBER ID #	
DIVISION # 0100010001	University of Arkansas DENTAL PLAN
	DENTAL PPO SELECT PLUS

Benefit summary

- Individual deductible: \$50 (basic and major services)
- Family deductible: \$100 (2 family members; basic and major services)
- Annual maximum payment: \$1,500 (per person per calendar year)
- Orthodontic lifetime maximum: \$2,000
- Benefit period: A benefit period is from January 1 to December 31 of each year. Applies to coverage service types A, B and C.

University of Arkansas System benefits

SERVICE TYPES	In Network	Out of Network
TYPE A: PREVENTIVE SERVICES (not subject to deductible)		
Exams	100%	90%
Radiographic Images (X-rays)	100%	90%
Fluoride Treatment	100%	90%
Prophylaxis (cleaning)	100%	90%
Sealants	100%	90%
TYPE B: BASIC RESTORATIVE SERVICES		
Fillings	80%	72%
Extractions	80%	72%
Surgical and Non-Surgical Periodontics	80%	72%
Endodontics (root canals)	80%	72%
Oral Surgery	80%	72%
Anesthesia	80%	72%
TYPE C: MAJOR RESTORATIVE SERVICES		
Inlays, Onlays, Crowns	50%	45%
Partials and Dentures	50%	45%
Implants	50%	45%



From left to right: Your Network Reps Debbie Jines and Sheila Ward at the UA benefit fair.

Dental Xtra 2018 Expansion

The program that offers extra dental care to members who would benefit most is expanding as of January 1, 2018. This expansion will include two new covered conditions – stroke and Sjögren’s syndrome – and a new covered cleaning code, D4346. Currently, Dental Xtra is only available to non-affordable care act (ACA) groups, but the expansion will include ACA individual (on and off exchange) and self-funded groups that opt in.

Dental Xtra will now offer enhanced dental benefits to enrolled members for the following medical conditions:

- Diabetes
- Coronary artery disease
- Stroke (new as of 1/1/2018)
- Oral cancer
- Sjögren’s syndrome (new as of 1/1/2018)
- Pregnancy

Enrolling in the program is easy. Arkansas Blue Cross identifies eligible members

who are covered under medical and dental policies and auto-enrolls them into Dental Xtra. Members with a qualifying condition and a dental-only policy are able to enroll online or by downloading a paper application form from the website and mailing it in. Pregnant members aren’t eligible to be auto-enrolled and must self-enroll. Enrollment into the program is contingent upon providing physician information on the enrollment form for condition verification.

Enrolled members are covered 100 percent for Dental Xtra benefits when seen by a participating provider and don’t count toward the member’s calendar-year maximum. This program offers a truly symbiotic relationship between Arkansas Blue Cross and Blue Shield qualifying dental members and their participating dental providers and primary care physicians. It gives the dental team the ability to offer extra dental care to enrolled members who can benefit from the services without the burden of additional expense.

Dental Xtra	Prophylaxis (cleanings) or periodontal maintenance* visit every 3 months	Periodontal scaling*, or scaling in the presence of gingival inflammation every 24 months	Pre-diagnostic oral cancer screening** every 6 months	Fluoride treatment** every 3 months
Diabetes	✓	✓		
Coronary Artery Disease	✓	✓		
NEW! Stroke (as of January 1, 2018)	✓	✓		
Pregnancy	✓	✓		
Oral Cancer	✓		✓	✓
NEW! Sjögren’s Syndrome (as of January 1, 2018)	✓		✓	✓

*Periodontal maintenance and scaling available with plans that offer periodontal benefits.
 **This benefit is available for members previously diagnosed with oral cancer or for members diagnosed with Sjögren’s syndrome.

For more program information call 1-888-223-4999 or visit arkansasdentalblue.com

Welcome to all our NEW PROVIDERS!

