

# DENTAL BULLETIN

WINTER 2016



## Have you registered for the Arkansas Prescription Drug Monitoring Program?



Any new provider coming into the Arkansas Blue Cross and Blue Shield networks must be registered with the Arkansas Prescription Drug Monitoring Program if that provider holds a DEA certificate for prescribing controlled substances.

All current network providers have until April 1, 2017, to register. Registration is free, and it only takes a few minutes to complete the registration. Under the law, a prescriber may designate someone in the facility to be that prescriber's delegate for checking the Prescription Drug Monitoring Program database, once that delegate has also registered. The registration page can be found at: [arkansaspmp.com/practitioner/-/pharmacist/](http://arkansaspmp.com/practitioner/-/pharmacist/)

When a prescriber checks the Prescription Drug Monitoring Program, they become aware of patient issues and can begin discussions leading to safer drug use, better pain management, and treatment for addictions, when appropriate.

Arkansas Blue Cross requires contracted providers in Arkansas to register and encourages use of the Arkansas Prescription Drug Monitoring Program.

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### DID YOU KNOW?

Participation by signing the Arkansas Blue Cross and Blue Shield Preferred Payment Plan Agreement links access to the medical and federal networks as well as the national Dental GRID.

# National Dental GRID

The Dental GRID includes dentists in all 50 states through the networks of participating Blue plans and their affiliates. For claim questions, you must call the state of origin. Arkansas Blue Cross and Blue Shield only has an affiliation if Grid or Grid+ is printed on the patient's ID card or if the Blue plan is on this list. If neither, you must call the patient's insurance company regarding claims issues. Dentists participating with United Concordia may have participation with other Blue plans.

## Plans

- Anthem Insurance Companies, Inc.
  - Anthem Blue Cross of California
  - Anthem Blue Cross and Blue Shield of Colorado
  - Anthem Blue Cross and Blue Shield of Connecticut
  - Blue Cross and Blue Shield of Georgia
  - Anthem Blue Cross and Blue Shield of Indiana
  - Anthem Blue Cross and Blue Shield of Kentucky
  - Anthem Blue Cross and Blue Shield of Maine
  - Anthem Blue Cross and Blue Shield of Missouri
  - Anthem Blue Cross and Blue Shield of Nevada
  - Anthem Blue Cross and Blue Shield of New Hampshire
  - Anthem Blue Cross and Blue Shield of New York
  - Anthem Blue Cross and Blue Shield of Ohio
  - Anthem Blue Cross and Blue Shield of Virginia
  - Anthem Blue Cross and Blue Shield of Wisconsin
- Blue Cross and Blue Shield of Kansas
- Blue Cross and Blue Shield of Kansas City
- Blue Cross and Blue Shield of Nebraska
- Blue Cross and Blue Shield of North Carolina
- Blue Cross and Blue Shield of North Dakota
- Blue Cross and Blue Shield of South Carolina
- Blue Cross and Blue Shield of Tennessee
- Blue Cross of Idaho
- Capital Blue Cross (Central PA)
- CareFirst Blue Cross and Blue Shield (Maryland)
- Excellus BlueCross BlueShield (Rochester NY)
- Horizon Blue Cross and Blue Shield of New Jersey
- Blue Cross and Blue Shield of Vermont (CBA Blue)
- Wellmark Blue Cross and Blue Shield of Iowa
- Blue Cross and Blue Shield of Arizona
- Blue Cross and Blue Shield of Wyoming
- BlueCross & BlueShield of Western / BlueShield of Northeastern New York

## Networks

- Blue Cross and Blue Shield of Massachusetts
- Blue Cross and Blue Shield of Florida
- Blue Cross and Blue Shield of Hawaii
- Blue Cross and Blue Shield of Arkansas
- Blue Cross and Blue Shield of Rhode Island
- Dominion
- UniCare
- DeCare

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

## ADA American Dental Association® 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																		
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													
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																		
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)    A _____    C _____		32. Total Fee
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")    B _____    D _____		
35. Remarks																		
AUTHORIZATIONS																		
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for charges for dental services and materials not paid by my dental benefit plan, unless prohibited by 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 claim.																		
X _____ Patient/Guardian Signature					Date													
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly or indirectly, 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													
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													
57. Phone Number ( ) -					58. Additional Provider ID													

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.

