

# 2027 PPO GENERAL FEE SCHEDULE



**Arkansas  
BlueCross BlueShield**  
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| D - Code                                             | Description                                                                                                                                                               | PPO General |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>CLINICAL ORAL EVALUATIONS</b>                     |                                                                                                                                                                           |             |
| D0120                                                | Periodic Oral Evaluation - Established Patient                                                                                                                            | \$30        |
| D0140                                                | Limited Oral Evaluation - Problem Focused                                                                                                                                 | \$40        |
| D0145                                                | Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver                                                                              | \$27        |
| D0150                                                | Comprehensive Oral Evaluation - New or Established Patient                                                                                                                | \$43        |
| D0160                                                | Detailed and Extensive Oral Evaluation - Problem Focused, By Report                                                                                                       | \$55        |
| D0180                                                | Comprehensive Periodontal Evaluation - New or Established Patient                                                                                                         | \$48        |
| <b>DIAGNOSTIC IMAGING</b>                            |                                                                                                                                                                           |             |
| D0210                                                | Intraoral - Comprehensive Series of Radiographic Images                                                                                                                   | \$92        |
| D0220                                                | Intraoral - Periapical First Radiographic Image                                                                                                                           | \$19        |
| D0230                                                | Intraoral - Periapical Each Additional Radiographic Image                                                                                                                 | \$16        |
| D0240                                                | Intraoral - Occlusal Radiographic Image                                                                                                                                   | \$25        |
| D0250                                                | Extra - Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, and Detector                                                                 | \$53        |
| D0270                                                | Bitewing - Single Radiographic Image                                                                                                                                      | \$18        |
| D0272                                                | Bitewings- Two Radiographic Images                                                                                                                                        | \$28        |
| D0273                                                | Bitewings - Three Radiographic Images                                                                                                                                     | \$30        |
| D0274                                                | Bitewings - Four Radiographic Images                                                                                                                                      | \$38        |
| D0277                                                | Vertical Bitewings - 7 to 8 Radiographic Images                                                                                                                           | \$60        |
| D0330                                                | Panoramic Radiographic Image                                                                                                                                              | \$70        |
| D0340                                                | 2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis                                                                                               | \$68        |
| D0350                                                | 2D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally                                                                                                   | \$42        |
| D0364                                                | Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw                                                                              | \$139       |
| D0365                                                | Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Mandible                                                                             | \$178       |
| D0366                                                | Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Maxilla, With Or Without Cranium                                                     | \$178       |
| D0367                                                | Cone Beam CT Capture and Interpretation with Field of View of Both Jaws; With or Without Cranium                                                                          | \$200       |
| D0372                                                | Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images                                                                                                     | \$92        |
| D0373                                                | Intraoral Tomosynthesis – Bitewing Radiographic Image                                                                                                                     | \$18        |
| D0374                                                | Intraoral Tomosynthesis – Periapical Radiographic Image                                                                                                                   | \$19        |
| D0380                                                | Cone Beam CT Image Capture with Limited Field of View – Less than One Whole Jaw                                                                                           | \$144       |
| D0396                                                | 3D printing of a 3D dental surface scan                                                                                                                                   | \$38        |
| <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                                                                                                                                                       | \$30        |
| D0470                                                | Diagnostic Casts                                                                                                                                                          | \$50        |
| <b>DENTAL PROPHYLAXIS</b>                            |                                                                                                                                                                           |             |
| D1110                                                | Prophylaxis - Adult                                                                                                                                                       | \$51        |
| D1120                                                | Prophylaxis - Child                                                                                                                                                       | \$38        |
| <b>TOPICAL FLUORIDE TREATMENT (Office Procedure)</b> |                                                                                                                                                                           |             |