GENERAL DENTISTRY

- Lendall C Shell DDS — *Benton*
Loredana B Wycliffe DMD — *Benton*
Lorna S Offutt DDS — *Bentonville*
Chase Hodge DMD — *Blytheville*
Gray Hodge DMD — *Blytheville*
Riley D Wilson DDS — *Brinkley*
David J Glover DDS — *Cabot*
Lauren Smith Nichols DDS — *Clarksville*
Denise A Aikman DMD — *Conway*
John A Sobieralski DDS — *Conway*
William M McCormick DDS — *Dardanelle*
Abu F Hasme DDS — *Dermott*
William P Burnes DDS — *El Dorado*
Aaron J Irvin DDS — *Fayetteville*
Connor W Silvestri DDS — *Fayetteville*
Duncan C Johnson DDS — *Fayetteville*
George C Martin DDS — *Fayetteville*
Megan L Johnson DDS — *Fayetteville*
Rachel Sauser DDS — *Fayetteville*
Robert C Harris DDS — *Fayetteville*
Robert P Tinnin DDS — *Fayetteville*
Scott C Bell DDS — *Fayetteville*
William W Porter DDS — *Fayetteville*
William Wilson DDS — *Fayetteville*
Aaron J Simpson DDS — *Fort Smith*
Nirupa Gariga DDS — *Fort Smith*
Kyle Meek DDS — *Heber Springs*
Christopher T Williams DDS — *Highland*
Austin Rust DMD — *Hope*
Michael S Harrison Jr DDS — *Hot Springs*
Sushma Doppalapudi DDS — *Hot Springs*
James Sidd DDS — *Huntsville*
Nicole P Hennis DDS — *Jonesboro*
Sarah P Yarnell DDS — *Jonesboro*
Martin L Fowler DDS — *Kennett*
Haley R Burson DDS — *Lake Village*
Chad S Adams DDS — *Little Rock*
Caitlin Reid DDS — *Little Rock*
Shirley E Reid DDS — *Little Rock*
J R Rhea DDS — *Little Rock*
Cimone J Rush DDS — *Little Rock*
John C Scott DDS — *Little Rock*
Jonathan B Covington DMD — *Little Rock*
Jose E Turcios DDS — *Little Rock*
Julia T Gildon DDS — *Little Rock*
Kimberly E Pollard DDS — *Little Rock*
Kyle C Sharp DDS — *Mansfield*
Lauren Teachout DDS — *Marion*
Dustin Guy Wallace DDS — *Maumelle*
Michael A French DDS — *McGehee*
Vincent H Copeland DDS — *Memphis*
My H Tran DDS — *North Little Rock*
Brent E Herring DDS — *Pine Bluff*
Matthew J Woods DDS — *Pine Bluff*
Jordan K Andrews DDS — *Pocahontas*
Daniel J Fish DDS — *Prairie Grove*
Molly E Bell DDS — *Rogers*
Susan M Heinzen DDS — *Russellville*
Alyssa L Brailsford DDS — *Sheridan*
Jahon T Zehtaban DDS — *Sheridan*
Jay J Castle DDS — *Siloam Springs*
Rick Nichols DDS — *Springdale*
David Gray DDS — *Springdale*
Steven Hankins DDS — *Springdale*
Donathan S Kimbrough DDS — *Springdale*
R S Kimbrough DDS — *Springdale*
Corey Nichols DDS — *Springdale*
Rick Nichols DDS — *Springdale*
James Parham DDS — *Springdale*
Skylar M Garner DDS — *Star City*
Ethan M Ake DDS — *Stuttgart*
Robert S Arnold DDS — *Texarkana*
Todd A Thigpen DDS — *Texarkana*
Zachary T Legan DDS — *Texarkana*
Creighton D Powell DDS — *Trumann*
John A Pardo DDS — *Van Buren*

Welcome to all our NEW PROVIDERS!

SPECIALISTS

ENDODONTIST

Bradley D Becker DDS — *Fort Smith*

ORAL SURGERY

Matthew McDonough DDS — *Jonesboro*

John P Batson DDS — *Little Rock*

Sami Nizam DDS — *Little Rock*

Zachary T Bulmanski DDS — *North Little Rock*

ORTHODONTIST

Kyle S Wendfeldt DDS — *Batesville*

Mary B Stanley DDS — *Bryant*

Shanon T Kirchhoff DDS — *El Dorado*

John S Boling DDS — *Jonesboro*

Ashley N Powell DDS — *Little Rock*

David J Sander DMD — *Mountain Home*

Tom R Lowder DDS — *West Memphis*

PEDIATRIC DENTIST

Stefanie G Meek DDS — *Conway*

Charles K Morin DMD — *Searcy*

Merry Christmas
and
Happy Holidays
from the
Arkansas Blue Cross
and Blue Shield
Dental Team



No out-of-area medical coverage on some exchange products

Beginning in January 2018, Arkansas Blue Cross and Blue Shield will be marketing some exchange products, including Arkansas Works, that will not have out-of-area benefits. This means that any elective service outside of the service area (state of Arkansas) will not be covered by the member's policy. Please note that there are participating True Blue PPO network providers in counties and parishes bordering Arkansas that will be covered. You can recognize these members by the lack of a "suitcase" on their member ID card. The ID prefixes for these members are EXX, AEE and AXC.

