

# 2022 PPO GENERAL FEE SCHEDULE



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

D - Code	Description	PPO General
<b>CLINICAL ORAL EVALUATIONS</b>		
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	\$26
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$40
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$54
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$47
<b>DIAGNOSTIC IMAGING</b>		
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
<b>TESTS AND EXAMINATIONS</b>		
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
<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis - Adult	\$50
D1120	Prophylaxis - Child	\$35
<b>TOPICAL FLUORIDE TREATMENT (Office Procedure)</b>		
D1206	Topical Application of Fluoride Varnish	\$23
D1208	Topical Application of Fluoride - Excluding Varnish	\$23
<b>OTHER PREVENTIVE SERVICES</b>		
D1320	Tobacco Counseling For The Control And Preventon 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	\$171
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$252
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$252
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$252

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D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$252
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$41
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$41
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$41
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$35
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$35
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$35
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$171
	<b>RESTORATIVE SERVICES</b>	
D2140	Amalgam - One Surface, Primary or Permanent	\$72
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$83
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$101
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$119
D2330	Resin-Based Composite - One Surface, Anterior	\$85
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$105
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$121
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$157
D2390	Resin-Based Composite Crown, Anterior	\$167
D2391	Resin-Based Composite - One Surface, Posterior	\$101
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$129
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$155
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$171
D2510	Inlay - Metallic - One Surface	\$378
D2520	Inlay - Metallic - Two Surfaces	\$432
D2530	Inlay - Metallic - Three or More Surfaces	\$567
D2542	Onlay - Metallic - Two Surfaces	\$567
D2543	Onlay - Metallic - Three Surfaces	\$630
D2544	Onlay - Metallic - Four or More Surfaces	\$653
D2610	Inlay - Porcelain/Ceramic - One Surface	\$428
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$473
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$594
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$594
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$675
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$702
D2650	Inlay - Resin-Based Composite - One Surface	\$383
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$405
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$495
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$567
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$586
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$615
D2710	Crown - Resin-Based Composite (Indirect)	\$371
D2740	Crown - Porcelain/Ceramic	\$754
D2750	Crown - Porcelain Fused to High Noble Metal	\$725
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$662
D2752	Crown - Porcelain Fused to Noble Metal	\$700
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$716
D2780	Crown - 3/4 Cast High Noble Metal	\$720
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$653
D2782	Crown - 3/4 Cast Noble Metal	\$684

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D2783	Crown -3/4 Porcelain/Ceramic	\$720
D2790	Crown - Full Cast High Noble Metal	\$720
D2791	Crown - Full Cast Predominantly Base Metal	\$630
D2792	Crown - Full Cast Noble Metal	\$684
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$47
D2920	Re-Cement or Re-Bond Crown	\$47
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$189
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$146
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$162
D2932	Prefabricated Resin Crown	\$162
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$189
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$185
D2940	Protective Restoration	\$48
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	\$259
D2954	Prefabricated Post and Core in Addition to Crown	\$180
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$666
D2980	Crown Repair Necessitated by Restorative Material Failure	\$135
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$108
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$108
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$108
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$33
	<b>ENDODONTICS</b>	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$59
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$59
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$95
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$98
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$126
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$144
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$437
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$513
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$613
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$248
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$630
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$653
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$765
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$228
D3352	Apexification/Recalcification - Interim Medication Replacement	\$90
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$90
D3355	Pulpal Regeneration - Initial Visit	\$90
D3356	Pulpal Regeneration - Interim Medication Replacement	\$122
D3357	Pulpal Regeneration - Completion Of Treatment	\$122
D3410	Apicoectomy - Anterior	\$374

