

2020 PPO General Dentist Fees

D-Code	Description	PPO Gen
D0120	Periodic Oral Evaluation - Established Patient	\$27
D0140	Limited Oral Evaluation - Problem Focused	\$36
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	\$24
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$38
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$48
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$45
D0210	Intraoral - Complete Series of Radiographic Images	\$87
D0220	Intraoral - Periapical First Radiographic Image	\$18
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$16
D0240	Intraoral - Occlusal Radiographic Image	\$23
D0250	Extra - Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, and Detector	\$44
D0270	Bitewing - Single Radiographic Image	\$17
D0272	Bitewings- Two Radiographic Images	\$26
D0273	Bitewings - Three Radiographic Images	\$28
D0274	Bitewings - Four Radiographic Images	\$34
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	\$57
D0330	Panoramic Radiographic Image	\$66
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$64
D0460	Pulp Vitality Tests	\$28
D0470	Diagnostic Casts	\$36
D1110	Prophylaxis - Adult	\$48
D1120	Prophylaxis - Child	\$34
D1206	Topical Application of Fluoride Varnish	\$23
D1208	Topical Application of Fluoride - Excluding Varnish	\$22
D1351	Sealant - Per Tooth	\$28
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$29
D1353	Sealant Repair - Per Tooth	\$26
D1354	Interim Caries Arresting Medicament Application - Per Tooth	\$22
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$165
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$244
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$244
D1550	Re-Cement or Re-Bond Space Maintainer	DELETED
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary (NEW)	\$39
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular (NEW)	\$39
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant (NEW)	\$39
D1555	Removal of Fixed Space Maintainer	DELETED

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D-Code	Description	PPO Gen
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant (NEW)	\$34
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary (NEW)	\$34
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular (NEW)	\$34
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$165
D2140	Amalgam - One Surface, Primary or Permanent	\$70
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$80
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$97
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$115
D2330	Resin-Based Composite - One Surface, Anterior	\$82
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$102
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$117
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$151
D2390	Resin-Based Composite Crown, Anterior	\$161
D2391	Resin-Based Composite - One Surface, Posterior	\$97
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$124
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$150
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$165
D2510	Inlay - Metallic - One Surface	\$365
D2520	Inlay - Metallic - Two Surfaces	\$418
D2530	Inlay - Metallic - Three or More Surfaces	\$548
D2542	Onlay - Metallic - Two Surfaces	\$548
D2543	Onlay - Metallic - Three Surfaces	\$609
D2544	Onlay - Metallic - Four or More Surfaces	\$631
D2610	Inlay - Porcelain/Ceramic - One Surface	\$413
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$457
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$574
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$574
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$653
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$679
D2650	Inlay - Resin-Based Composite - One Surface	\$370
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$392
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$479
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$548
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$566
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$594
D2740	Crown - Porcelain/Ceramic	\$713
D2750	Crown - Porcelain Fused to High Noble Metal	\$692
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$618
D2752	Crown - Porcelain Fused to Noble Metal	\$644

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D-Code	Description	PPO Gen
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$692
D2780	Crown - 3/4 Cast High Noble Metal	\$696
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$631
D2782	Crown - 3/4 Cast Noble Metal	\$661
D2783	Crown -3/4 Porcelain/Ceramic	\$696
D2790	Crown - Full Cast High Noble Metal	\$696
D2791	Crown - Full Cast Predominantly Base Metal	\$609
D2792	Crown - Full Cast Noble Metal	\$661
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$45
D2920	Re-Cement or Re-Bond Crown	\$45
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$183
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$141
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$157
D2932	Prefabricated Resin Crown	\$157
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$183
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$179
D2940	Protective Restoration	\$46
D2950	Core Buildup, Including Any Pins When Required	\$120
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$41
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$244
D2954	Prefabricated Post and Core in Addition to Crown	\$174
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$644
D2980	Crown Repair Necessitated by Restorative Material Failure	\$131
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$104
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$104
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$104
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$32
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$57
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$57
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$91
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$87
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$122
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$139
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$413
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$483
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$592

