

2022 MEDICARE ADVANTAGE SPECIALIST FEE SCHEDULE



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

D - Code	Description	Medicare Advantage Specialist
CLINICAL ORAL EVALUATIONS		
D0120	Periodic Oral Evaluation - Established Patient	\$28
D0140	Limited Oral Evaluation - Problem Focused	\$37
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	\$33
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$40
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$68
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$59
DIAGNOSTIC IMAGING		
D0210	Intraoral - Complete Series of Radiographic Images	\$90
D0220	Intraoral - Periapical First Radiographic Image	\$19
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	\$45
D0270	Bitewing - Single Radiographic Image	\$18
D0272	Bitewings- Two Radiographic Images	\$27
D0273	Bitewings - Three Radiographic Images	\$29
D0274	Bitewings - Four Radiographic Images	\$35
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	\$59
D0330	Panoramic Radiographic Image	\$68
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$67
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	\$6
D0460	Pulp Vitality Tests	\$29
D0470	Diagnostic Casts	\$37
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - Adult	\$50
D1120	Prophylaxis - Child	\$35
TOPICAL FLUORIDE TREATMENT (Office Procedure)		
D1206	Topical Application of Fluoride Varnish	\$23
D1208	Topical Application of Fluoride - Excluding Varnish	\$23
OTHER PREVENTIVE SERVICES		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$41
D1351	Sealant - Per Tooth	\$29
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$30
D1353	Sealant Repair - Per Tooth	\$27
D1354	Application of caries arresting medicament - per tooth	\$23
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$214
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$315

D - Code	Description	Medicare Advantage Specialist
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$315
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$252
D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$252
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$51
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$51
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$51
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$44
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$44
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$44
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$214
	RESTORATIVE SERVICES	
D2140	Amalgam - One Surface, Primary or Permanent	\$90
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$104
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$126
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$149
D2330	Resin-Based Composite - One Surface, Anterior	\$106
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$131
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$151
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$196
D2390	Resin-Based Composite Crown, Anterior	\$209
D2391	Resin-Based Composite - One Surface, Posterior	\$126
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$161
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$194
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$214
D2510	Inlay - Metallic - One Surface	\$473
D2520	Inlay - Metallic - Two Surfaces	\$540
D2530	Inlay - Metallic - Three or More Surfaces	\$709
D2542	Onlay - Metallic - Two Surfaces	\$709
D2543	Onlay - Metallic - Three Surfaces	\$788
D2544	Onlay - Metallic - Four or More Surfaces	\$816
D2610	Inlay - Porcelain/Ceramic - One Surface	\$535
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$591
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$743
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$743
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$844
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$878
D2650	Inlay - Resin-Based Composite - One Surface	\$479
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$506
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$619
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$709
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$733
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$769
D2710	Crown - Resin-Based Composite (Indirect)	\$371
D2740	Crown - Porcelain/Ceramic	\$943
D2750	Crown - Porcelain Fused to High Noble Metal	\$906
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$828
D2752	Crown - Porcelain Fused to Noble Metal	\$875
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$895

D - Code	Description	Medicare Advantage Specialist
D2780	Crown - 3/4 Cast High Noble Metal	\$900
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$816
D2782	Crown - 3/4 Cast Noble Metal	\$855
D2783	Crown -3/4 Porcelain/Ceramic	\$900
D2790	Crown - Full Cast High Noble Metal	\$900
D2791	Crown - Full Cast Predominantly Base Metal	\$788
D2792	Crown - Full Cast Noble Metal	\$855
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$59
D2920	Re-Cement or Re-Bond Crown	\$59
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$236
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$183
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$203
D2932	Prefabricated Resin Crown	\$203
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$236
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$231
D2940	Protective Restoration	\$60
D2950	Core Buildup, Including Any Pins When Required	\$128
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$42
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$324
D2954	Prefabricated Post and Core in Addition to Crown	\$225
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$833
D2980	Crown Repair Necessitated by Restorative Material Failure	\$169
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$135
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$135
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$135
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$41
	ENDODONTICS	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$74
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$74
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$119
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$123
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$158
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$180
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$546
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$641
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$766
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$310
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$788
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$816
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$956
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$285
D3352	Apexification/Recalcification - Interim Medication Replacement	\$113
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$113