Before referrals are made on these members, please check the True Blue PPO Provider Directory and refer these members to participating providers in the True Blue PPO network for Individual Metallic policies; there are participating True Blue PPO providers in states bordering Arkansas. These products services must be provided by a True Blue participant; please do not refer them to providers not in the True Blue PPO network. If the service is not available, you may request a prior approval and a referral to an out-of-state BlueCard provider or other provider as appropriate. This does not apply if the service is an emergency.

Provider Profile

In January 2017, Provider Network Operations began sending letters to all in-network providers and all in-network and out-of-network clinics we have registered in our system. The letter contained the following information:

Dear Provider,

CMS has mandated that payors involved in Medicare Advantage plans as well as the Affordable Care Act business (a.k.a. the Exchange) reach out and verify the information of all providers in their networks every 6 months. Please review the attached profile and make any necessary changes. Inaccurate information may negatively affect your claims payments

as well as levy federal penalties against Arkansas Blue Cross and Blue Shield.

Attached with the letter was the provider/clinic data profile. We do realize dentists are not participating in our Medicare Advantage plans. This information is important for us to receive so we can update your demographic information as it occurs. This is important so that our members can have up-to-date information available on our websites and directories.

Completing the provider data profile does not change any of your network statuses. If you have questions about the forms, contact a dental network specialist at 501-210-7006, or email pnodental@arkbluecross.com.

Opting out of individual Metallic benefit plans

Providers who participate in the Arkansas Blue Cross and Blue Shield PPP provider network may opt out of participation with Metallic dental plans in the individual health insurance marketplace/exchange yet remain in the PPP network for all other benefit plans.

To opt out of individual Metallic dental plans, providers must send a written request that indicates the provider wants to “opt out of the network for members who have the individual Metallic benefit plans.” This written request must be placed on the provider’s official letterhead and signed by the provider making the request. Providers are not required to terminate their PPP participating agreement if they wish to opt out from the individual Metallic plans. If you are contracted through a physician hospital organization (PHO) or other group arrangement, you must follow their respective contracting requirements, which may include obtaining their approval.

Requests to opt out of the individual Metallic plan provider network should be mailed to:

Dental Provider Network Operations
Attn: PNO - 3 North
PO Box 2181
Little Rock, AR 72203-1489

Please understand that opting out applies to all individual Metallic plans and all of a provider’s locations.

Once a provider has chosen to be removed from the individual Metallic plans, they cannot be reinstated for these benefit plans for at least 12 months. To be reinstated, the provider will need to write a request on their official letterhead, requesting to be placed back in network for those members with the Metallic benefit plans and sign it. Any provider who opts out will be designated as out of network for individual Metallic plans and all services will be processed at the out-of-network benefit levels, with any covered services paid to the member. Provider directories will include a notation that the provider is not participating as an in-network provider for individual Metallic plans.

This notice is considered an amendment to the Arkansas Blue Cross PPP agreement. PPP agreements issued in the future will contain a separate exhibit addressing participation in the individual Metallic plans’ network.

Exchange services are for emergency medical/dental services only.

Save time by using My Patients' Benefits

Dental insurance doesn't have to be difficult, which is why our Dental Claims Administrator is committed to making dental insurance easier for you and your patients. The *My Patients' Benefits* tool helps you find patient benefit information quickly and easily so that you can focus on what's important – your patients.

We are pleased to announce that improvements to *My Patients' Benefits* were launched on December 8, 2017. This online tool has the following improvements:

- Frequently used benefits in one place

- Procedure code level benefit information specific to both your office and your patient
- Clearly defined waiting period information (when applicable)
- Patient history displayed by procedure code

We are pleased to provide the time-saving changes to your practice. We thank everyone who shared their voice, opinion and time to help us create the most effective tool possible. Visit UnitedConcordia.com and select the "Dentists Tab" to preview the upcoming changes to *My Patients' Benefits*.



