

2022 FEP Dental-GRID FEE SCHEDULE



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

D - Code	Description	FEP Dental-GRID
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Evaluation - Established Patient	\$31
D0140	Limited Oral Evaluation - Problem Focused	\$41
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	\$36
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$44
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$75
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$65
DIAGNOSTIC IMAGING		
D0210	Intraoral - Complete Series of Radiographic Images	\$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	\$50
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
TESTS AND EXAMINATIONS		
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions,Not To Include Cytology Or Biopsy Procedures	\$7
D0460	Pulp Vitality Tests	\$32
D0470	Diagnostic Casts	\$41
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - Adult	\$55
D1120	Prophylaxis - Child	\$39
TOPICAL FLUORIDE TREATMENT (Office Procedure)		
D1206	Topical Application of Fluoride Varnish	\$26
D1208	Topical Application of Fluoride - Excluding Varnish	\$25
OTHER PREVENTIVE SERVICES		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$45
D1351	Sealant - Per Tooth	\$32
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$33
D1353	Sealant Repair - Per Tooth	\$30
D1354	Application of caries arresting medicament - per tooth	\$25
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$238
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$350
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$350

D - Code	Description	FEP Dental-GRID
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$280
D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$280
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$56
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$56
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$56
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$49
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$49
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$49
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$238
	RESTORATIVE SERVICES	
D2140	Amalgam - One Surface, Primary or Permanent	\$100
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$115
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$140
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$165
D2330	Resin-Based Composite - One Surface, Anterior	\$118
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$146
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$168
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$218
D2390	Resin-Based Composite Crown, Anterior	\$231
D2391	Resin-Based Composite - One Surface, Posterior	\$140
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$179
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$215
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$238
D2510	Inlay - Metallic - One Surface	\$525
D2520	Inlay - Metallic - Two Surfaces	\$600
D2530	Inlay - Metallic - Three or More Surfaces	\$788
D2542	Onlay - Metallic - Two Surfaces	\$788
D2543	Onlay - Metallic - Three Surfaces	\$875
D2544	Onlay - Metallic - Four or More Surfaces	\$906
D2610	Inlay - Porcelain/Ceramic - One Surface	\$594
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$656
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$825
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$825
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$938
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$975
D2650	Inlay - Resin-Based Composite - One Surface	\$531
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$563
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$688
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$788
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$814
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$854
D2710	Crown - Resin-Based Composite (Indirect)	\$412
D2740	Crown - Porcelain/Ceramic	\$1,048
D2750	Crown - Porcelain Fused to High Noble Metal	\$1,006
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$919
D2752	Crown - Porcelain Fused to Noble Metal	\$973
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$994
D2780	Crown - 3/4 Cast High Noble Metal	\$1,000
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$906

D - Code	Description	FEP Dental-GRID
D2782	Crown - 3/4 Cast Noble Metal	\$950
D2783	Crown -3/4 Porcelain/Ceramic	\$1,000
D2790	Crown - Full Cast High Noble Metal	\$1,000
D2791	Crown - Full Cast Predominantly Base Metal	\$875
D2792	Crown - Full Cast Noble Metal	\$950
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$65
D2920	Re-Cement or Re-Bond Crown	\$65
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$263
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$203
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$225
D2932	Prefabricated Resin Crown	\$225
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$263
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$258
D2940	Protective Restoration	\$66
D2950	Core Buildup, Including Any Pins When Required	\$142
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$47
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$360
D2954	Prefabricated Post and Core in Addition to Crown	\$250
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$925
D2980	Crown Repair Necessitated by Restorative Material Failure	\$188
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$150
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$150
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$150
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$46
	ENDODONTICS	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$83
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$83
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$131
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$136
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$175
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$200
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$606
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$713
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$851
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$344
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$875
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$906
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$1,063
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$316
D3352	Apexification/Recalcification - Interim Medication Replacement	\$125
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$125
D3355	Pulpal Regeneration - Initial Visit	\$125
D3356	Pulpal Regeneration - Interim Medication Replacement	\$136
D3357	Pulpal Regeneration - Completion Of Treatment	\$136

