

DENTAL BULLETIN

OCTOBER 2019



Arkansas Blue Cross and Blue Shield is saying goodbye to Debbie Jines, dental network development representative. Her career at Arkansas Blue Cross began in the late 1980's as our dental consultant, and she has worked full time here for 20 years. Debbie has helped Arkansas Blue Cross understand how dental health affects all members and tirelessly worked to establish policies within the company that helped dental offices as well as members.

"It is really hard to believe that Debbie won't be here. She **IS** Arkansas Blue Cross and Blue Shield Dental," Dan Stevens, director of Provider Network Operations, said. "Anything I know about the dental community and the operations of dental benefits is because of Debbie Jines. Every time I have been out in the dental world with her, whether it is a meeting or a convention, everyone comes by to visit with Debbie. It seems like everybody knows and respects her. Debbie's knowledge and the relationships she has built are priceless. She deserves to retire because she has worked hard to improve Arkansas Blue Cross dental operations."

Sheila Ward, Debbie's counterpart, said, "Debbie has been a great friend and mentor for four years. She will be missed by many. I will continue to follow in her footsteps and provide the same excellent care she has shown our providers and members."

"I have worked with Debbie for the past few years as the dental representative assistant," Steven Seymour said of Debbie. "She has taught me so much about how Arkansas Blue Cross and Blue Shield's policies affect members and providers. I'm sad to see her leave our team, but I know I have gained a friend that I will have forever."

Sheila and Steven will continue to provide assistance to Debbie's offices until a replacement has been named.



There are so many people to thank for the time I have worked at Arkansas Blue Cross and Blue Shield. First of all, Blue Cross! Thank you for allowing me to be the spokesperson for the providers and present their side of a given situation to the insurance world. I can honestly say Arkansas Blue Cross is a company with a determination to pay benefits in a timely manner. I appreciate the trust you had in me to represent the dental part of the Company. I had a wonderful opportunity to visit dental offices throughout the state and meet so many amazing people, who I now call my friends.

Thanks to all of the providers and staff members for allowing me into your offices and helping you with claims, your patients, or just sharing stories about family. When I came to work full time at Arkansas Blue Cross after 25 years of dental hygiene, I missed those personal stories from my patients and family members. Seeing all of you in your work environment made up for the loss I felt.

With all this said, I will miss YOU! I will miss each and every one of you who made it a pleasure to get up and go to work every day. I hope you know how important you have been to me.

Debbie Jines



Opioids and Dentistry

Abuse of prescription opioids continues to be a national epidemic and public health issue. Drug overdose is the leading cause of accidental death in the United States.¹

Opioid pain relievers are commonly prescribed following surgery or injury, or for health conditions such as cancer or for pain conditions such as toothache and pain associated with an abscess. While opioids can be effective treatment for managing chronic pain and other conditions when properly administered, they carry significant risk when misused or abused. Regular monitoring and identification of early risk factors is critical to recognizing patients who are most at-risk for prescription drug abuse issues and those who are in need of treatment.

Commitment across the healthcare industry is needed to effectively fight prescription opioid abuse.



What you can do:

Dentists have a significant role in ensuring appropriate prescription opioids use. Dental providers are the leading prescribers of opioids for teenagers. The largest increase in dental prescriptions from 2010 to 2015 occurred in 11- to 18-year-olds².

The American Dental Association has adopted two statements addressing opioid prescribing: **Statement on the Use of Opioids in the Treatment of Dental Pain³** and **Statement on Provision of Dental Treatment for Patients with Substance Use Disorders⁴**. These statements outline opioid management considerations including the importance of:

- Registering with and utilizing prescription drug monitoring program.
- Discussions with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
- Consideration of nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
- Consideration of coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
- Encouragement to seek consultation with the patient's physician, when the patient has a history of alcoholism or other substance use disorder.