Arkansas Blue Cross Blue and Shield offices will be closed



for Christmas on **Monday, December 25,**
and **Tuesday, December 26.**



Our offices will also be closed on
Monday, January 1, 2018, in observance
of New Year's Day.



Arkansas Blue Cross offices will
reopen on January 2, 2018.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association





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

Dentist Fees PPP

January 1, 2018

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

CDT	Description	General
D0120	Periodic Oral Examination	\$31
D0140	Limited Oral Evaluation Problem Focused	\$41
D0145	Oral Evaluation – Patient Under 3	\$28
D0150	Comprehensive Oral Examination	\$43
D0160	Detailed and Extensive Oral Evaluation (Problem Focused)	\$50
D0180	Comprehensive Periodontal Evaluation	\$52
D0210	Intraoral – Complete Series (Including Bitewings)	\$100
D0220	Intraoral – Periapical – First Radiographic Image	\$21
D0230	Intraoral – Periapical – Each Additional Radiographic Image	\$18
D0240	Intraoral – Occlusal Radiographic Image	\$26
D0250	Extra-oral – 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$45
D0270	Bitewing – Single Radiographic Image	\$20
D0272	Bitewings – Two Radiographic Images	\$30
D0273	Bitewings – Three Radiographic Images	\$32
D0274	Bitewings – Four Radiographic Images	\$39
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$66
D0330	Panoramic Radiographic Image	\$76
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$74
D0460	Pulp Vitality Tests	\$28
D0470	Diagnostic Casts	\$41
D1110	Prophylaxis – Adult	\$55
D1120	Prophylaxis – Child	\$38
D1206	Topical Fluoride Varnish for High Caries Risk Patients	\$25
D1208	Topical Fluoride – excluding Varnish	\$24
D1351	Sealant – per Tooth	\$32
D1352	Preventive Resin Restoration	\$33
D1510	Space Maintainer – Fixed Unilateral	\$190
D1515	Space Maintainer – Fixed Bilateral	\$280
D1550	Re-cementation or Re-bond of Space Maintainer	\$45
D1555	Removal of Fixed Space Maintainer	\$39
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$190
D2140	Amalgam – One Surface, Primary or Permanent	\$80
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$92
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$112
D2161	Amalgam – Four Surfaces, Primary or Permanent	\$130
D2330	Resin – One Surface, Anterior	\$94

CDT	Description	General
D2331	Resin – Two Surfaces, Anterior	\$117
D2332	Resin – Three Surfaces, Anterior	\$134
D2335	Resin – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$174
D2390	Resin – Based Composite Crown, Anterior	\$185
D2391	Resin – Based Composite – One Surface, Posterior	\$112
D2392	Resin – Based Composite – Two Surfaces Posterior	\$143
D2393	Resin – Based Composite – Three Surfaces, Posterior	\$172
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	\$630
D2542	Onlay – Metallic – Two Surfaces	\$630
D2543	Onlay – Metallic – Three Surfaces	\$700
D2544	Onlay – Metallic – Four or More Surfaces	\$725
D2610	Inlay – Porcelain/Ceramic – One Surface	\$475
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$525
D2630	Inlay – Porcelain/Ceramic – Three Surfaces	\$660
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$660
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$750
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$780
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	\$820
D2750	Crown – Porcelain Fused to High Noble Metal	\$795
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$648
D2752	Crown – Porcelain Fused to Noble Metal	\$730
D2780	Crown – 3/4 Cast High Noble Metal	\$775
D2781	Crown – 3/4 Cast Predominately Base Metal	\$725
D2782	Crown – 3/4 Cast Noble Metal	\$760
D2783	Crown – 3/4 Porcelain/Ceramic (Not Veneers)	\$800
D2790	Crown – Full Cast High Noble Metal	\$790
D2791	Crown – Full Cast Predominantly Base Metal	\$680
D2792	Crown – Full Cast Noble Metal	\$760
D2910	Re-cement or Re-bond Inlay, Onlay	\$52
D2920	Re-cement or Re-bond Crown	\$52
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$200
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$158
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$175
D2932	Prefabricated Resin Crown	\$180

