



# DENTAL BULLETIN

JANUARY 2015

## Extra Dental Benefits available to Blue members

No one knows the impact good dental care can contribute to overall health better than those of you in the dental profession.

Arkansas Blue Cross and Blue Shield is now including Dental Xtra Benefits for its dental plan members who have coronary artery disease, diabetes, a history of oral cancer or for women who are pregnant.

The Dental Xtra Benefits program provides additional preventive and nonsurgical periodontal treatment and maintenance dental care, oral health education and outreach. Dental Xtra Benefits are paid at 100 percent when members use an in-network provider. This additional care is not subject to co-insurance, copayments or deductibles and is covered outside the member's annual maximum.

Fully insured group health plan members who have a dental policy with Arkansas Blue Cross or Health Advantage will receive these additional dental benefits initially. Self-funded health plan groups with a dental policy or individuals with a dental policy will receive these benefits no later than January 2016.

Arkansas Blue Cross will identify eligible members covered under our medical and

dental policies and auto enroll them in the program in late January. As members become eligible (based on new diagnoses or are members new to the dental program) with one of these conditions identified by their medical claims activity, they also will be auto enrolled. Members who have a dental-only policy will be able to enroll online or by paper application if they have a confirmed diagnosis of one of these conditions or are pregnant. Enrollment into the program must be verified by their physician.

Arkansas Blue Cross and Health Advantage case managers will inform members they are managing who have eligible diagnoses for Dental Xtra Benefits and help them enroll online. Special Delivery prenatal program case managers will reach out to expectant moms who have dental coverage, notifying them of Dental Xtra Benefits.

As a dental provider in our network, there is nothing different required for coding these visits. Code for preventive care as usual. The member will be encouraged to call you and set up an appointment to take advantage of the new Dental Xtra Benefits. To verify your patients' coverage, call **1-888-223-4999**.

The Dental Xtra Benefits program helps teach members about the relationship between preventive dental care and its impact on their overall health, and removes financial barriers to enhanced benefits. They are encouraged to call **1-888-223-4999** or visit the website at [arkansasdentalblue.com](http://arkansasdentalblue.com) for more information.

If you have questions or need additional information about the program, please contact Debbie Jines, RDH, BS, **1-501-378-3296**, Linda Duelder, MHP **1-501-378-2195** or United Concordia Customer Service at **1-888-224-5213**.

# WELCOME New Providers

The following dental providers have recently joined the Arkansas Blue Cross and Blue Shield network. Thanks for being part of the Blue team!



## GENERAL DENTISTS

Derrick K. Ross — *Arkadelphia*  
Chris R. Combs — *Bella Vista*  
Kaitlin C. Dietz — *Bentonville*  
Justin C. White — *Bella Vista*  
Chris R. Combs — *Bella Vista*  
Clint D. Koen — *Conway*  
Brett E. Cotham — *Fayetteville*  
Ami K. Agbabli — *Fayetteville*  
Scott A. Pickett — *Fayetteville*  
John W. Cauldwell — *Fayetteville*  
Heath B. Coleman — *Fort Smith*  
Hannah M. Buso — *Fort Smith*  
Brooks K. Fiser — *Fort Smith*  
Richa Mehta — *Fort Smith*  
Danielle R. LeBlanc — *Greenbrier*  
Eric J. Mead — *Heavener, OK*  
Regina L. Ferguson — *Hope*  
Michael S. Harrison — *Hot Springs*  
Jessica L. Taegtmeyer — *Hot Springs*  
Paige Linson — *Hot Springs*  
T. Kerry McAlister — *Huntsville*  
Ronald G. Roberts — *Huntsville*