1. American Society of Addiction Medicine website. Opioid Addiction 2016 Facts & Figures (Available at: asam.org) (Accessed November 2016)

2. Journal of the American Dental Association. Opioid prescribing practices from 2010 through 2015 among dentists in the United States. Available at [http://jada.ada.org/article/S0002-8177\(18\)30009-6/fulltext](http://jada.ada.org/article/S0002-8177(18)30009-6/fulltext) (Accessed April 2018)

3. American Dental Association. Statement on the use of opioids in the treatment of dental pain. Available at: <http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-opioids-dental-pain> (Accessed March 2017)

4. American Dental Association. Statement on Provision of Dental Treatment for Patients with Substance Use Disorders. (Available at: <http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/provision-of-dental-treatment-for-patients-with-substance-abuse>) (Accessed March 2017)

DENTAL XTRASM

Arkansas Blue Cross and Blue Shield offers enhanced dental benefits through Dental Xtra, a program that connects medical and dental plans to improve the overall health of participating members

The oral health of your patients can have a big impact on their overall health, especially if they've been diagnosed with certain medical conditions. For members with medical and dental plans through Arkansas Blue Cross, we're able to review their medical claims to identify and automatically enroll those with health conditions (listed below) that benefit from additional dental care. We conduct outreach and education to make sure our members are aware of the positive impacts preventive and/or periodontal dental services have on their total well-being.

Your partnership with Arkansas Blue Cross

Our Dental Xtra program allows us to combine expertise in all disciplines of comprehensive care. By partnering with Arkansas Blue Cross, you can help your patients who have medical conditions that might benefit the most from preventive dental care. Through Dental Xtra, you can:

- Help your patients achieve better overall health
- Easily identify patients eligible to enroll, or already enrolled, in the program, so they can take advantage of enhanced dental benefits
- Increase your revenue by providing additional covered services

Covered Medical Conditions and Enhanced Dental Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once Every 3 Months	Periodontal Scaling* Covered 100% with No Out-of-Pocket Expense
Diabetes	✓	✓		✓
Coronary Artery Disease	✓	✓		✓
Stroke	✓	✓		✓
Pregnancy		✓		✓
Oral Cancer	✓	✓	✓	
Head & Neck Cancers (As of January 1, 2020)	✓	✓	✓	
Sjögren's Syndrome	✓	✓	✓	

*A member's plan must include periodontal coverage to receive this benefit.



Welcome to all our NEW PROVIDERS in 2019!

GENERAL DENTISTRY

Joshua D Rubisch DMD — Bella Vista
Blakely J Cingolani DDS — Benton
Kaleb E Harp DDS — Brookland
Chelsea A Brashears DMD — Bryant
Hayden C Smith DDS — Camden
Kerry S Carlson DDS — Clarksville
Jennifer R Woods DDS — Conway
Luke A Fruchey DDS — Conway
Earnest Lewis DDS — Dermott
Jonathan W Franklin DDS — Fayetteville
Alyssa LeBoeuf DDS — Fayetteville
Nandita Nanda DMD — Fayetteville
Rosemary Pelphrey DDS — Fayetteville
Adam J Anderson DDS — Fort Smith
Bryan Downing DDS — Fort Smith
David A Hurst DDS — Fort Smith
Leah D Waits DDS — Fort Smith
Alexander D Williams DDS — Fort Smith
Ellen B McDonald DDS — Hot Springs
Valentine C Emechete DDS — Jonesboro
Anthony W Rusher DDS — Jonesboro
Nadia C Beacham DMD — Little Rock
Shelby A Dib DDS — Little Rock
Samuel R Cason DDS — Little Rock
Josylin V Freeman DDS — Little Rock
Sumayya Hameed DMD — Little Rock
Sarah E Hardin DDS — Little Rock