D - Code	Description	FEP Dental-GRID
D3410	Apicoectomy - Anterior	\$519
D3421	Apicoectomy - Premolar (First Root)	\$625
D3425	Apicoectomy - Molar (First Root)	\$750
D3426	Apicoectomy (Each Additional Root)	\$413
D3430	Retrograde Filling - Per Root	\$175
D3450	Root Amputation - Per Root	\$281
D3471	Surgical Repair Of Root Resorption – Anterior	\$400
D3472	Surgical Repair Of Root Resorption – Premolar	\$400
D3473	Surgical Repair Of Root Resorption – Molar	\$400
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$400
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$400
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$400
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$338
D3921	Decoronation or submergence of an erupted tooth	\$210
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$156
	PERIODONTICS	
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$406
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$163
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$163
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$438
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$281
D4249	Clinical Crown Lengthening - Hard Tissue	\$500
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$781
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$563
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$469
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$345
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$475
D4267	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$413
D4268	Surgical Revision Procedure, Per Tooth	\$563
D4270	Pedicle Soft Tissue Graft Procedure	\$575
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$656
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$600
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	\$725
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$719

D - Code	Description	FEP Dental-GRID
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	\$350
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	\$125
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	\$125
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$204
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$125
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$88
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$102
D4910	Periodontal Maintenance	\$103
PROSTHODONTICS, REMOVABLE		
D5110	Complete Denture - Maxillary	\$1,213
D5120	Complete Denture - Mandibular	\$1,213
D5130	Immediate Denture - Maxillary	\$1,320
D5140	Immediate Denture - Mandibular	\$1,320
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$878
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$878
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,351
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,351
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$813
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$813
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,306
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,306
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,325
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,325
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$813
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$813
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$750
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$750

D - Code	Description	FEP Dental-GRID
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$450
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$450
D5410	Adjust Complete Denture - Maxillary	\$60
D5411	Adjust Complete Denture - Mandibular	\$60
D5421	Adjust Partial Denture - Maxillary	\$60
D5422	Adjust Partial Denture - Mandibular	\$60
D5511	Repair Broken Complete Denture Base, Mandibular	\$163
D5512	Repair Broken Complete Denture Base, Maxillary	\$163
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$138
D5611	Repair Resin Partial Denture Base, Mandibular	\$169
D5612	Repair Resin Partial Denture Base, Maxillary	\$169
D5621	Repair Cast Partial Framework, Mandibular	\$263
D5622	Repair Cast Partial Framework, Maxillary	\$263
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$250
D5640	Replace Broken Teeth - Per Tooth	\$125
D5650	Add Tooth to Existing Partial Denture	\$169
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$213
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$688
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$688
D5710	Rebase Complete Maxillary Denture	\$438
D5711	Rebase Complete Mandibular Denture	\$438
D5720	Rebase Maxillary Partial Denture	\$413
D5721	Rebase Mandibular Partial Denture	\$413
D5725	Rebase hybrid prosthesis	\$413
D5730	Reline Complete Maxillary Denture (Direct)	\$250
D5731	Reline Complete Mandibular Denture (Direct)	\$250
D5740	Reline Maxillary Partial Denture (Direct)	\$250
D5741	Reline Mandibular Partial Denture (Direct)	\$250
D5750	Reline Complete Maxillary Denture (Indirect)	\$388
D5751	Reline Complete Mandibular Denture (Indirect)	\$388
D5760	Reline Maxillary Partial Denture (Indirect)	\$375
D5761	Reline Mandibular Partial Denture (Indirect)	\$375
D5765	Soft liner for complete or partial removable denture – indirect	\$250
D5850	Tissue Conditioning, Maxillary	\$113
D5851	Tissue Conditioning, Mandibular	\$113
D5863	Overdenture - Complete Maxillary	\$2,000
D5864	Overdenture - Partial Maxillary	\$1,625
D5865	Overdenture - Complete Mandibular	\$2,000
D5866	Overdenture - Partial Mandibular	\$1,625
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$50
	IMPLANT SERVICES	
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,723
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,400
D6013	Surgical Placement of Mini Implant	\$829
D6040	Surgical Placement: Eposteal Implant	\$5,000