Josh M. Mansfield — *Jacksonville*  
Hunter A. Smith — *Jonesboro*  
Brett M. Dagen — *Jonesboro*  
Katherine J. Bell — *Jonesboro*  
James C. Muscari — *Jonesboro*  
Ashley J. McMillan — *Little Rock*  
Rachel R. Gibson — *Little Rock*  
Brandon M. Mann — *Little Rock*  
John E. Svendsen — *Little Rock*  
Sean M. Sebourn — *Little Rock*  
William A. Mallard — *Little Rock*  
M. G. Mapili Edwards — *Little Rock*  
John Cloud — *Little Rock*  
Lindsay Cloud — *Little Rock*  
David G. Hiebert — *Lowell*  
Ronald R. Tilgner — *Mena*  
Larry D. Russell — *Pine Bluff*  
Robert B. Bowman — *Rogers*  
Alvin W. Neff — *Rogers*  
Lillian L. Landrigan — *Russellville*  
Anne M. Cason — *Searcy*  
John R. Holcomb — *Siloam Springs*  
Shelby M. Esry — *Springdale*

## SPECIALISTS

### ORAL SURGEONS

John M. Johnson — *Conway*  
Aaron B. Baldwin — *Hot Springs*

### ENDODONTISTS

Michael L. Wright — *North Little Rock*  
John D. Williams — *Rogers*  
Steven B. Whitaker — *Springdale*

### PERIODONTISTS

Michael Curry — *Fayetteville*  
William W. Shelton — *Fayetteville*  
Richard P. Osborne II — *Fayetteville*

### ORTHODONTISTS

Natalia L. Hodge — *Little Rock*  
Dennis C. Hiller — *Pine Bluff*  
Brittany G. Carpenter — *Hot Springs*

### PEDIATRICS

Aaron K. Forrester — *Conway*  
Blake H. Chandler — *Fayetteville*  
Marcus A. Wilkerson — *Jonesboro*  
Martha H. Wells — *Memphis*  
Billy W. McCann Sr. — *Memphis*  
Jennifer S. Lou — *Memphis*  
Michael J. Gambill — *Texarkana*  
Hamid Yazdi — *West Memphis*  
Emily E. Fourmy — *Little Rock*



**Not all codes are covered benefits. Please check the member's plan for verification and limitations.**  
*There are no fee increases for 2015, but new CDT codes have been added.*

CDT	DESCRIPTION	ALLOWANCE
D0120	Periodic Oral Examination	\$31
D0140	Limited Oral Evaluation Problem Focused	\$41
D0145	Oral Evaluation—Patient Under 3	\$28
D0150	Comprehensive Oral Examination	\$43
D0160	Detailed And Extensive Oral Evaluation (Problem Focused)	\$50
D0180	Comprehensive Periodontal Evaluation	\$52
D0210	Intraoral – Complete Series (Including Bitewings)	\$100
D0220	Intraoral – Periapical – First Radiographic Image	\$21
D0230	Intraoral – Periapical – Each Additional Radiographic Image	\$18
D0240	Intraoral – Occlusal Radiographic Image	\$26
D0250	Extraoral – First Radiographic Image	\$35
D0260	Extraoral – Each Additional Radiographic Image	\$20
D0270	Bitewing – Single Radiographic Image	\$20
D0272	Bitewings – Two Radiographic Images	\$30
D0273	Bitewings – Three Radiographic Images	\$30
D0274	Bitewings – Four Radiographic Images	\$39
D0277	Vertical Bitewings – 7---10 8 Radiographic Images	\$66
D0330	Panoramic Radiographic Image	\$76
D0340	Cephalometric Radiographic Image	\$74
D0460	Pulp Vitality Tests	\$28
D0470	Diagnostic Casts	\$41
D1110	Prophylaxis – Adults	\$55
D1120	Prophylaxis – Child	\$38
D1206	Topical Fluoride Varnish For High Caries Risk Patients	\$25
D1208	Topical Fluoride, excluding varnish	\$24
D1351	Sealant Per Tooth	\$32
D1352	Preventive Resin Restoration	\$33
D1510	Space Maintainer – Fixed Unilateral	\$190
D1515	Space Maintainer – Fixed– Bilateral	\$280
D1550	Re-cementation or Re-bond of Space Maintainer	\$45
D1555	Removal of Fixed Space Maintainer	\$39
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 Surfaces, Primary or Permanent	\$130
D2330	Resin – One Surface, Anterior	\$94
D2331	Resin – Two Surfaces, Anterior	\$117
D2332	Resin – Three Surfaces, Anterior	\$134
D2335	Resin – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$171