Andrew D Heath DDS — Little Rock
Andrew S Kinzler DDS — Little Rock
Logan H Kuhn DDS — Little Rock
Kevin N Le DDS — Little Rock
Cody P Sanders DDS — Malvern
Stephen R Wah DDS — Marion
Jeffrey Kerst DDS — Morrilton
Raymon N Sharp DDS — Mountain Home
Codi E Astiasaran DDS — North Little Rock
Hannah G Carter DDS — Pine Bluff
John P Davis DDS — Pine Bluff
Abdullah S Ellassouli DDS — Pine Bluff
Thaddeus G Zawislak DDS — Prescott
Daniel M Blackshare DDS — Rector
Megan L Fulton DDS — Rogers
Matthew S Hoskins DMD — Rogers
Janette V Nagrampa DDS — Russellville
Randi K Gray DDS — Sallisaw, OK
Juhwa Sunde DMD — Sheridan
Brandon L Chavez DDS — Siloam Springs
Hayden T Byrd DDS — Springdale
Brittany M Irons DDS — Springdale
Breck A Leach DDS — Springdale
Austin J Ingram DMD — Stuttgart
Emily Markle DDS — Texarkana
Nicholas E Baioni DDS — Van Buren
Terra M Hall DDS — West Memphis

SPECIALISTS

ORAL SURGERY

Ahmed M Tamim DDS — Fort Smith
Mary Hastings DMD — Texarkana

ORTHODONTIST

Benjamin L Winters DDS — Bentonville
Elizabeth M Heath DDS — Little Rock
Angie Zaki Sabet DMD — Little Rock
Matthew B Davis DDS — Rogers
Michelle L Clinton Munoz DDS — Searcy
Darrin M Storms DDS — Springdale

ORTHODONTIST CONTINUED

Samuel L Watts DDS — West Memphis

PEDIATRIC DENTIST

Erin A Sinada DDS — Fayetteville
Thomas D Jenkins — Little Rock
John D Pate DDS — Little Rock

PROSTHODONTIST

Mitchell J Persenaire — Fayetteville
Naif G Sinada DMD — Fayetteville



DID YOU KNOW...

- Arkansas Blue Cross and Blue Shield is now releasing pre-determinations daily.
- Per the PPP Dental contract, “Provider agrees not to bill or seek to collect, or to allow or authorize any other party to bill or seek to collect, any amount from Members for Covered Services in excess of the ABCBS Payment, except for applicable Copayments.”

National Dental GRID

The Dental GRID was established in 2016 to provide a network of dentists on the national scale. The GRID includes dentists in all 50 states through the networks of participating Blue plans and their affiliates.

FEP Blue

When the National Dental Grid was established, the process of sending information created some claims issues for our providers, which have since been corrected. When submitting claims, providers with a Type 2 NPI registered with Arkansas Blue Cross and Blue Shield need to bill with that NPI. Failure to bill with the correct information will cause the claim to process out of network to the dentist’s social security number.

Below is the list of participating plans in the National Dental Grid. If you have questions or claims that are not processing correctly, please email pnodental@arkbluecross.com, and we will assist you.

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National Dental GRID Continued

Plans

- Anthem Insurance Companies, Inc.
 - Anthem Blue Cross of California
 - Anthem Blue Cross and Blue Shield of Colorado
 - Anthem Blue Cross and Blue Shield of Connecticut
 - Blue Cross and Blue Shield of Georgia
 - Anthem Blue Cross and Blue Shield of Indiana
 - Anthem Blue Cross and Blue Shield of Kentucky
 - Anthem Blue Cross and Blue Shield of Maine
 - Anthem Blue Cross and Blue Shield of Missouri
 - Anthem Blue Cross and Blue Shield of Nevada
 - Anthem Blue Cross and Blue Shield of New Hampshire
 - Empire Blue Cross and Blue Shield of New York
 - Anthem Blue Cross and Blue Shield of Ohio
 - Anthem Blue Cross and Blue Shield of Virginia
 - Anthem Blue Cross and Blue Shield of Wisconsin
- Blue Cross and Blue Shield of Kansas
- Blue Cross and Blue Shield of Kansas City (effective 12/1/16)
- BlueCross BlueShield of Nebraska
- Blue Cross Blue Shield of North Carolina
- Blue Cross and Blue Shield of North Dakota
- Blue Cross Blue Shield of South Carolina
- Blue Cross BlueShield of Tennessee
- Blue Cross of Idaho
- Capital Blue Cross (Central PA)
- CareFirst Blue Cross and Blue Shield (Maryland)
- Excellus BlueCross BlueShield (Rochester NY)
- Horizon Blue Cross and Blue Shield of New Jersey
- Blue Cross and Blue Shield of Vermont (CBA Blue)
- Wellmark Blue Cross and Blue Shield of Iowa
- Blue Cross and Blue Shield of Arizona
- Blue Cross and Blue Shield of Wyoming
- BlueCross & BlueShield of Western / BlueShield of Northeastern New York (no providers posted currently)