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D-Code	Description	PPO Gen
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$239
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$609
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$631
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$740
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$220
D3352	Apexification/Recalcification - Interim Medication Replacement	\$87
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$87
D3355	Pulpal Regeneration - Initial Visit	\$87
D3410	Apicoectomy - Anterior	\$361
D3421	Apicoectomy - Premolar (First Root)	\$435
D3425	Apicoectomy - Molar (First Root)	\$522
D3426	Apicoectomy (Each Additional Root)	\$287
D3430	Retrograde Filling - Per Root	\$122
D3450	Root Amputation - Per Root	\$196
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$235
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$109
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$283
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$113
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$113
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$305
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$196
D4249	Clinical Crown Lengthening - Hard Tissue	\$348
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$544
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$392
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$326
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$231
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$331
D4267	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$287
D4268	Surgical Revision Procedure, Per Tooth	\$392
D4270	Pedicle Soft Tissue Graft Procedure	\$400

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D-Code	Description	PPO Gen
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$457
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$418
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	\$505
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$500
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	\$244
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$87
D4285	Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site and Donor Material) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site	\$87
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$139
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$83
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$61
D4910	Periodontal Maintenance	\$71
D5110	Complete Denture - Maxillary	\$844
D5120	Complete Denture - Mandibular	\$844
D5130	Immediate Denture - Maxillary	\$919
D5140	Immediate Denture - Mandibular	\$919
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$611
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$611
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$940
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$940
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$566
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$566
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$909
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$909
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$922
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$922

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D-Code	Description	PPO Gen
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$522
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$522
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Clasps and Teeth) - Per Quadrant (NEW)	\$313
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Clasps and Teeth) - Per Quadrant (NEW)	\$313
D5410	Adjust Complete Denture - Maxillary	\$42
D5411	Adjust Complete Denture - Mandibular	\$42
D5421	Adjust Partial Denture - Maxillary	\$42
D5422	Adjust Partial Denture - Mandibular	\$42
D5511	Repair Broken Complete Denture Base, Mandibular	\$113
D5512	Repair Broken Complete Denture Base, Maxillary	\$113
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$96
D5611	Repair Resin Partial Denture Base, Mandibular	\$117
D5612	Repair Resin Partial Denture Base, Maxillary	\$117
D5621	Repair Cast Partial Framework, Mandibular	\$183
D5622	Repair Cast Partial Framework, Maxillary	\$183
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$174
D5640	Replace Broken Teeth - Per Tooth	\$87
D5650	Add Tooth to Existing Partial Denture	\$117
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$148
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$479
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$479
D5710	Rebase Complete Maxillary Denture	\$305
D5711	Rebase Complete Mandibular Denture	\$305
D5720	Rebase Maxillary Partial Denture	\$287
D5721	Rebase Mandibular Partial Denture	\$287
D5730	Reline Complete Maxillary Denture (Chairside)	\$174
D5731	Reline Complete Mandibular Denture (Chairside)	\$174
D5740	Reline Maxillary Partial Denture (Chairside)	\$174
D5741	Reline Mandibular Partial Denture (Chairside)	\$174
D5750	Reline Complete Maxillary Denture (Laboratory)	\$270
D5751	Reline Complete Mandibular Denture (Laboratory)	\$270
D5760	Reline Maxillary Partial Denture (Laboratory)	\$261
D5761	Reline Mandibular Partial Denture (Laboratory)	\$261
D5850	Tissue Conditioning, Maxillary	\$78
D5851	Tissue Conditioning, Mandibular	\$78
D5863	Overdenture - Complete Maxillary	\$1,392
D5864	Overdenture - Partial Maxillary	\$1,131

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D-Code	Description	PPO Gen
D5865	Overdenture - Complete Mandibular	\$1,392
D5866	Overdenture - Partial Mandibular	\$1,131
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$44
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,199
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$974
D6013	Surgical Placement of Mini Implant	\$577
D6040	Surgical Placement: Eposteal Implant	\$3,480
D6050	Surgical Placement: Transosteal Implant	\$2,645
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,175
D6056	Prefabricated Abutment - Includes Modification and Placement	\$392
D6057	Custom Fabricated Abutment - Includes Placement	\$457
D6058	Abutment Supported Porcelain/Ceramic Crown	\$914
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$848
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$740
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$935
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$944
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$783
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$940
D6065	Implant Supported Porcelain/Ceramic Crown	\$914
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$914
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$914
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$914
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$914
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$809
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$957
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,001
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$835
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$957
D6075	Implant Supported Retainer For Ceramic FPD	\$1,001
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,001
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$983
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$65
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys (NEW)	\$792