CDT	DESCRIPTION	ALLOWANCE
D2390	Resin – Based Composite Crown, Anterior	\$170
D2391	Resin – Based Composite – One Surface, Posterior	\$112
D2392	Resin---Based Composite – Two Surfaces Posterior	\$143
D2393	Resin---Based Composite – Three Surfaces, Posterior	\$170
D2394	Resin---Based Composite – Four or More Surfaces, Posterior	\$190
D2510	Inlay – Metallic – One Surface	\$400
D2520	Inlay – Metallic – Two Surfaces	\$480
D2530	Inlay – Metallic – Three Surfaces	\$625
D2542	Onlay – Metallic – Two Surfaces	\$625
D2543	Onlay – Metallic – Three Surfaces	\$660
D2544	Onlay – Metallic – Four or More Surfaces	\$670
D2610	Inlay – Porcelain/Ceramic – One Surface	\$450
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$500
D2630	Inlay – Porcelain/Ceramic – Three Surfaces	\$635
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$660
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$670
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$680
D2650	Inlay – Composite/Resin – One Surface	\$425
D2651	Inlay – Composite/Resin – Two Surface	\$450
D2652	Inlay – Composite/Resin – Three or More Surfaces	\$550
D2662	Onlay – Composite/Resin – Two Surfaces	\$600
D2663	Onlay – Composite/Resin – Three Surfaces	\$620
D2664	Onlay – Composite/Resin – Four or More Surfaces	\$650
D2740	Crown – Porcelain/Ceramic Substrate	\$815
D2750	Crown – Porcelain Fused to High Noble Metal	\$780
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$640
D2752	Crown – Porcelain Fused to Noble Metal	\$720
D2780	Crown – 3/4 Cast High Noble Metal	\$700
D2781	Crown – 3/4 Cast Predominately Base Metal	\$680
D2782	Crown – 3/4 Cast Noble Metal	\$660
D2783	Crown – 3/4 Porcelain/Ceramic (Not Veneers)	\$750
D2790	Crown – Full Cast High Noble Metal	\$750
D2791	Crown – Full Cast Predominantly Base Metal	\$650
D2792	Crown – Full Cast Noble Metal	\$725
D2910	Re-cement or Re-bond Inlay, Onlay	\$52
D2920	Re-cement or Re-bond Crown	\$52
D2929	Prefabricated Porcelain/Ceramic Crown	\$200
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$158
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$175
D2932	Prefabricated Resin Crown	\$180
D2933	Prefabricated Stainless Steel Crown With Resin Window	\$200
D2934	Prefabricated Esthetic Stainless Steel Crown – Primary Tooth	\$200
D2940	Sedative Filling	\$53
D2950	Core Buildup, Including Any Pins	\$138
D2951	Pin Retention – Per Tooth, In Addition to Restoration	\$45
D2952	Cast Post & Core In Addition to Crown	\$275
D2954	Prefabricated Post & Core In Addition to Crown	\$200