Networks

- Blue Cross and Blue Shield of Massachusetts (moving to become full par plan)
- Blue Cross and Blue Shield of Florida
- Blue Cross Blue Shield of Hawaii
- Blue Cross and Blue Shield of Arkansas
- Blue Cross and Blue Shield of Rhode Island
- Dominion
- UniCare
- DeCare

Notes from the Dental Team

- If you need to add a provider to multiple group NPI/TINS, you must submit a Clinic Authorization Form for each group.
- Make sure all of your dentists have registered with the Arkansas Prescription Monitoring Program. Failure to do so could result in their termination from our networks. They can register at www.arkansaspmp.com.
- When you complete paperwork for Arkansas Blue Cross and Blue Shield, you do not need to send additional documents unless we request them. For example, we do not need a copy of the dentist license because we have to verify the information.

2020 PPP General Dentist Fees

D-Code	Description	PPP Gen
D0120	Periodic Oral Evaluation - Established Patient	\$31
D0140	Limited Oral Evaluation - Problem Focused	\$41
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	\$28
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$44
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$55
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$52
D0210	Intraoral - Complete Series of Radiographic Images	\$100
D0220	Intraoral - Periapical First Radiographic Image	\$21
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$18
D0240	Intraoral - Occlusal Radiographic Image	\$26

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D0250	Extra - Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, and Detector	\$50
D0270	Bitewing - Single Radiographic Image	\$20
D0272	Bitewings-Two Radiographic Images	\$30
D0273	Bitewings - Three Radiographic Images	\$32
D0274	Bitewings - Four Radiographic Images	\$39
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	\$66
D0330	Panoramic Radiographic Image	\$76
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	\$74
D0460	Pulp Vitality Tests	\$32
D0470	Diagnostic Casts	\$41
D1110	Prophylaxis - Adult	\$55
D1120	Prophylaxis - Child	\$39
D1206	Topical Application of Fluoride Varnish	\$26
D1208	Topical Application of Fluoride - Excluding Varnish	\$25
D1351	Sealant - Per Tooth	\$32
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient - Permanent Tooth	\$33
D1353	Sealant Repair - Per Tooth	\$30
D1354	Interim Caries Arresting Medicament Application - Per Tooth	\$25
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	\$190
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	\$280
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	\$280
D1550	Re-Cement or Re-Bond Space Maintainer	DELETED
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary (NEW)	\$45
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular (NEW)	\$45
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant (NEW)	\$45
D1555	Removal of Fixed Space Maintainer	DELETED
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant (NEW)	\$39
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary (NEW)	\$39
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular (NEW)	\$39
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	\$190
D2140	Amalgam - One Surface, Primary or Permanent	\$80
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$92
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$112
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$132
D2330	Resin-Based Composite - One Surface, Anterior	\$94