CDT	Description	General
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$200
D2934	Prefabricated Esthetic Stainless Steel Crown – Primary Tooth	\$200
D2940	Protective Restoration	\$53
D2950	Core Buildup, Including Any Pins	\$138
D2951	Pin Retention – per Tooth, in Addition to Restoration	\$45
D2952	Cast Post & Core in Addition to Crown	\$275
D2954	Prefabricated Post & Core in Addition to Crown	\$200
D2962	Labial Veneer (Porcelain Laminate) – Lab	\$740
D2980	Crown Repair, Necessitated 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)	\$63
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$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	Endodontic Therapy – Anterior (Excluding Final Restoration)	\$470
D3320	Endodontic Therapy – Premolar (Excluding Final Restoration)	\$550
D3330	Endodontic Therapy – Molar Tooth (Excluding Final Restoration)	\$680
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$680
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$700
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$835
D3351	Apexification/Recalcification – Initial Visit	\$253
D3352	Apexification/Recalcification – Interim Medication Replacement	\$100
D3353	Apexification/Recalcification – Final Visit	\$100
D3355	Pulpal Regeneration	\$100
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$415
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$500
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$600
D3426	Apicoectomy/Periradicular Surgery– Each Additional Root	\$300
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	\$100
D4240	Gingival Flap, Including Root Planing – per Quadrant	\$350
D4241	Gingival Flap, Including Root Planing – One to Three Teeth, per Quadrant	\$225
D4249	Crown Lengthening – Hard/Soft Tissue, Clinical Crown	\$400

CDT	Description	General
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$625
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$450
D4263	Bone Replacement Graft – Single Site	\$375
D4264	Bone Replacement Graft – Each Additional Site in Quadrant	\$265
D4266	Guided Tissue Regeneration – Resorbable Barrier, per Site	\$380
D4267	Guided Tissue Regeneration – Nonresorbable Barrier, per Site	\$330
D4268	Surgical Revision – per Tooth	\$450
D4270	Pedicle Soft Tissue Graft Procedure	\$450
D4273	Autogenous Connective Tissue Graft Procedure First Tooth, Implant, or Edentulous Tooth Position in Graft	\$500
D4275	Non-autogenous Connective Tissue Graft First Tooth, Implant, or Edentulous Tooth Position in Graft	\$475
D4276	Combined Connective Tissue And Double Pedicle Graft	\$550
D4277	Free Soft Tissue Graft Procedure – First Tooth	\$550
D4278	Free Soft Tissue Graft Procedure – Each Additional Tooth In Same Graft Site	\$275
D4283	Autogenous Connective Tissue Graft Procedure- Each Additional Tooth In Same Graft Site	\$100
D4285	Non-Autogenous Connective Tissue Graft Procedure- Each Additional Tooth In Same Graft Site	\$100
D4341	Periodontal Scaling And Root Planing – per Quadrant	\$160
D4342	Periodontal Scaling And Root Planing – One to Three Teeth, per Quadrant	\$93
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation-Full Mouth, After Oral Evaluation	\$70
D4910	Periodontal Maintenance (Following Active Therapy)	\$82
D5110	Complete Denture – Maxillary	\$960
D5120	Complete Denture – Mandibular	\$960
D5130	Immediate Denture – Maxillary	\$1,020
D5140	Immediate Denture – Mandibular	\$1,020
D5211	Maxillary Partial – Resin Base (with Conventional Clasps, Rests & Teeth)	\$670
D5212	Mandibular Partial – Resin Base (with Conventional Clasps, Rests & Teeth)	\$670
D5213	Maxillary Partial – Cast Metal Base with Resin Saddles	\$1,060
D5214	Mandibular Partial – Cast Metal Base with Resin Saddles	\$1,060
D5221	Immediate Maxillary Partial Denture- Resin Base (with Conventional Clasps, Rests & Teeth)	\$650
D5222	Immediate Mandibular Partial Denture- Resin Base (with Conventional Clasps, Rests & Teeth)	\$650
D5223	Immediate Maxillary Partial Denture- Cast Metal Framework with Resin Denture Bases(Including Any Conventional Clasps, Rests & Teeth)	\$1,045
D5224	Immediate Mandibular Partial Denture- Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests & Teeth)	\$1,045
D5225	Maxillary Partial Denture – Flexible Base (Including Clasps, Rests, Teeth)	\$1,060
D5226	Mandibular Partial Denture – Flexible Base (Including Clasps, Rests, Teeth)	\$1,060