D - Code	Description	Medicare Advantage Specialist
D3355	Pulpal Regeneration - Initial Visit	\$113
D3356	Pulpal Regeneration - Interim Medication Replacement	\$122
D3357	Pulpal Regeneration - Completion Of Treatment	\$122
D3410	Apicoectomy - Anterior	\$468
D3421	Apicoectomy - Premolar (First Root)	\$563
D3425	Apicoectomy - Molar (First Root)	\$675
D3426	Apicoectomy (Each Additional Root)	\$371
D3430	Retrograde Filling - Per Root	\$158
D3450	Root Amputation - Per Root	\$254
D3471	Surgical Repair Of Root Resorption – Anterior	\$360
D3472	Surgical Repair Of Root Resorption – Premolar	\$360
D3473	Surgical Repair Of Root Resorption – Molar	\$360
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$360
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$360
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$360
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$304
D3921	Decoronation or submergence of an erupted tooth	\$189
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$141
	PERIODONTICS	
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$366
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$146
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$146
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$394
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$254
D4249	Clinical Crown Lengthening - Hard Tissue	\$450
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$704
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$506
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$423
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$310
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$428
D4267	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$371
D4268	Surgical Revision Procedure, Per Tooth	\$506
D4270	Pedicle Soft Tissue Graft Procedure	\$518
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$591
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$540
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	\$653

D - Code	Description	Medicare Advantage Specialist
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$648
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	\$315
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	\$113
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	\$113
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$184
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$113
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$79
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$92
D4910	Periodontal Maintenance	\$93
	PROSTHODONTICS, REMOVABLE	
D5110	Complete Denture - Maxillary	\$1,091
D5120	Complete Denture - Mandibular	\$1,091
D5130	Immediate Denture - Maxillary	\$1,188
D5140	Immediate Denture - Mandibular	\$1,188
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$790
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$790
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,216
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,216
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$731
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$731
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,176
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,176
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,193
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,193
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$731
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$731

D - Code	Description	Medicare Advantage Specialist
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$675
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$675
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$405
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$405
D5410	Adjust Complete Denture - Maxillary	\$54
D5411	Adjust Complete Denture - Mandibular	\$54
D5421	Adjust Partial Denture - Maxillary	\$54
D5422	Adjust Partial Denture - Mandibular	\$54
D5511	Repair Broken Complete Denture Base, Mandibular	\$146
D5512	Repair Broken Complete Denture Base, Maxillary	\$146
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$124
D5611	Repair Resin Partial Denture Base, Mandibular	\$153
D5612	Repair Resin Partial Denture Base, Maxillary	\$153
D5621	Repair Cast Partial Framework, Mandibular	\$236
D5622	Repair Cast Partial Framework, Maxillary	\$236
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$225
D5640	Replace Broken Teeth - Per Tooth	\$113
D5650	Add Tooth to Existing Partial Denture	\$153
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$191
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$619
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$619
D5710	Rebase Complete Maxillary Denture	\$394
D5711	Rebase Complete Mandibular Denture	\$394
D5720	Rebase Maxillary Partial Denture	\$371
D5721	Rebase Mandibular Partial Denture	\$371
D5725	Rebase hybrid prosthesis	\$371
D5730	Reline Complete Maxillary Denture (Direct)	\$225
D5731	Reline Complete Mandibular Denture (Direct)	\$225
D5740	Reline Maxillary Partial Denture (Direct)	\$225
D5741	Reline Mandibular Partial Denture (Direct)	\$225
D5750	Reline Complete Maxillary Denture (Indirect)	\$349
D5751	Reline Complete Mandibular Denture (Indirect)	\$349
D5760	Reline Maxillary Partial Denture (Indirect)	\$338
D5761	Reline Mandibular Partial Denture (Indirect)	\$338
D5765	Soft liner for complete or partial removable denture – indirect	\$225
D5850	Tissue Conditioning, Maxillary	\$101
D5851	Tissue Conditioning, Mandibular	\$101
D5863	Overdenture - Complete Maxillary	\$1,800
D5864	Overdenture - Partial Maxillary	\$1,463
D5865	Overdenture - Complete Mandibular	\$1,800
D5866	Overdenture - Partial Mandibular	\$1,463
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$45
IMPLANT SERVICES		