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D2331	Resin-Based Composite -Two Surfaces, Anterior	\$117
D2332	Resin-Based Composite -Three Surfaces, Anterior	\$134
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	\$174
D2390	Resin-Based Composite Crown, Anterior	\$185
D2391	Resin-Based Composite - One Surface, Posterior	\$112
D2392	Resin-Based Composite -Two Surfaces, Posterior	\$143
D2393	Resin-Based Composite -Three Surfaces, Posterior	\$172
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$190
D2510	Inlay - Metallic - One Surface	\$420
D2520	Inlay - Metallic -Two Surfaces	\$480
D2530	Inlay - Metallic -Three or More Surfaces	\$630
D2542	Onlay - Metallic -Two Surfaces	\$630
D2543	Onlay - Metallic -Three Surfaces	\$700
D2544	Onlay - Metallic - Four or More Surfaces	\$725
D2610	Inlay - Porcelain/Ceramic - One Surface	\$475
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$525
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$660
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$660
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$750
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	\$780
D2650	Inlay - Resin-Based Composite - One Surface	\$425
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$450
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$550
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$630
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$651
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	\$683
D2740	Crown - Porcelain/Ceramic	\$820
D2750	Crown - Porcelain Fused to High Noble Metal	\$795
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$710
D2752	Crown - Porcelain Fused to Noble Metal	\$740
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$795
D2780	Crown - 3/4 Cast High Noble Metal	\$800
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$725
D2782	Crown - 3/4 Cast Noble Metal	\$760
D2783	Crown -3/4 Porcelain/Ceramic	\$800
D2790	Crown - Full Cast High Noble Metal	\$800
D2791	Crown - Full Cast Predominantly Base Metal	\$700

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D2792	Crown - Full Cast Noble Metal	\$760
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$52
D2920	Re-Cement or Re-Bond Crown	\$52
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$210
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$162
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$180
D2932	Prefabricated Resin Crown	\$180
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$210
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$206
D2940	Protective Restoration	\$53
D2950	Core Buildup, Including Any Pins When Required	\$138
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$47
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$280
D2954	Prefabricated Post and Core in Addition to Crown	\$200
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$740
D2980	Crown Repair Necessitated by Restorative Material Failure	\$150
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$120
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$120
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$120
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$37
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$66
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$66
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$105
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$100
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$140
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$160
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$475
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$555
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$680
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$275
D3346	Retreatment of Previous Root canal Therapy - Anterior	\$700
D3347	Retreatment of Previous Root Canal Therapy - Premolar	\$725
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$850

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$253
D3352	Apexification/Recalcification - Interim Medication Replacement	\$100
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	\$100
D3355	Pulpal Regeneration - Initial Visit	\$100
D3410	Apicoectomy - Anterior	\$415
D3421	Apicoectomy - Premolar (First Root)	\$500
D3425	Apicoectomy - Molar (First Root)	\$600
D3426	Apicoectomy (Each Additional Root)	\$330
D3430	Retrograde Filling - Per Root	\$140
D3450	Root Amputation - Per Root	\$225
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$270
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$125
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$325
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$130
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	\$130
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$350
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$225
D4249	Clinical Crown Lengthening - Hard Tissue	\$400
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$625
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$450
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	\$375
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	\$265
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$380
D4267	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	\$330

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D4268	Surgical Revision Procedure, Per Tooth	\$450
D4270	Pedicle Soft Tissue Graft Procedure	\$460
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	\$525
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$480
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth	\$580
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$575
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	\$280
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	\$100
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	\$100
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$160
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$95
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$70
D4910	Periodontal Maintenance	\$82
D5110	Complete Denture - Maxillary	\$970
D5120	Complete Denture - Mandibular	\$970
D5130	Immediate Denture - Maxillary	\$1,056
D5140	Immediate Denture - Mandibular	\$1,056
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$702
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$702
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,081
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	\$1,081
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$650
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	\$650