CDT	Description	General
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal	\$570
D5410	Adjust Complete Denture – Maxillary	\$47
D5411	Adjust Complete Denture – Mandibular	\$47
D5421	Adjust Partial Denture – Maxillary	\$47
D5422	Adjust Partial Denture – Mandibular	\$47
D5511	Repair Broken Complete Denture Base, Mandibular	\$100
D5512	Repair Broken Complete Denture Base, Maxillary	\$125
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$100
D5611	Repair Resin Partial Denture Base, Mandibular	\$125
D5612	Repair Resin Partial Denture Base, Maxillary	\$125
D5621	Repair Cast Partial Framework, Mandibular	\$200
D5622	Repair Cast Partial Framework, Maxillary	\$200
D5630	Repair or Replace Broken Clasp- Per Tooth	\$190
D5640	Replace Broken Teeth – per Tooth	\$85
D5650	Add Tooth to Existing Partial Denture	\$130
D5660	Add Clasp to Existing Partial Denture- Per Tooth	\$165
D5670	Replace All Teeth and Acrylic On Cast Metal Framework (Maxillary)	\$550
D5671	Replace All Teeth and Acrylic On Cast Metal Framework (Mandibular)	\$550
D5710	Rebase Complete Maxillary Denture	\$320
D5711	Rebase Complete Mandibular Denture	\$320
D5720	Rebase Maxillary Partial Denture	\$310
D5721	Rebase Mandibular Partial Denture	\$310
D5730	Reline Complete Maxillary Denture (Chair Side)	\$195
D5731	Reline Complete Mandibular Denture (Chair Side)	\$195
D5740	Reline Maxillary Partial Denture (Chair Side)	\$195
D5741	Reline Mandibular Partial Denture (Chair Side)	\$195
D5750	Reline Complete Maxillary Denture (Lab)	\$295
D5751	Reline Complete Mandibular Denture (Lab)	\$295
D5760	Reline Maxillary Partial Denture (Lab)	\$280
D5761	Reline Mandibular Partial Denture (Lab)	\$280
D5850	Tissue Conditioning, Maxillary	\$86
D5851	Tissue Conditioning, Mandibular	\$86
D5863	Overdenture – Complete Maxillary	\$1,500
D5864	Overdenture – Partial Maxillary	\$1,200
D5865	Overdenture – Complete Mandibular	\$1,500
D5866	Overdenture – Partial Mandibular	\$1,200
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments	\$50
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,300
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	\$1,120
D6040	Surgical Placement: Eposteal Implant	\$4,000
D6050	Surgical Placement: Transosteal Implant	\$3,040

CDT	Description	General
D6055	Dental Implant Supported Connecting Bar	\$2,300
D6056	Prefabricated Abutment – Includes Placement	\$450
D6057	Custom Abutment Includes Placement	\$525
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,005
D6059	Abutment Supported Porcelain Fused to Metal/High Noble Crown	\$955
D6060	Abutment Supported Porcelain Fused to Metal/Base Metal Crown	\$805
D6061	Abutment Supported Porcelain Fused to Metal/Noble Crown	\$1,005
D6062	Abutment Supported Cast/High Noble Crown	\$1,035
D6063	Abutment Supported Cast/Base Metal Crown	\$810
D6064	Abutment Supported Cast/Noble Metal Crown	\$1,010
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,025
D6066	Implant Supported Porcelain Fused to Metal (Titanium, Titanium Alloy, High Noble)	\$1,000
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble)	\$1,000
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$1,000
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble)	\$1,000
D6070	Abutment Supported Retainer for Porcelain Fused to Metal (Predominantly Base Metal)	\$900
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$1,000
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$1,000
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Based Mental)	\$800
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$1,000
D6075	Implant Supported Retainer for Ceramic FPD	\$1,000
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, High Noble)	\$1,000
D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, High Noble)	\$1,100
D6080	Implant Maintenance Procedures (Removal, Cleansing and Reinsertion)	\$72
D6090	Repair Implant Supported Prosthesis, by Report	\$200
D6091	Replacement of Semi – Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, per Attachment	\$180
D6092	Re-cement or Re-bond Implant/Abutment Supported Crown	\$70
D6093	Re-cement or Re-bond Implant/Abutment Supported Fixed Partial Denture	\$100
D6094	Abutment Supported Crown – Titanium	\$1,100
D6095	Repair Implant Abutment, by Report	\$200
D6096	Remove Broken Implant Retaining Screw	\$250
D6100	Implant Removal, by Report	\$350
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch – Maxillary	\$880
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch – Mandibular	\$880
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Maxillary	\$880