# Dentist Fees PPP

January 1, 2017

*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	\$35
D0270	Bitewing – Single Radiographic Image	\$20
D0272	Bitewings – Two Radiographic Images	\$30
D0273	Bitewings – Three Radiographic Images	\$30
D0274	Bitewings – Four Radiographic Images	\$39
D0277	Vertical Bitewings – 7---10 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 – Adults	\$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
D2331	Resin – Two Surfaces, Anterior	\$117
D2332	Resin – Three Surfaces, Anterior	\$134
D2335	Resin – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$171

CDT	Description	General
D2390	Resin – Based Composite Crown, Anterior	\$175
D2391	Resin – Based Composite – One Surface, Posterior	\$112
D2392	Resin---Based Composite – Two Surfaces Posterior	\$143
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	\$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	\$815
D2750	Crown – Porcelain Fused to High Noble Metal	\$790
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$643
D2752	Crown – Porcelain Fused to Noble Metal	\$725
D2780	Crown – 3/4 Cast High Noble Metal	\$750
D2781	Crown – 3/4 Cast Predominately Base Metal	\$700
D2782	Crown – 3/4 Cast Noble Metal	\$750
D2783	Crown – 3/4 Porcelain/Ceramic (Not Veneers)	\$775
D2790	Crown – Full Cast High Noble Metal	\$780
D2791	Crown – Full Cast Predominantly Base Metal	\$670
D2792	Crown – Full Cast Noble Metal	\$750
D2910	Re-cement or Re-bond Inlay, Onlay	\$52
D2920	Re-cement or Re-bond 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	Prefabricated 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	\$138
D2951	Pin Retention – Per Tooth, In Addition to Restoration	\$45

CDT	Description	General
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)	\$465
D3320	Root Canal Therapy – Bicuspid (Excluding Final Restoration)	\$550
D3330	Root Canal Therapy – Molar (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	\$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, Clinical Crown	\$400
D4260	Osseous Surgery (Including – 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	\$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

CDT	Description	General
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 – 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
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(With Conventional Clasps, Rests & Teeth)	\$1,045
D5224	Immediate Mandibular Partial Denture- Cast Metal Framework With Resin Denture Bases (With Conventional Clasps, Rests & Teeth)	\$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
D5620	Repair Cast Framework	\$190
D5630	Repair or Replace Broken Clasp- Per Tooth	\$160
D5640	Replace Broken Teeth – Per Tooth	\$85
D5650	Add Tooth to Existing Partial Denture	\$125
D5660	Add Clasp to Existing Partial Denture- Per Tooth	\$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

CDT	Description	General
D5711	Rebase Complete Lower Denture	\$310
D5720	Rebase Upper Partial Denture	\$300
D5721	Rebase Lower Partial Denture	\$300
D5730	Reline Complete Upper Denture (chair side)	\$185
D5731	Reline Complete Lower Denture (chair side)	\$185
D5740	Reline Upper Partial Denture (chair side)	\$185
D5741	Reline Lower Partial Denture (chair side)	\$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
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: Eosteal Implant	\$4,000
D6050	Surgical Placement: Transosteal Implant	\$3,040
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	\$1,000
D6059	Abutment Supported Porcelain Fused to Metal/High Noble Crown	\$950
D6060	Abutment Supported Porcelain Fused to Metal/Base Metal Crown	\$800
D6061	Abutment Supported Porcelain Fused to Metal/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 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



CDT	Description	General
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
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
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	\$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
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

CDT	Description	General
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
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	Bridge Repair – Necessary By Restorative Material Failure	\$210
D7111	Coronal Remnants – Deciduous 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	\$190
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	\$1,250
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

CDT	Description	General
D8050	Interceptive orthodontic Treatment of The Primary Dentition	\$2,500
D8060	Interceptive orthodontic Treatment of The Transitional Dentition	\$2,500
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	Re---bonding or Re---cementing and/or Repair, Fixed Retainers	\$36
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedures	\$50
D9223	Deep Sedation/ General Anesthesia- Each 15 Minute Increment	\$110
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$25
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia- Each 15 Minute Increment	\$80
D9910	Application of Desensitizing Medicament	\$25

## PPO Plus patient claims

If your dentist is a participating provider with United Concordia and PPO Plus is your patient's plan, you will be paid by United Concordia's fee schedule.

## Welcome to all our NEW PROVIDERS!

### GENERAL DENTISTRY

Andrew J Phipps DDS — *Centerton*  
 E L Keener II DDS — *Harrison*  
 Larry D Keener DDS — *Harrison*  
 Kevin Cristensen DDS — *Harrison*  
 Clarence W Dill III DDS — *Huntsville*  
 Michael J Dienberg DDS — *Little Rock*  
 Spencer Mobbs DDS — *Morrilton*  
 Gilbert G Caver DDS — *Mount Ida*  
 Chelsea J Seelinger DDS — *North Little Rock*  
 Phillip D Cronin DDS — *Springdale*

### SPECIALISTS

#### ORAL SURGERY

Frank S Sutherland DDS — *Fort Smith*

#### PEDIATRIC DENTIST

David K Jones DDS — *Pine Bluff*  
 Corey J Cloud DDS — *Russellville*

\*General dentists - please refer to in-network specialists in order to save your patients money.

# LIVE FEARLESS<sup>SM</sup>

WITH THE NAME TRUSTED FOR 65 YEARS



An Independent Licensee of the Blue Cross and Blue Shield Association

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