D - Code	Description	FEP Dental-GRID
D6050	Surgical Placement: Transosteal Implant	\$3,800
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$3,125
D6056	Prefabricated Abutment - Includes Modification and Placement	\$563
D6057	Custom Fabricated Abutment - Includes Placement	\$656
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,313
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$1,219
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$1,063
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,344
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,356
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$1,125
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,350
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,313
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$1,313
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$1,313
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$1,313
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$1,313
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$1,163
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,375
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,438
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$1,200
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,375
D6075	Implant Supported Retainer For Ceramic FPD	\$1,438
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,438
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,413
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$94
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	\$1,138
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$1,175
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$1,244
D6086	Implant Supported Crown - Predominantly Base Alloys	\$1,125
D6087	Implant Supported Crown - Noble Alloys	\$1,200
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$1,250
D6090	Repair Implant Supported Prosthesis, By Report	\$375
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	\$225
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$94
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$163
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,636
D6095	Repair Implant Abutment, By Report	\$375
D6096	Remove Broken Implant Retaining Screw	\$313
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$1,244
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$1,138
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$1,175
D6100	Surgical Removal of Implant Body	\$499
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,500
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,500

D - Code	Description	FEP Dental-GRID
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,500
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,500
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$3,000
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$3,000
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$2,250
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$2,250
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$1,244
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$1,138
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$1,175
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$1,250
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,500
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$1,244
	PROSTHODONTICS, FIXED	
D6205	Pontic - Indirect Resin Based Composite	\$570
D6210	Pontic - Cast High Noble Metal	\$1,000
D6211	Pontic - Cast Predominantly Base Metal	\$875
D6212	Pontic - Cast Noble Metal	\$913
D6240	Pontic - Porcelain Fused to High Noble Metal	\$981
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$894
D6242	Pontic - Porcelain Fused to Noble Metal	\$948
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$969
D6245	Pontic - Porcelain/Ceramic	\$1,023
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$405
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$325
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$405
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$625
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$656
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$538
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$575
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$556
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$600
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$538
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$625
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$813
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$838
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$638
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$750
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$625
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$688
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$625
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$688
D6740	Retainer Crown - Porcelain/Ceramic	\$1,048
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$1,006
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$919
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$973

D - Code	Description	FEP Dental-GRID
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$956
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$813
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$750
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$781
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$844
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	\$781
D6790	Retainer Crown - Full Cast High Noble Metal	\$1,006
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$888
D6792	Retainer Crown - Full Cast Noble Metal	\$875
D6920	Connector Bar	\$250
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$94
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$263
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, Coronal Remnants - Primary Tooth	\$68
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$114
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$210
D7220	Removal of Impacted Tooth - Soft Tissue	\$258
D7230	Removal of Impacted Tooth - Partially Bony	\$323
D7240	Removal of Impacted Tooth - Completely Bony	\$374
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$453
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$219
D7251	Coronectomy Intentional Partial Tooth Removal	\$505
D7260	Oroantral Fistula Closure	\$325
D7261	Primary Closure of a Sinus Perforation	\$383
D7280	Exposure of an Unerupted Tooth	\$259
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$263
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$191
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$156
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$221
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$206
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$375
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue	\$300
D7410	Excision of Benign Lesion Up to 1.25 cm	\$908
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$1,033
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$908
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$1,033
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$331
D7472	Removal of Torus Palatinus	\$331
D7473	Removal of Torus Mandibularis	\$331
D7485	Reduction of Osseous Tuberosity	\$331
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$123

D - Code	Description	FEP Dental-GRID
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$174
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$375
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$335
D7962	Lingual Frenectomy (Frenulectomy)	\$335
D7970	Excision of Hyperplastic Tissue - Per Arch	\$314
D7971	Excision of Pericoronal Gingiva	\$193
	ORTHODONTICS Payment for the following orthodontic services is limited to the Orthodontic Lifetime Maximum specific to the Member's Benefit Plan.	
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$2,500
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$2,500
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$2,500
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$2,500
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$6,250
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$7,500
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$8,750
D8210	Removable Appliance Therapy	\$1,250
D8220	Fixed Appliance Therapy	\$1,500
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$750
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$69
	ANESTHESIA	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$168
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$148
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$40
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$133
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$108
D9248	Non-Intravenous Conscious Sedation	\$134
	PROFESSIONAL CONSULTATION	
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physican	\$49
	MISCELLANEOUS SERVICES	
D9910	Application of Desensitizing Medicament	\$44
D9920	Behavior Management,By Report	\$115

DISCLAIMER: Some codes may be listed that are not covered under a particular member's benefit plan. Verification of benefits is recommended to ensure coverage. You may bill your usual and customary charge for any service not covered by the member's plan; you will not be held to the scheduled allowance for those services, or services covered by the member's plan but denied due to waiting periods, frequency or when plan maximums have been met.

AR FEP Dental-GRID Fee schedule 2022