CDT	Description	General
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Mandibular	\$880
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Maxillary	\$2,400
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Mandibular	\$2,400
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary	\$1,800
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular	\$1,800
D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$1,100
D6210	Pontic – Cast High Noble Metal	\$760
D6211	Pontic – Cast Predominantly Base Metal	\$660
D6212	Pontic – Cast Noble Metal	\$710
D6240	Pontic – Porcelain Fused to High Noble Metal	\$745
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$645
D6242	Pontic – Porcelain Fused to Noble Metal	\$705
D6245	Pontic – Porcelain / Ceramic	\$745
D6545	Retainer – Cast Metal for Resin Bonded Fixed Prosthesis	\$315
D6548	Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$260
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	\$315
D6600	Retainer Inlay – Porcelain/Ceramic, Two Surfaces	\$500
D6601	Retainer Inlay – Porcelain/Ceramic, Three or More Surfaces	\$525
D6602	Retainer Inlay – Cast High Noble Metal, Two Surfaces	\$430
D6603	Retainer Inlay – Cast Noble Metal, Three or More Surfaces	\$460
D6604	Retainer Inlay – Cast Predominantly Base Metal, Two Surfaces	\$445
D6605	Retainer Inlay – Cast Predominantly Base Metal, Three or More Surfaces	\$480
D6606	Retainer Inlay – Cast Noble Metal, Two Surfaces	\$430
D6607	Retainer Inlay – Cast Noble Metal, Three or More Surfaces	\$500
D6608	Retainer Onlay – Porcelain/Ceramic, Two Surfaces	\$650
D6609	Retainer Onlay – Porcelain/Ceramic, Three or More Surfaces	\$670
D6610	Retainer Onlay – Cast High Noble, Two Surfaces	\$510
D6611	Retainer Onlay – Cast High Noble Metal, Three or More Surfaces	\$600
D6612	Retainer Onlay – Cast Predominantly Base Metal, Two Surfaces	\$500
D6613	Retainer Onlay – Cast Predominantly Base Metal, Three or More Surfaces	\$550
D6614	Retainer Onlay– Cast Noble Metal, Two Surfaces	\$500
D6615	Retainer Onlay – Cast Noble Metal, Three or More Surfaces	\$550
D6740	Retainer Crown – Porcelain / Ceramic	\$760
D6750	Retainer Crown – Porcelain Fused to High Noble Metal	\$760
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal	\$650
D6752	Retainer Crown – Porcelain Fused to Noble Metal	\$700
D6780	Retainer Crown – 3/4 Cast High Noble	\$650
D6781	Retainer Crown – 3/4 Cast Predominately Based Metal	\$600
D6782	Retainer Crown – 3/4 Noble Metal	\$625

CDT	Description	General
D6783	Retainer Crown – 3/4 Porcelain I Ceramic	\$675
D6790	Retainer Crown – Full Cast High Noble Metal	\$750
D6791	Retainer Crown Full Cast Predominantly Base Metal	\$710
D6792	Retainer Crown – Full Cast Noble Metal	\$700
D6920	Connector Bar	\$200
D6930	Re-cement or Re-bond Fixed Partial Denture	\$70
D6980	Fixed Partial Denture Repair – Necessary by Restorative Material Failure	\$210
D7111	Extraction, Coronal Remnants – Primary Tooth	\$52
D7140	Extraction, Erupted Tooth or Exposed Root	\$88
D7210	Surgical Removal of Erupted Tooth	\$165
D7220	Removal of Impacted Tooth – Soft Tissue	\$200
D7230	Removal of Impacted Tooth – Partially Bony	\$250
D7240	Removal of Impacted Tooth – Completely Bony	\$290
D7241	Removal of Impacted Tooth – Completely Bony with Complications	\$360
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedures	\$170
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	\$210
D7310	Alveoloplasty In Conjunction with Extractions – Per Quadrant	\$150
D7311	Alveoloplasty In Conjunction with Extractions – One to Three, Per Quad	\$125
D7320	Alveoloplasty Not In Conjunction with Extractions – Per Quadrant	\$165
D7321	Alveoloplasty 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	\$140
D8010	Limited Orthodontic Treatment of Primary Dentition	\$1,250
D8020	Limited Orthodontic Treatment of Transitional Dentition	\$1,250
D8030	Limited Orthodontic Treatment of Adolescent Dentition	\$1,250
D8040	Limited Orthodontic Treatment of Adult Dentition	\$1,500
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$2,500
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$2,500
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$5,000
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$6,000