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D3421	Apicoectomy - Premolar (First Root)	\$450
D3425	Apicoectomy - Molar (First Root)	\$540
D3426	Apicoectomy (Each Additional Root)	\$297
D3430	Retrograde Filling - Per Root	\$126
D3450	Root Amputation - Per Root	\$203
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	\$243
D3921	Decoronation or submergence of an erupted tooth	\$151
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$113
	<b>PERIODONTICS</b>	
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$293
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$117
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$117
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$315
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$203
D4249	Clinical Crown Lengthening - Hard Tissue	\$360
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$563
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$405
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$338
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$248
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$342
D4267	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$297
D4268	Surgical Revision Procedure, Per Tooth	\$405
D4270	Pedicle Soft Tissue Graft Procedure	\$414
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$473
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$432
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	\$522
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$518
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	\$252

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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	\$90
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	\$90
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$147
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$90
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$63
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$92
D4910	Periodontal Maintenance	\$74
	<b>PROSTHODONTICS, REMOVABLE</b>	
D5110	Complete Denture - Maxillary	\$873
D5120	Complete Denture - Mandibular	\$873
D5130	Immediate Denture - Maxillary	\$950
D5140	Immediate Denture - Mandibular	\$950
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$632
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$632
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$973
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$973
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$585
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$585
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$941
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$941
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$954
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$954
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$585
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$585
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$540
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$540
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$324

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D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$324
D5410	Adjust Complete Denture - Maxillary	\$43
D5411	Adjust Complete Denture - Mandibular	\$43
D5421	Adjust Partial Denture - Maxillary	\$43
D5422	Adjust Partial Denture - Mandibular	\$43
D5511	Repair Broken Complete Denture Base, Mandibular	\$117
D5512	Repair Broken Complete Denture Base, Maxillary	\$117
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$99
D5611	Repair Resin Partial Denture Base, Mandibular	\$122
D5612	Repair Resin Partial Denture Base, Maxillary	\$122
D5621	Repair Cast Partial Framework, Mandibular	\$189
D5622	Repair Cast Partial Framework, Maxillary	\$189
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$180
D5640	Replace Broken Teeth - Per Tooth	\$90
D5650	Add Tooth to Existing Partial Denture	\$122
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$153
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$495
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$495
D5710	Rebase Complete Maxillary Denture	\$315
D5711	Rebase Complete Mandibular Denture	\$315
D5720	Rebase Maxillary Partial Denture	\$297
D5721	Rebase Mandibular Partial Denture	\$297
D5725	Rebase hybrid prosthesis	\$297
D5730	Reline Complete Maxillary Denture (Direct)	\$180
D5731	Reline Complete Mandibular Denture (Direct)	\$180
D5740	Reline Maxillary Partial Denture (Direct)	\$180
D5741	Reline Mandibular Partial Denture (Direct)	\$180
D5750	Reline Complete Maxillary Denture (Indirect)	\$279
D5751	Reline Complete Mandibular Denture (Indirect)	\$279
D5760	Reline Maxillary Partial Denture (Indirect)	\$270
D5761	Reline Mandibular Partial Denture (Indirect)	\$270
D5765	Soft liner for complete or partial removable denture – indirect	\$180
D5850	Tissue Conditioning, Maxillary	\$81
D5851	Tissue Conditioning, Mandibular	\$81
D5863	Overdenture - Complete Maxillary	\$1,440
D5864	Overdenture - Partial Maxillary	\$1,170
D5865	Overdenture - Complete Mandibular	\$1,440
D5866	Overdenture - Partial Mandibular	\$1,170
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$45
<b>IMPLANT SERVICES</b>		
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,240
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,008
D6013	Surgical Placement of Mini Implant	\$597
D6040	Surgical Placement: Eposteal Implant	\$3,600
D6050	Surgical Placement: Transosteal Implant	\$2,736
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,250