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,045
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	\$1,045
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$1,060
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$1,060
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$600
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$600
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Clasps and Teeth) - Per Quadrant (NEW)	\$360
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Clasps and Teeth) - Per Quadrant (NEW)	\$360
D5410	Adjust Complete Denture - Maxillary	\$48
D5411	Adjust Complete Denture - Mandibular	\$48
D5421	Adjust Partial Denture - Maxillary	\$48
D5422	Adjust Partial Denture - Mandibular	\$48
D5511	Repair Broken Complete Denture Base, Mandibular	\$130
D5512	Repair Broken Complete Denture Base, Maxillary	\$130
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$110
D5611	Repair Resin Partial Denture Base, Mandibular	\$135
D5612	Repair Resin Partial Denture Base, Maxillary	\$135
D5621	Repair Cast Partial Framework, Mandibular	\$210
D5622	Repair Cast Partial Framework, Maxillary	\$210
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	\$200
D5640	Replace Broken Teeth - Per Tooth	\$100
D5650	Add Tooth to Existing Partial Denture	\$135
D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$170
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	\$550
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$550
D5710	Rebase Complete Maxillary Denture	\$350
D5711	Rebase Complete Mandibular Denture	\$350
D5720	Rebase Maxillary Partial Denture	\$330
D5721	Rebase Mandibular Partial Denture	\$330

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D5730	Reline Complete Maxillary Denture (Chairside)	\$200
D5731	Reline Complete Mandibular Denture (Chairside)	\$200
D5740	Reline Maxillary Partial Denture (Chairside)	\$200
D5741	Reline Mandibular Partial Denture (Chairside)	\$200
D5750	Reline Complete Maxillary Denture (Laboratory)	\$310
D5751	Reline Complete Mandibular Denture (Laboratory)	\$310
D5760	Reline Maxillary Partial Denture (Laboratory)	\$300
D5761	Reline Mandibular Partial Denture (Laboratory)	\$300
D5850	Tissue Conditioning, Maxillary	\$90
D5851	Tissue Conditioning, Mandibular	\$90
D5863	Overdenture - Complete Maxillary	\$1,600
D5864	Overdenture - Partial Maxillary	\$1,300
D5865	Overdenture - Complete Mandibular	\$1,600
D5866	Overdenture - Partial Mandibular	\$1,300
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	\$50
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,378
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,120
D6013	Surgical Placement of Mini Implant	\$663
D6040	Surgical Placement: Eposteal Implant	\$4,000
D6050	Surgical Placement: Transosteal Implant	\$3,040
D6055	Connecting Bar - Implant Supported or Abutment Supported	\$2,500
D6056	Prefabricated Abutment - Includes Modification and Placement	\$450
D6057	Custom Fabricated Abutment - Includes Placement	\$525
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,050
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$975
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$850
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,075
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$1,085
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$900
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,080
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,050
D6066	Implant Supported Porcelain Fused to High Noble Alloys	\$1,050
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	\$1,050
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$1,050

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	\$1,050
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$930
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,100
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,150
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	\$960
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,100
D6075	Implant Supported Retainer For Ceramic FPD	\$1,150
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	\$1,150
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	\$1,130
D6080	Implant Maintenance Procedures When Prostheses are Removed and Reinserted, Including Cleansing of Prostheses and Abutments	\$75
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys (NEW)	\$910
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys (NEW)	\$940
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$995
D6086	Implant Supported Crown - Predominantly Base Alloys (NEW)	\$900
D6087	Implant Supported Crown - Noble Alloys (NEW)	\$960
D6088	Implant Supported Crown - Titanium and Titanium Alloys (NEW)	\$1,000
D6090	Repair Implant Supported Prosthesis, By Report	\$300
D6091	Replacement of Semi-Precision of Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	\$180
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$75
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$130
D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	\$1,309
D6095	Repair Implant Abutment, By Report	\$300
D6096	Remove Broken Implant Retaining Screw	\$250
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$995
D6098	Implant Supported Retainer - Porcelain Fused to Predominantly Base Alloys (NEW)	\$910
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys (NEW)	\$940