CDT	Description	General
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$7,000
D8210	Removable Appliance Therapy	\$1,000
D8220	Fixed Appliance Therapy	\$1,200
D8680	Orthodontic Retention	\$500
D8693	Re-Bonding or Re-Cementing Fixed Retainer	\$36
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedures	\$50
D9222	Deep Sedation/ General Anesthesia- First 15 Minutes	\$120
D9223	Deep Sedation/ General Anesthesia- Each Subsequent 15 Minute Increment	\$110
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$30
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minutes	\$90
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia- Each Subsequent 15 Minute Increment	\$80
D9910	Application of Desensitizing Medicament	\$35



DID YOU KNOW...

As a participating provider...

- No X-rays are required with submitted claims, with the exception of pre-determinations.
- Once the member has maxed out their yearly benefit, you may balance bill your fees.
- Any alternate treatment for non-covered procedures, you may balance bill your fees.

Dental claim forms require ICD-10 diagnosis codes

Claims related to accidental injury, restoring the mouth to a precancerous state, or oral surgery that are submitted to the Arkansas Blue Cross and Blue Shield and its family of companies must contain the ICD-10 primary diagnosis code describing the reason for treatment in box 34a using the 2012 dental claim form. The claim form

ADA American Dental Association® **Dental Claim Form**

can be accessed from <http://www.ada.org/en/publications/cdt/ada-dental-claim-form>.

HEADER INFORMATION																					
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT / Title XIX																					
2. Predetermination/Preauthorization Number																					
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																					
3. Company/Plan Name, Address, City, State, Zip Code																					
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)																					
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)																					
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																					
6. Date of Birth (MM/DD/CCYY)		7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)																	
9. Plan/Group Number		10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other																			
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																					
POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)																					
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																					
13. Date of Birth (MM/DD/CCYY)			14. Gender <input type="checkbox"/> M <input type="checkbox"/> F			15. Policyholder/Subscriber ID (SSN or ID#)															
16. Plan/Group Number					17. Employer Name																
PATIENT INFORMATION																					
18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other								19. Reserved For Future Use													
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																					
21. Date of Birth (MM/DD/CCYY)			22. Gender <input type="checkbox"/> M <input type="checkbox"/> F			23. Patient ID/Account # (Assigned by Dentist)															
RECORD OF SERVICES PROVIDED																					
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee												
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)			31a. Other Fee(s)													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) (Primary diagnosis in "A")		A _____ C _____ B _____ D _____		32. Total Fee	
35. Remarks																					
AUTHORIZATIONS																					
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for dental services and materials not paid by my dental benefit plan, unless pro law, or the treating dentist or dental practice has a contractual agreement with my plan or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this treatment.																					
X _____ Patient/Guardian Signature					Date																
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, to the below named dentist or dental entity.																					
X _____ Subscriber Signature					Date																
46. Date of Accident (MM/DD/CCYY)					47. Auto Accident State																
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)																					
48. Name, Address, City, State, Zip Code																					
49. NPI		50. License Number			51. SSN or TIN																
52. Phone Number () -		52a. Additional Provider ID			57. Phone Number () -		58. Additional Provider ID														
TREATING DENTIST AND TREATMENT LOCATION INFORMATION																					
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.																					
X _____ Signed (Treating Dentist)					Date																
54. NPI					55. License Number																
56. Address, City, State, Zip Code					56a. Provider Specialty Code																

For procedures related to an accidental injury, restoring the mouth to a pre-cancerous state, or oral surgery, please submit the ICD-10 diagnosis code that describes the reason for treatment. Claims will be rejected if ICD-10 primary diagnosis code is not entered in 34a.

LIVE FEARLESSSM

WITH THE NAME TRUSTED FOR 65 YEARS



An Independent Licensee of the Blue Cross and Blue Shield Association

Contact Information:

Debbie Jines RDH, BS
Dental Network Consultant
501-378-3296
501-210-7005 fax

Sheila Ward, RDH, BS
Dental Network Consultant
501-378-6628
501-210-7005 fax

Steven Seymour, BS
Dental Provider Network Specialist
501-210-7006
501-210-7005 fax
pnodental@arkbluecross.com

*** New Process: Please use the Dental Provider Network Operations contact information for applications, changes, additions, and inquiries regarding status.**