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D6056	Prefabricated Abutment - Includes Modification and Placement	\$405
D6057	Custom Fabricated Abutment - Includes Placement	\$473
D6058	Abutment Supported Porcelain/Ceramic Crown	\$945
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$878
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$765
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$968
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$977
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$810
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$972
D6065	Implant Supported Porcelain/Ceramic Crown	\$945
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$945
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$945
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$945
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$945
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$837
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$990
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,035
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$864
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$990
D6075	Implant Supported Retainer For Ceramic FPD	\$1,035
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,035
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,017
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$68
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	\$819
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$846
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$896
D6086	Implant Supported Crown - Predominantly Base Alloys	\$810
D6087	Implant Supported Crown - Noble Alloys	\$864
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$900
D6090	Repair Implant Supported Prosthesis, By Report	\$270
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	\$162
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$68
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$117
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,178
D6095	Repair Implant Abutment, By Report	\$270
D6096	Remove Broken Implant Retaining Screw	\$225
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$896
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$819
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$846
D6100	Surgical Removal of Implant Body	\$359
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,080
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,080
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,080



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D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,080
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,160
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,160
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$1,620
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$1,620
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$896
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$819
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$846
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$900
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,080
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$896
	<b>PROSTHODONTICS, FIXED</b>	
D6205	Pontic - Indirect Resin Based Composite	\$513
D6210	Pontic - Cast High Noble Metal	\$720
D6211	Pontic - Cast Predominantly Base Metal	\$630
D6212	Pontic - Cast Noble Metal	\$657
D6240	Pontic - Porcelain Fused to High Noble Metal	\$707
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$644
D6242	Pontic - Porcelain Fused to Noble Metal	\$682
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$698
D6245	Pontic - Porcelain/Ceramic	\$736
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$292
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$234
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$292
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$450
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$473
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$387
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$414
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$401
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$432
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$387
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$450
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$585
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$603
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$459
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$540
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$450
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$495
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$450
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$495
D6740	Retainer Crown - Porcelain/Ceramic	\$754
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$725
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$662
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$700
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$689
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$585



D - Code	Description	PPO General
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$540
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$563
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$608
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	\$563
D6790	Retainer Crown - Full Cast High Noble Metal	\$725
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$639
D6792	Retainer Crown - Full Cast Noble Metal	\$630
D6920	Connector Bar	\$180
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$68
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$189
<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
D7111	Extraction, Coronal Remnants - Primary Tooth	\$49
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$82
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$151
D7220	Removal of Impacted Tooth - Soft Tissue	\$185
D7230	Removal of Impacted Tooth - Partially Bony	\$232
D7240	Removal of Impacted Tooth - Completely Bony	\$269
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$326
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$158
D7251	Coronectomy Intentional Partial Tooth Removal	\$455
D7260	Oroantral Fistula Closure	\$234
D7261	Primary Closure of a Sinus Perforation	\$275
D7280	Exposure of an Unerupted Tooth	\$186
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$189
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$138
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$113
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$159
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$149
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$270
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	\$653
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$743
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$653
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$743
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$239
D7472	Removal of Torus Palatinus	\$239
D7473	Removal of Torus Mandibularis	\$239
D7485	Reduction of Osseous Tuberosity	\$239
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$88
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$125
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$270

D - Code	Description	PPO General
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$241
D7962	Lingual Frenectomy (Frenulectomy)	\$241
D7970	Excision of Hyperplastic Tissue - Per Arch	\$226
D7971	Excision of Pericoronal Gingiva	\$139
	<b>ORTHODONTICS</b> 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	\$1,800
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$1,800
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$1,800
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$1,800
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$4,500
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$5,400
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$6,300
D8210	Removable Appliance Therapy	\$900
D8220	Fixed Appliance Therapy	\$1,080
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$540
	<b>ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$50
	<b>ANESTHESIA</b>	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$121
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$106
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$29
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$95
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$77
D9248	Non-Intravenous Conscious Sedation	\$96
	<b>PROFESSIONAL CONSULTATION</b>	
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$44
	<b>MISCELLANEOUS SERVICES</b>	
D9910	Application of Desensitizing Medicament	\$32
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.