

# 2021 PPO SPECIALIST FEE SCHEDULE



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

D - Code	Description	PPO Specialist
<b>CLINICAL ORAL EVALUATIONS</b>		
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	\$31
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$38
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$60
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$57
<b>DIAGNOSTIC IMAGING</b>		
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
<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	\$28
D0470	Diagnostic Casts	\$36
<b>DENTAL PROPHYLAXIS</b>		
D1110	Prophylaxis - Adult	\$48
D1120	Prophylaxis - Child	\$34
<b>TOPICAL FLUORIDE TREATMENT (Office Procedure)</b>		
D1206	Topical Application of Fluoride Varnish	\$23
D1208	Topical Application of Fluoride - Excluding Varnish	\$22
<b>OTHER PREVENTIVE SERVICES</b>		
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	\$207
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$305
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$305
D1526	Space Maintainer - Removable-Bilateral, Maxillary	\$244
D1527	Space Maintainer - Removable-Bilateral, Mandibular	\$244
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	\$49
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	\$49
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	\$49
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$42
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	\$42
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	\$42
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$207

D - Code	Description	PPO Specialist
	<b>RESTORATIVE SERVICES</b>	
D2140	Amalgam - One Surface, Primary or Permanent	\$87
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$100
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$122
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$144
D2330	Resin-Based Composite - One Surface, Anterior	\$102
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$127
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$146
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$189
D2390	Resin-Based Composite Crown, Anterior	\$201
D2391	Resin-Based Composite - One Surface, Posterior	\$122
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$156
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$187
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$207
D2510	Inlay - Metallic - One Surface	\$457
D2520	Inlay - Metallic - Two Surfaces	\$522
D2530	Inlay - Metallic - Three or More Surfaces	\$685
D2542	Onlay - Metallic - Two Surfaces	\$685
D2543	Onlay - Metallic - Three Surfaces	\$761
D2544	Onlay - Metallic - Four or More Surfaces	\$788
D2610	Inlay - Porcelain/Ceramic - One Surface	\$517
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$571
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$718
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$718
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$816
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$848
D2650	Inlay - Resin-Based Composite - One Surface	\$462
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$489
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$598
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$685
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$708
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$743
D2710	Crown - Resin-Based Composite (Indirect)	\$358
D2740	Crown - Porcelain/Ceramic	\$909
D2750	Crown - Porcelain Fused to High Noble Metal	\$874
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$772
D2752	Crown - Porcelain Fused to Noble Metal	\$805
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$865
D2780	Crown - 3/4 Cast High Noble Metal	\$870
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$788
D2782	Crown - 3/4 Cast Noble Metal	\$827
D2783	Crown -3/4 Porcelain/Ceramic	\$870
D2790	Crown - Full Cast High Noble Metal	\$870
D2791	Crown - Full Cast Predominantly Base Metal	\$761
D2792	Crown - Full Cast Noble Metal	\$827
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$57
D2920	Re-Cement or Re-Bond Crown	\$57
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$228
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$176
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$196
D2932	Prefabricated Resin Crown	\$196
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$228
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$224
D2940	Protective Restoration	\$58
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	\$314
D2954	Prefabricated Post and Core in Addition to Crown	\$218

D - Code	Description	PPO Specialist
D2962	Labial Veneer (Porcelain Laminate) - Indirect	\$805
D2980	Crown Repair Necessitated by Restorative Material Failure	\$163
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$131
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$131
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$131
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$40
<b>ENDODONTICS</b>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$72
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$72
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$114
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$119
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$152
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$174
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$517
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$604
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$740
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$299
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$761
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$788
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$924
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$275
D3352	Apexification/Recalcification - Interim Medication Replacement	\$109
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$109
D3355	Pulpal Regeneration - Initial Visit	\$109
D3356	Pulpal Regeneration - Interim Medication Replacement	\$118
D3357	Pulpal Regeneration - Completion Of Treatment	\$118
D3410	Apicoectomy - Anterior	\$451
D3421	Apicoectomy - Premolar (First Root)	\$544
D3425	Apicoectomy - Molar (First Root)	\$653
D3426	Apicoectomy (Each Additional Root)	\$359
D3430	Retrograde Filling - Per Root	\$152
D3450	Root Amputation - Per Root	\$245
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	\$294
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$136
<b>PERIODONTICS</b>		
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$353
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$141
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$141
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$381