CDT	DESCRIPTION	ALLOWANCE
D2962	Labial Veneer (Porcelain Laminate) – Lab	\$740
D2980	Crown Repair, Necessary 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)	\$60
D3120	Pulp Cap – Indirect	\$60
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$100
D3221	Pupal Debridement, Primary And Permanent Teeth	\$100
D3230	Pupal Therapy (Resorbable) Anterior, Primary	\$124
D3240	Pupal Therapy (Resorbable) Posterior, Primary	\$133
D3310	Root Canal Therapy – Anterior (Excluding Final Restoration)	\$460
D3320	Root Canal Therapy – Bicuspid (Excluding Final Restoration)	\$540
D3330	Root Canal Therapy – Molar (Excluding Final Restoration)	\$675
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$620
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$700
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$835
D3351	Apexification/Recalcification – Initial Visit	\$253
D3352	Apexification/Recalcification – Interim Medication Replacement	\$100
D3353	Apexification/Recalcification – Final Visit	\$100
D3355	Pulpal Regeneration	\$100
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$415
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$500
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$600
D3426	Apicoectomy/Periradicular Surgery – Each Additional Root	\$200
D3430	Retrograde Filling – Per Root	\$130
D3450	Root Amputation – Per Root	\$220
D3920	Hemisection (Including any Root Removal)	\$270
D3950	Canal Preparation & Fitting of Preformed Dowel or Post	\$125
D4210	Gingivectomy/Gingivoplasty – 4 or More Contiguous Teeth	\$300
D4211	Gingivectomy/Gingivoplasty – 1 to 3 Contiguous Teeth	\$115
D4212	Gingivectomy/Gingivoplasty For Restorative Access	\$58
D4240	Gingival Flap, Including Root Planing – Per Quadrant	\$350
D4241	Gingival Flap, Including Root Planing – One to Three Teeth, Per Quadrant	\$225
D4249	Crown Lengthening – Hard/Soft Tissue, Clinical Crown	\$400
D4260	Osseous Surgery (Including – Four or More Teeth Per Quadrant)	\$625
D4261	Osseous Surgery (Including Flap Entry & Closure – One to Three Teeth Per Quadrant)	\$450
D4263	Bone Replacement Graft – Single Site	\$375
D4264	Bone Replacement Graft – Each Additional Site In Quadrant	\$255
D4266	Guided Tissue Regeneration – Resorbable Barrier, Per Site	\$380
D4267	Guided Tissue Regeneration – Nonresorbable Barrier, Per Site	\$330
D4268	Surgical Revision – Per Tooth	\$450
D4270	Pedicle Soft Tissue Graft Procedure	\$410
D4273	Subepithelial Connective Tissue Graft Procedure	\$500
D4275	Soft Tissue Allograft	\$475
D4276	Combined Connective Tissue And Double Pedicle Graft	\$550

CDT	DESCRIPTION	ALLOWANCE
D4277	Free Soft Tissue Graft – First Three Teeth	\$530
D4278	Free Soft Tissue Graft – Each Additional Tooth	\$100
D4341	Periodontal Scaling And Root Planing – Per Quadrant	\$160
D4342	Periodontal Scaling And Root Planing – One to Three Teeth, Per Quadrant	\$93
D4910	Periodontal Maintenance (Following Active Therapy)	\$82
D5110	Complete Denture – Upper	\$950
D5120	Complete Denture – Lower	\$950
D5130	Immediate Denture – Upper	\$1,000
D5140	Immediate Denture – Lower	\$1,000
D5211	Upper Partial – Resin Base (With Conventional Clasps, Rests & Teeth	\$650
D5212	Lower Partial – Resin Base (W1th Conventional Clasps, Rests & Teeth	\$650
D5213	Upper Partial – Cast Metal Base With Resin Saddles	\$1,045
D5214	Lower Partial – Cast Metal Base With Resin Saddles	\$1,045
D5225	Maxillary Partial Denture – Flexible Base (Incl. Clasps, Rests, Teeth)	\$1,050
D5226	Mandibular Partial Denture – Flexible Base (Incl. Clasps, Rests, Teeth)	\$1,050
D5281	Removable Unilateral Partial Denture – 1 Piece Cast Metal	\$570
D5410	Adjust Complete Denture – Upper	\$45
D5411	Adjust Complete Denture – Lower	\$45
D5421	Adjust Partial Denture – Upper	\$45
D5422	Adjust Partial Denture – Lower	\$45
D5510	Repair Broken Complete Denture Base	\$125
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$100
D5610	Repair Resin Saddle or Base	\$125
D5620	Repair Cast Framework	\$190
D5630	Repair or Replace Broken Clasp	\$160
D5640	Replace Broken Teeth – Per Tooth	\$85
D5650	Add Tooth to Existing Partial Denture	\$125
D5660	Add Clasp to Existing Partial Denture	\$160
D5670	Replace All Teeth And Acrylic On Cast Metal Frame Work (Maxillary)	\$550
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$550
D5710	Rebase Complete Upper Denture	\$310
D5711	Rebase Complete Lower Denture	\$310
D5720	Rebase Upper Partial Denture	\$300
D5721	Rebase Lower Partial Denture	\$300
D5730	Reline Complete Upper Denture (chair side)	\$185
D5731	Reline Complete Lower Denture (chair side)	\$185
D5740	Reline Upper Partial Denture (chair side)	\$185
D5741	Reline Lower Partial Denture (chair side)	\$185
D5750	Reline Complete Upper Denture (Lab)	\$285
D5751	Reline Complete Lower Denture (Lab)	\$285
D5760	Reline Upper Partial Denture (Lab)	\$280
D5761	Reline Lower Partial Denture (Lab)	\$280
D5850	Tissue Conditioning, Maxillary	\$86
D5851	Tissue Conditioning, Mandibular	\$86
D5863	Overdenture – Complete Maxillary	\$1500
D5864	Overdenture – Partial Maxillary	\$1200
D5865	Overdenture – Complete Mandibular	\$1,500

