

2021 PPO GENERAL FEE SCHEDULE



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

D - Code	Description	PPO General
CLINICAL ORAL EVALUATIONS		
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	\$25
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
DIAGNOSTIC IMAGING		
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
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	\$28
D0470	Diagnostic Casts	\$36
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - Adult	\$48
D1120	Prophylaxis - Child	\$34
TOPICAL FLUORIDE TREATMENT (Office Procedure)		
D1206	Topical Application of Fluoride Varnish	\$23
D1208	Topical Application of Fluoride - Excluding Varnish	\$22
OTHER PREVENTIVE SERVICES		
D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$39
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
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$244
D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$244
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$39
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$39
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$39
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$34
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$34
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$34
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$165

D - Code	Description	PPO General
	RESTORATIVE SERVICES	
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
D2710	Crown - Resin-Based Composite (Indirect)	\$358
D2740	Crown - Porcelain/Ceramic	\$727
D2750	Crown - Porcelain Fused to High Noble Metal	\$699
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$618
D2752	Crown - Porcelain Fused to Noble Metal	\$644
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$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	\$251
D2954	Prefabricated Post and Core in Addition to Crown	\$174

D - Code	Description	PPO General
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$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
ENDODONTICS		
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	\$95
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
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
D3356	Pulpal Regeneration - Interim Medication Replacement	\$118
D3357	Pulpal Regeneration - Completion Of Treatment	\$118
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
D3471	Surgical Repair Of Root Resorption – Anterior	\$348
D3472	Surgical Repair Of Root Resorption – Premolar	\$348
D3473	Surgical Repair Of Root Resorption – Molar	\$348
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	\$348
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	\$348
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	\$348
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$235
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$109
PERIODONTICS		
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

D - Code	Description	PPO General
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	\$240
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
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
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$89
D4910	Periodontal Maintenance	\$71
PROSTHODONTICS, REMOVABLE		
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 Retentive/Clasping Materials, Rests And Teeth)	\$922

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D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$922
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$522
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$522
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$313
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$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 (Direct)	\$174
D5731	Reline Complete Mandibular Denture (Direct)	\$174
D5740	Reline Maxillary Partial Denture (Direct)	\$174
D5741	Reline Mandibular Partial Denture (Direct)	\$174
D5750	Reline Complete Maxillary Denture (Indirect)	\$270
D5751	Reline Complete Mandibular Denture (Indirect)	\$270
D5760	Reline Maxillary Partial Denture (Indirect)	\$261
D5761	Reline Mandibular Partial Denture (Indirect)	\$261
D5850	Tissue Conditioning, Maxillary	\$78
D5851	Tissue Conditioning, Mandibular	\$78
D5863	Overdenture - Complete Maxillary	\$1,392
D5864	Overdenture - Partial Maxillary	\$1,131
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
IMPLANT SERVICES		
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: Eosteal 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

D - Code	Description	PPO General
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	\$792
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$818
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$866
D6086	Implant Supported Crown - Predominantly Base Alloys	\$783
D6087	Implant Supported Crown - Noble Alloys	\$835
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$870
D6090	Repair Implant Supported Prosthesis, By Report	\$261
D6091	Replacement Of Replaceable Part Of Semi-Precision Or 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	\$866
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$792
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$818
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	\$866
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$792

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D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$818
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$870
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,044
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$866
	PROSTHODONTICS, FIXED	
D6205	Pontic - Indirect Resin Based Composite	\$496
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	\$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	\$666
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	\$544
D6790	Retainer Crown - Full Cast High Noble Metal	\$700
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
	ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction, Coronal Remnants - Primary Tooth	\$47
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$79
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	\$179
D7230	Removal of Impacted Tooth - Partially Bony	\$224
D7240	Removal of Impacted Tooth - Completely Bony	\$260
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$315

D - Code	Description	PPO General
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$152
D7251	Coronectomy Intentional Partial Tooth Removal	\$439
D7260	Oroantral Fistula Closure	\$226
D7261	Primary Closure of a Sinus Perforation	\$266
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	\$133
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	\$154
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$144
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$261
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue	\$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)	\$231
D7472	Removal of Torus Palatinus	\$231
D7473	Removal of Torus Mandibularis	\$231
D7485	Reduction of Osseous Tuberosity	\$231
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$85
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$121
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$261
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$233
D7962	Lingual Frenectomy (Frenulectomy)	\$233
D7970	Excision of Hyperplastic Tissue - Per Arch	\$218
D7971	Excision of Pericoronal Gingiva	\$134
	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	\$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
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$48
	ANESTHESIA	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$117
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$103
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$28
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$89
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$75

D - Code	Description	PPO General
D9248	Non-Intravenous Conscious Sedation	\$93
	PROFESSIONAL CONSULTATION	
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physican	\$43
	MISCELLANEOUS SERVICES	
D9910	Application of Desensitizing Medicament	\$30
D9920	Behavior Management,By Report	\$100

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 PPO Gen Fee schedule 2021