D - Code	Description	PPO Specialist
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$245
D4249	Clinical Crown Lengthening - Hard Tissue	\$435
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$680
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$489
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$408
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$300
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$413
D4267	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$359
D4268	Surgical Revision Procedure, Per Tooth	\$489
D4270	Pedicle Soft Tissue Graft Procedure	\$500
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$571
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$522
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	\$631
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$625
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	\$305
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	\$109
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	\$109
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$174
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$103
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$76
D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$89
D4910	Periodontal Maintenance	\$89
<b>PROSTHODONTICS, REMOVABLE</b>		
D5110	Complete Denture - Maxillary	\$1,055
D5120	Complete Denture - Mandibular	\$1,055
D5130	Immediate Denture - Maxillary	\$1,148
D5140	Immediate Denture - Mandibular	\$1,148
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$763
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$763
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,176
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,176
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$707
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$707
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,136
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,136

D - Code	Description	PPO Specialist
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,153
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,153
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	\$653
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	\$653
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$391
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	\$391
D5410	Adjust Complete Denture - Maxillary	\$52
D5411	Adjust Complete Denture - Mandibular	\$52
D5421	Adjust Partial Denture - Maxillary	\$52
D5422	Adjust Partial Denture - Mandibular	\$52
D5511	Repair Broken Complete Denture Base, Mandibular	\$141
D5512	Repair Broken Complete Denture Base, Maxillary	\$141
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$120
D5611	Repair Resin Partial Denture Base, Mandibular	\$147
D5612	Repair Resin Partial Denture Base, Maxillary	\$147
D5621	Repair Cast Partial Framework, Mandibular	\$228
D5622	Repair Cast Partial Framework, Maxillary	\$228
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$218
D5640	Replace Broken Teeth - Per Tooth	\$109
D5650	Add Tooth to Existing Partial Denture	\$147
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$185
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$598
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$598
D5710	Rebase Complete Maxillary Denture	\$381
D5711	Rebase Complete Mandibular Denture	\$381
D5720	Rebase Maxillary Partial Denture	\$359
D5721	Rebase Mandibular Partial Denture	\$359
D5730	Reline Complete Maxillary Denture (Direct)	\$218
D5731	Reline Complete Mandibular Denture (Direct)	\$218
D5740	Reline Maxillary Partial Denture (Direct)	\$218
D5741	Reline Mandibular Partial Denture (Direct)	\$218
D5750	Reline Complete Maxillary Denture (Indirect)	\$337
D5751	Reline Complete Mandibular Denture (Indirect)	\$337
D5760	Reline Maxillary Partial Denture (Indirect)	\$326
D5761	Reline Mandibular Partial Denture (Indirect)	\$326
D5850	Tissue Conditioning, Maxillary	\$98
D5851	Tissue Conditioning, Mandibular	\$98
D5863	Overdenture - Complete Maxillary	\$1,740
D5864	Overdenture - Partial Maxillary	\$1,414
D5865	Overdenture - Complete Mandibular	\$1,740
D5866	Overdenture - Partial Mandibular	\$1,414
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$44
<b>IMPLANT SERVICES</b>		
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,499
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,218
D6013	Surgical Placement of Mini Implant	\$721
D6040	Surgical Placement: Eposteal Implant	\$4,350
D6050	Surgical Placement: Transosteal Implant	\$3,306
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,719
D6056	Prefabricated Abutment - Includes Modification and Placement	\$489