CDT	DESCRIPTION	ALLOWANCE
D5866	Overdenture – Partial Mandibular	\$1,200
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments	\$50
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,300
D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,120
D6040	Surgical Placement: Eposteal Implant	\$4,000
D6050	Surgical Placement: Transosteal Implant	\$3,040
D6055	Dental Implant Supported Connecting Bar	\$304
D6056	Prefabricated Abutment – Includes Placement	\$450
D6057	Custom Abutment Includes Placement	\$525
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,000
D6059	Abutment Supported Porcelain Fused to Metal/High Noble Crown	\$950
D6060	Abutment Supported Porcelain Fused to Metal/Base Metal Crown	\$800
D6061	Abutment Supported Porcelain Fused to Metal/Noble Crown	\$1,000
D6062	Abutment Supported Cast/High Noble Crown	\$1,025
D6063	Abutment Supported Cast/Base Metal Crown	\$800
D6064	Abutment Supported Cast/Noble Metal Crown	\$1,000
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,025
D6066	Implant Supported Porcelain Fused to Metal (Titanium, Titanium Alloy, High Noble)	\$1,000
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble)	\$1,000
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	\$1,000
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble)	\$1,000
D6070	Abutment Supported Retainer For Porcelain Fused to Metal (Predominantly Base Metal)	\$900
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	\$1,000
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	\$1,000
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Based Mental)	\$800
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	\$1,000
D6075	Implant Supported Retainer For Ceramic FPD	\$1,000
D6076	Implant Supported Retainer For Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, High Noble)	\$1,000
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, High Noble)	\$1,100
D6080	Implant Maintenance Procedures (Removal, Cleansing And Reinsertion)	\$72
D6090	Repair Implant Supported Prosthesis, By Report	\$200
D6091	Replacement of Semi---Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment	\$180
D6092	Re-cement or Re-bond Implant/Abutment Supported Crown	\$70
D6093	Re-cement or Re-bond Implant/Abutment Supported Fixed Partial Denture	\$100
D6094	Abutment Supported Crown – Titanium	\$1,100
D6095	Repair Implant Abutment, By Report	\$200
D6100	Implant Removal, By Report	\$350
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$880
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	\$880
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$880
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$880
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
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	\$1,100