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D-Code	Description	PPO Gen
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys (NEW)	\$818
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$866
D6086	Implant Supported Crown - Predominantly Base Alloys (NEW)	\$783
D6087	Implant Supported Crown - Noble Alloys (NEW)	\$835
D6088	Implant Supported Crown - Titanium and Titanium Alloys (NEW)	\$870
D6090	Repair Implant Supported Prosthesis, By Report	\$261
D6091	Replacement of Semi-Precision of Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	\$157
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$65
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$113
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,139
D6095	Repair Implant Abutment, By Report	\$261
D6096	Remove Broken Implant Retaining Screw	\$218
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$957
D6098	Implant Supported Retainer - Porcelain Fused to Predominantly Base Alloys (NEW)	\$1,001
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys (NEW)	\$1,001
D6100	Implant Removal, By Report	\$347
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,044
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,044
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,044
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,044
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,088
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,088
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$1,566
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$1,566
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$866
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys (NEW)	\$792
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys (NEW)	\$818
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys (NEW)	\$870
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,044

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D-Code	Description	PPO Gen
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$866
D6210	Pontic - Cast High Noble Metal	\$696
D6211	Pontic - Cast Predominantly Base Metal	\$609
D6212	Pontic - Cast Noble Metal	\$635
D6240	Pontic - Porcelain Fused to High Noble Metal	\$674
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$561
D6242	Pontic - Porcelain Fused to Noble Metal	\$613
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$674
D6245	Pontic - Porcelain/Ceramic	\$657
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$282
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$226
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$282
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$435
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$457
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$374
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$400
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$387
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$418
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$374
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$435
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$566
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$583
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$444
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$522
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$435
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$479
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$435
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$479
D6740	Retainer Crown - Porcelain/Ceramic	\$666
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$666
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$570
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$626
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$840
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$566
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$522
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$544
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$587
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys (NEW)	\$544
D6790	Retainer Crown - Full Cast High Noble Metal	\$700

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D-Code	Description	PPO Gen
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$618
D6792	Retainer Crown - Full Cast Noble Metal	\$609
D6920	Connector Bar	\$174
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$65
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$183
D7111	Extraction, Coronal Remnants - Primary Tooth	\$45
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$77
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$146
D7220	Removal of Impacted Tooth - Soft Tissue	\$174
D7230	Removal of Impacted Tooth - Partially Bony	\$218
D7240	Removal of Impacted Tooth - Completely Bony	\$252
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$313
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$148
D7260	Oroantral Fistula Closure	\$218
D7261	Primary Closure of a Sinus Perforation	\$261
D7280	Exposure of an Unerupted Tooth	\$180
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$183
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$131
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$109
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$144
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$131
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$261
D7410	Excision of Benign Lesion Up to 1.25 cm	\$632
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$719
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$632
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$719
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$226
D7472	Removal of Torus Palatinus	\$226
D7473	Removal of Torus Mandibularis	\$226
D7485	Reduction of Osseous Tuberosity	\$226
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$80
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$113
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$244

***** Not all codes listed are covered under all Arkansas Blue Cross and Blue Shield Dental Plans. Please verify benefits before providing services. *****

2020 PPO General Dentist Fees

D-Code	Description	PPO Gen
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$218
D7970	Excision of Hyperplastic Tissue - Per Arch	\$204
D7971	Excision of Pericoronal Gingiva	\$122
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$1,740
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$1,740
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$1,740
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$1,740
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$2,175
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$2,175
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$4,350
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$5,220
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$6,090
D8210	Removable Appliance Therapy	\$870
D8220	Fixed Appliance Therapy	\$1,044
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$522
D8693	Re-Cement or Re-Bond Fixed Retainer	DELETED
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$48
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$109
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$96
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$26
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$83
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$70
D9248	Non-Intravenous Conscious Sedation	\$87
D9910	Application of Desensitizing Medicament	\$30