D - Code	Description	Medicare Advantage Specialist
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,550
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,260
D6013	Surgical Placement of Mini Implant	\$746
D6040	Surgical Placement: Eposteal Implant	\$4,500
D6050	Surgical Placement: Transosteal Implant	\$3,420
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,813
D6056	Prefabricated Abutment - Includes Modification and Placement	\$506
D6057	Custom Fabricated Abutment - Includes Placement	\$591
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,181
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$1,098
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$956
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,210
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,221
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$1,013
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,215
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,181
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$1,181
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$1,181
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$1,181
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$1,181
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$1,046
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,238
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,294
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$1,080
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,238
D6075	Implant Supported Retainer For Ceramic FPD	\$1,294
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,294
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,271
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$85
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	\$1,024
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$1,058
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$1,120
D6086	Implant Supported Crown - Predominantly Base Alloys	\$1,013
D6087	Implant Supported Crown - Noble Alloys	\$1,080
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$1,125
D6090	Repair Implant Supported Prosthesis, By Report	\$338
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	\$203
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$85
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$146
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,473
D6095	Repair Implant Abutment, By Report	\$338
D6096	Remove Broken Implant Retaining Screw	\$281
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$1,120

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D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$1,024
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$1,058
D6100	Surgical Removal of Implant Body	\$449
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,350
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,350
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,350
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,350
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,700
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,700
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$2,025
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$2,025
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$1,120
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$1,024
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$1,058
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$1,125
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,350
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$1,120
	PROSTHODONTICS, FIXED	
D6205	Pontic - Indirect Resin Based Composite	\$513
D6210	Pontic - Cast High Noble Metal	\$900
D6211	Pontic - Cast Predominantly Base Metal	\$788
D6212	Pontic - Cast Noble Metal	\$821
D6240	Pontic - Porcelain Fused to High Noble Metal	\$884
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$805
D6242	Pontic - Porcelain Fused to Noble Metal	\$853
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$873
D6245	Pontic - Porcelain/Ceramic	\$920
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$365
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$293
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$365
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$563
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$591
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$484
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$518
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$501
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$540
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$484
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$563
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$731
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$754
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$574
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$675
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$563

D - Code	Description	Medicare Advantage Specialist
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$619
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$563
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$619
D6740	Retainer Crown - Porcelain/Ceramic	\$943
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$906
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$828
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$875
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$861
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$731
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$675
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$704
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$760
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	\$704
D6790	Retainer Crown - Full Cast High Noble Metal	\$906
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$799
D6792	Retainer Crown - Full Cast Noble Metal	\$788
D6920	Connector Bar	\$225
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$85
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$236
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, Coronal Remnants - Primary Tooth	\$61
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$103
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$189
D7220	Removal of Impacted Tooth - Soft Tissue	\$231
D7230	Removal of Impacted Tooth - Partially Bony	\$290
D7240	Removal of Impacted Tooth - Completely Bony	\$336
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$408
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$198
D7251	Coronectomy Intentional Partial Tooth Removal	\$455
D7260	Oroantral Fistula Closure	\$293
D7261	Primary Closure of a Sinus Perforation	\$344
D7280	Exposure of an Unerupted Tooth	\$233
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$236
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$173
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$141
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$199
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$186
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$338
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue	\$270
D7410	Excision of Benign Lesion Up to 1.25 cm	\$816
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$929

D - Code	Description	Medicare Advantage Specialist
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$816
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$929
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$299
D7472	Removal of Torus Palatinus	\$299
D7473	Removal of Torus Mandibularis	\$299
D7485	Reduction of Osseous Tuberosity	\$299
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$110
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$156
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$338
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$301
D7962	Lingual Frenectomy (Frenulectomy)	\$301
D7970	Excision of Hyperplastic Tissue - Per Arch	\$283
D7971	Excision of Pericoronal Gingiva	\$174
	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	\$2,250
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$2,250
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$2,250
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$2,250
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$5,625
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$6,750
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$7,875
D8210	Removable Appliance Therapy	\$1,125
D8220	Fixed Appliance Therapy	\$1,350
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$675
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$63
	ANESTHESIA	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$151
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$133
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$36
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$119
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$96
D9248	Non-Intravenous Conscious Sedation	\$120
	PROFESSIONAL CONSULTATION	
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$44
	MISCELLANEOUS SERVICES	
D9910	Application of Desensitizing Medicament	\$40
D9920	Behavior Management,By Report	\$104

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.