CDT	DESCRIPTION	ALLOWANCE
D6210	Pontic – Cast High Noble Metal	\$750
D6211	Pontic Cast Predominantly Base Metal	\$650
D6212	Pontic – Cast Noble Metal	\$700
D6240	Pontic Porcelain Fused to High Noble Metal	\$740
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$640
D6242	Pontic – Porcelain Fused to Noble Metal	\$700
D6245	Pontic – Porcelain / Ceramic	\$740
D6545	Retainer Cast Metal For Resin Bonded Fixed Prosthesis	\$315
D6548	Retainer – Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$260
D6549	Resin retainer – for resin bonded fixed prosthesis	\$315
D6600	Inlay – Porcelain/Ceramic, Two Surfaces	\$500
D6601	Inlay – Porcelain/Ceramic, Three or More Surfaces	\$525
D6602	Inlay – Cast High Noble Metal, Two Surfaces	\$430
D6603	Inlay – Cast Noble Metal, Three or More Surfaces	\$460
D6604	Inlay. Cast Predominantly Base Metal, Two Surfaces	\$445
D6605	Inlay – Cast Predominantly Base Metal, Three or More Surfaces	\$480
D6606	Inlay – Cast Noble Metal, Two Surfaces	\$430
D6607	Inlay Cast Noble Metal, Three or More Surfaces	\$500
D6608	Onlay – Porcelain/Ceramic, Two Surfaces	\$650
D6609	Onlay – Porcelain/Ceramic, Three or More Surfaces	\$670
D6610	Onlay – Cast High Noble, Two Surfaces	\$510
D6611	Onlay – Cast High Noble Metal, Three or More Surfaces	\$600
D6612	Onlay – Cast Predominantly Base Metal, Two Surfaces	\$500
D6613	Onlay – Cast Predominantly Base Metal, Three or More Surfaces	\$550
D6614	Onlay– Cast Noble Metal, Two Surfaces	\$500
D6615	Onlay – Cast Noble Metal, Three or More Surfaces	\$550
D6740	Crown Porcelain / Ceramic	\$760
D6750	Crown – Porcelain Fused to High Noble Metal	\$760
D6751	Crown – Porcelain Fused to Predominantly Base Metal	\$650
D6752	Crown – Porcelain Fused to Noble Metal	\$700
D6780	Crown – 3/4 Cast High Noble	\$650
D6781	Crown 3/4 Cast Predominately Based Metal	\$600
D6782	Crown 3/4 Noble Metal	\$625
D6783	Crown 3/4 Porcelain I Ceramic	\$675
D6790	Crown – Full Cast High Noble Metal	\$750
D6791	Crown Full Cast Predominantly Base Metal	\$710
D6792	Crown – Full Cast Noble Metal	\$700
D6920	Connector Bar	\$200
D6930	Re-cement or Re-bond Fixed Partial Denture	\$70
D6980	Bridge Repair – Necessary By Restorative Material Failure	\$190
D7111	Coronal Remnants – Deciduous Tooth	\$52
D7140	Extraction, Erupted Tooth or Exposed Root	\$88
D7210	Surgical Removal of Erupted Tooth	\$165
D7220	Removal of Impacted Tooth – Soft Tissue	\$200
D7230	Removal of Impacted Tooth – Partially Bony	\$250
D7240	Removal of Impacted Tooth – Completely Bony	\$290
D7241	Removal of Impacted Tooth – Completely Bony With Complications	\$360



CDT	DESCRIPTION	ALLOWANCE
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedures	\$170
D7260	Oral Antral Fistula Closure	\$250
D7261	Primary Closure of a Sinus Perforation	\$300
D7280	Surgical Exposure of Impacted or Unerupted Tooth – Ortho	\$207
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$125
D7285	Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$320
D7286	Incisional Biopsy of Oral Tissue – Soft	\$180
D7310	Alveoplasty In Conjunction With Extractions – Per Quadrant	\$150
D7311	Alveoplasty In Conjunction With Extractions – One to Three, Per Quad	\$125
D7320	Alveoplasty Not In Conjunction With Extractions Per Quadrant	\$165
D7321	Alveoplasty Not In Conjunction With Extractions – One/Three, Per Quad	\$150
D7340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	\$300
D7471	Removal of Exostosis – Maxilla or Mandible	\$260
D7472	Removal of Torus Palatinus	\$260
D7473	Removal of Torus Mandibularis	\$260
D7485	Surgical Reduction of Osseous Tuberosity	\$260
D7510	Incision And Drainage of Abscess – Intraoral Soft Tissue	\$92
D7530	Removal of Foreign Body, Skin, or Subcutaneous Alveolar Tissue	\$130
D7560	Maxillary Sinusotomy For Removal of Tooth Fragment or Foreign Body	\$280
D7960	Frenulectomy – Separate Procedure	\$207
D7970	Excision of Hyperplastic Tissue – Per Arch	\$235
D7971	Excision of Pericoronar Gingiva	\$120
D8010	Limited orthodontic Treatment of Primary Dentition	\$1,000
D8020	Limited orthodontic Treatment of Transitional Dentition	\$1,000
D8030	Limited orthodontic Treatment of Adolescent Dentition	\$1,000
D8040	Limited orthodontic Treatment of Adult Dentition	\$1,200
D8050	Interceptive orthodontic Treatment of The Primary Dentition	\$2,000
D8060	Interceptive orthodontic Treatment of The Transitional Dentition	\$2,000
D8070	Comprehensive Ortho Treatment of The Transitional Dentition	\$5,000
D8080	Comprehensive Ortho Treatment of The Adolescent Dentition	\$6,000
D8090	Comprehensive Ortho Treatment of The Adult Dentition	\$7,000
D8210	Removable Appliance Therapy	\$1,000
D8220	Fixed Appliance Therapy	\$1,200
D8680	Orthodontic Retention	\$500
D8693	Re---bonding or Re---cementing and/or Repair, Fixed Retainers	\$36
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedures	\$50
D9220	Deep Sedation (Unconscious) / General Anesthesia – First 30 Minutes	\$259
D9221	Deep Sedation (Unconscious) / General Anesthesia – Each Additional 15 Minutes	\$67
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$25
D9241	Intravenous (Conscious) Sedation/Analgesia – First 30 Minutes	\$205
D9242	Intravenous (Conscious) Sedation/Analgesia – Each Additional 15 Minutes	\$55
D9910	Application of Desensitizing Medicament	\$25