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D6100	Implant Removal, By Report	\$399
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	\$1,200
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	\$1,200
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	\$1,200
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	\$1,200
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	\$2,400
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	\$2,400
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	\$1,800
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	\$1,800
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$995
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys (NEW)	\$910
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys (NEW)	\$940
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys (NEW)	\$1,000
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,200
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$995
D6210	Pontic - Cast High Noble Metal	\$800
D6211	Pontic - Cast Predominantly Base Metal	\$700
D6212	Pontic - Cast Noble Metal	\$730
D6240	Pontic - Porcelain Fused to High Noble Metal	\$775
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$645
D6242	Pontic - Porcelain Fused to Noble Metal	\$705
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$775
D6245	Pontic - Porcelain/Ceramic	\$755
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$324
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$260
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	\$324
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$500
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	\$525

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$430
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$460
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$445
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$480
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$430
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$500
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$650
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	\$670
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$510
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$600
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$500
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$550
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$500
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$550
D6740	Retainer Crown - Porcelain/Ceramic	\$765
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	\$765
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	\$655
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$720
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys (NEW)	\$965
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$650
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$600
D6782	Retainer Crown - 3/4 Cast Noble Metal	\$625
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$675
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys (NEW)	\$625
D6790	Retainer Crown - Full Cast High Noble Metal	\$805
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$710
D6792	Retainer Crown - Full Cast Noble Metal	\$700
D6920	Connector Bar	\$200
D6930	Re-Cement or Re-Bond Fixed partial Denture	\$75
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$210
D7111	Extraction, Coronal Remnants - Primary Tooth	\$52
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	\$89
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	\$168
D7220	Removal of Impacted Tooth - Soft Tissue	\$200

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D7230	Removal of Impacted Tooth - Partially Bony	\$250
D7240	Removal of Impacted Tooth - Completely Bony	\$290
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	\$360
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	\$170
D7260	Oroantral Fistula Closure	\$250
D7261	Primary Closure of a Sinus Perforation	\$300
D7280	Exposure of an Unerupted Tooth	\$207
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$210
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$150
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	\$125
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$165
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$150
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$300
D7410	Excision of Benign Lesion Up to 1.25 cm	\$726
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$826
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	\$726
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	\$826
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$260
D7472	Removal of Torus Palatinus	\$260
D7473	Removal of Torus Mandibularis	\$260
D7485	Reduction of Osseous Tuberosity	\$260
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$92
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$130
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$280
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$250
D7970	Excision of Hyperplastic Tissue - Per Arch	\$235
D7971	Excision of Pericoronal Gingiva	\$140
D8010	Limited Orthodontic Treatment of the Primary Dentition	\$2,000
D8020	Limited Orthodontic Treatment of the Transitional Dentition	\$2,000
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	\$2,000

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2020 PPP General Dentist Fees Continued

D-Code	Description	PPP Gen
D8040	Limited Orthodontic Treatment of the Adult Dentition	\$2,000
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$2,500
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$2,500
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$5,000
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$6,000
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$7,000
D8210	Removable Appliance Therapy	\$1,000
D8220	Fixed Appliance Therapy	\$1,200
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	\$600
D8693	Re-Cement or Re-Bond Fixed Retainer	DELETED
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$55
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$125
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$110
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$30
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$95
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment	\$80
D9248	Non-Intravenous Conscious Sedation	\$100
D9910	Application of Desensitizing Medicament	\$35

2020 General and Specialty Dentist Fee Schedules

*Online versions of the fee schedules are available on our website in the Dental Provider Manual under Section 12: Reimbursement "How to Request a Fee Schedule." The fee schedules can be downloaded and printed by selecting the links below.

- [2020 PPO General Dentist Fee Schedule](#)
- [2020 PPO Specialist Dental Fee Schedule](#)
- [2020 PPP Specialist Dental Fee Schedule](#)

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