<b>D - Code</b>	<b>Description</b>	<b>PPO Specialist</b>
D6057	Custom Fabricated Abutment - Includes Placement	\$571
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,142
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$1,060
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$924
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,169
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,180
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$979
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,175
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,142
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$1,142
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$1,142
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$1,142
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$1,142
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$1,011
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,196
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,251
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$1,044
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,196
D6075	Implant Supported Retainer For Ceramic FPD	\$1,251
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,251
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,229
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$82
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	\$990
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	\$1,022
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$1,082
D6086	Implant Supported Crown - Predominantly Base Alloys	\$979
D6087	Implant Supported Crown - Noble Alloys	\$1,044
D6088	Implant Supported Crown - Titanium and Titanium Alloys	\$1,088
D6090	Repair Implant Supported Prosthesis, By Report	\$326
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment (Male Or Female Component) Of Implant/Abutment Supported Prosthesis, Per Attachment	\$196
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$82
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$141
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,424
D6095	Repair Implant Abutment, By Report	\$326
D6096	Remove Broken Implant Retaining Screw	\$272
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	\$1,083
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	\$990
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	\$1,022
D6100	Implant Removal, By Report	\$434
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,305
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,305
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,305
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,305
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,610
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,610
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$1,958
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$1,958

D - Code	Description	PPO Specialist
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$1,083
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	\$990
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	\$1,022
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	\$1,088
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,305
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	\$1,082
<b>PROSTHODONTICS, FIXED</b>		
D6205	Pontic - Indirect Resin Based Composite	\$496
D6210	Pontic - Cast High Noble Metal	\$870
D6211	Pontic - Cast Predominantly Base Metal	\$761
D6212	Pontic - Cast Noble Metal	\$794
D6240	Pontic - Porcelain Fused to High Noble Metal	\$843
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$701
D6242	Pontic - Porcelain Fused to Noble Metal	\$767
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	\$843
D6245	Pontic - Porcelain/Ceramic	\$821
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$352
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$283
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$352
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$544
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$571
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$468
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$500
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$484
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$522
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$468
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$544
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$707
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$729
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$555
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$653
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$544
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$598
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$544
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$598
D6740	Retainer Crown - Porcelain/Ceramic	\$832
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$832
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$712
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$783
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	\$832
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$707
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$653
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$680
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$734
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	\$680
D6790	Retainer Crown - Full Cast High Noble Metal	\$875
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$772
D6792	Retainer Crown - Full Cast Noble Metal	\$761
D6920	Connector Bar	\$218
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$82
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$228
<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
D7111	Extraction, Coronal Remnants - Primary Tooth	\$59
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$99
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$183
D7220	Removal of Impacted Tooth - Soft Tissue	\$224
D7230	Removal of Impacted Tooth - Partially Bony	\$280

<b>D - Code</b>	<b>Description</b>	<b>PPO Specialist</b>
D7240	Removal of Impacted Tooth - Completely Bony	\$325
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$394
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$190
D7251	Coronectomy Intentional Partial Tooth Removal	\$439
D7260	Oroantral Fistuala Closure	\$283
D7261	Primary Closure of a Sinus Perforation	\$333
D7280	Exposure of an Unerupted Tooth	\$225
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$228
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$166
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$136
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$193
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$180
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$326
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	\$790
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$898
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$790
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$898
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$289
D7472	Removal of Torus Palatinus	\$289
D7473	Removal of Torus Mandibularis	\$289
D7485	Reduction of Osseous Tuberosity	\$289
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$106
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$151
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$326
D7961	Buccal / Labial Frenectomy (Frenulectomy)	\$291
D7962	Lingual Frenectomy (Frenulectomy)	\$291
D7970	Excision of Hyperplastic Tissue - Per Arch	\$273
D7971	Excision of Pericoronal Gingiva	\$168
	<b>ORTHODONTICS - Payment for the following orthodontic services is limited to the Orthodontic Lifetime Maximum specific to the Member's Benefit Plan.</b>	
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$2,175
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$2,175
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$2,175
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$2,175
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$2,719
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$2,719
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$5,438
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$6,525
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$7,613
D8210	Removable Appliance Therapy	\$1,088
D8220	Fixed Appliance Therapy	\$1,305
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$653
	<b>ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$60
	<b>ANESTHESIA</b>	
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$146
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$129
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$28
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$111



<b>D - Code</b>	<b>Description</b>	<b>PPO Specialist</b>
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$94
D9248	Non-Intravenous Conscious Sedation	\$116
<b>PROFESSIONAL CONSULTATION</b>		
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physican	\$43
<b>MISCELLANEOUS SERVICES</b>		
D9910	Application of Desensitizing Medicament	\$38
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 Spec Fee schedule 2021