# the GRID IS GROWING!

The **GRID+** network, exclusively for members of participating Blue Cross and Blue Shield plans, has grown to be the nation's second largest dentist network. Our customers now have access to a network solution encompassing all 50 states, with complete freedom from access fees.

## How do you know if a patient is on the GRID?

Because each plan owns its own customer relationships, the home plan issues its own ID cards. Either GRID or GRID+ may appear

on the back of the ID card, along with the customer service phone number of the Blue home plan. *(For example, Arkansas Blue Cross and Blue Shield is the home plan for employers based in Arkansas. No matter where in the country employees of these employers live, their ID card will read Arkansas Blue Cross.)*

## Who pays the claims?

The home plan pays claims for its members, no matter where the member resides. The home plan accesses the GRID database to determine the correct in-network provider fee level for claims payment. Your claims are sent to the address on the back of the member's ID card.

## DID YOU KNOW...?

Did you know when your patients have maxed out their benefits, you may **balance bill** the patients **your** fee schedule (*not ours*) on the services performed after the maximum was met?





## Billing for services to family members prohibited

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Arkansas Blue Cross and Blue Shield wishes to remind all providers of a long-standing policy of billing for services to family members. Arkansas Blue Cross, Health Advantage and USAble Corporation have published claims filing policies and procedures which prohibit a participating provider from billing for **services\*** provided to any immediate family member. The immediate family, for this purpose, includes a spouse, parent, child, brother, sister, grandparent or grandchild, whether the relationship is by blood or exists in law (e.g. legal guardianship).

In addition, all underwritten health plans or policies issued by Arkansas Blue Cross and Health Advantage expressly exclude coverage of services to immediate relatives. Any claim intentionally or mistakenly filed and that is subsequently paid for such services, requires the offending provider to immediately refund all such payments upon request.

Violation of these policies and procedures, and/or failure to make prompt refunds for erroneous payments, will subject the offending provider to termination from the networks sponsored by Arkansas Blue Cross,

Health Advantage and USAble Corporation. Moreover, filing claims for services to immediate relatives, and receiving payment on such claims, is an abusive claims filing practice that may also constitute fraud, leading to permanent exclusion from the networks.

*\* Services to immediate family members include not only those personally performed by the provider, but also any services, equipment, drugs or supplies ordered by the provider and performed by another, including any pharmacy charges resulting from prescriptions written by the provider.*

# LIVE FEARLESS<sup>SM</sup>

WITH THE NAME TRUSTED FOR 65 YEARS



An Independent Licensee of the Blue Cross and Blue Shield Association