| D - Code                         | Description                                                                           | PPO General |
|----------------------------------|---------------------------------------------------------------------------------------|-------------|
| D1206                            | Application of Medicament - Topical Fluoride Varnish; Full Mouth                      | \$23        |
| D1208                            | Application of Medicament - Topical Fluoride - Excluding Varnish; Full Mouth          | \$23        |
| D1209                            | Application of Caries Preventive Medicament - Topical Non-Fluoride; Full Mouth        | \$23        |
| <b>OTHER PREVENTIVE SERVICES</b> |                                                                                       |             |
| D1320                            | Tobacco Counseling For The Control And Prevention Of Oral Disease                     | \$41        |
| D1330                            | Oral Hygiene Instructions                                                             | \$41        |
| D1351                            | Sealant - Per Tooth                                                                   | \$32        |
| D1353                            | Sealant Repair - Per Tooth                                                            | \$28        |
| D1354                            | Application Of Caries Arresting Medicament - Without Surgical Intervention; Per Tooth | \$23        |
| D1510                            | Space Maintainer - Fixed, Unilateral - Per Quadrant                                   | \$172       |
| D1516                            | Space Maintainer - Fixed - Bilateral, Maxillary                                       | \$256       |
| D1517                            | Space Maintainer - Fixed - Bilateral, Mandibular                                      | \$256       |
| D1526                            | Space Maintainer - Removable-Bilateral, Maxillary                                     | \$274       |
| D1527                            | Space Maintainer - Removable-Bilateral, Mandibular                                    | \$274       |
| D1551                            | Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary                           | \$41        |
| D1552                            | Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular                          | \$41        |
| D1553                            | Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant                        | \$41        |
| D1556                            | Removal of Fixed Unilateral Space Maintainer - Per Quadrant                           | \$35        |
| D1557                            | Removal of Fixed Bilateral Space Maintainer - Maxillary                               | \$35        |
| D1558                            | Removal of Fixed Bilateral Space Maintainer - Mandibular                              | \$35        |
| D1575                            | Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant                      | \$172       |
| D1720                            | Influenza Vaccine Administration                                                      | \$30        |
| <b>RESTORATIVE SERVICES</b>      |                                                                                       |             |
| D2140                            | Amalgam - One Surface, Primary or Permanent                                           | \$72        |
| D2150                            | Amalgam - Two Surfaces, Primary or Permanent                                          | \$83        |
| D2160                            | Amalgam - Three Surfaces, Primary or Permanent                                        | \$101       |
| D2161                            | Amalgam - Four or More Surfaces, Primary or Permanent                                 | \$119       |
| D2330                            | Resin-Based Composite - One Surface, Anterior                                         | \$89        |
| D2331                            | Resin-Based Composite - Two Surfaces, Anterior                                        | \$110       |
| D2332                            | Resin-Based Composite - Three Surfaces, Anterior                                      | \$125       |
| D2335                            | Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)   | \$163       |
| D2390                            | Resin-Based Composite Crown - Direct                                                  | \$167       |
| D2391                            | Resin-Based Composite - One Surface, Posterior                                        | \$101       |
| D2392                            | Resin-Based Composite - Two Surfaces, Posterior                                       | \$131       |
| D2393                            | Resin-Based Composite - Three Surfaces, Posterior                                     | \$161       |
| D2394                            | Resin-Based Composite - Four or More Surfaces, Posterior                              | \$176       |
| D2510                            | Inlay - Metallic - One Surface                                                        | \$378       |
| D2520                            | Inlay - Metallic - Two Surfaces                                                       | \$432       |
| D2530                            | Inlay - Metallic - Three or More Surfaces                                             | \$567       |
| D2542                            | Onlay - Metallic - Two Surfaces                                                       | \$567       |
| D2543                            | Onlay - Metallic - Three Surfaces                                                     | \$630       |
| D2544                            | Onlay - Metallic - Four or More Surfaces                                              | \$653       |
| D2610                            | Inlay - Porcelain/Ceramic - One Surface                                               | \$428       |
| D2620                            | Inlay - Porcelain/Ceramic - Two Surfaces                                              | \$473       |
| D2630                            | Inlay - Porcelain/Ceramic - Three or More Surfaces                                    | \$594       |
| D2642                            | Onlay - Porcelain/Ceramic - Two Surfaces                                              | \$594       |
| D2643                            | Onlay - Porcelain/Ceramic - Three Surfaces                                            | \$675       |
| D2644                            | Onlay - Porcelain/Ceramic - Four or More Surfaces                                     | \$702       |
| D2650                            | Inlay - Resin-Based Composite - One Surface                                           | \$383       |
| D2651                            | Inlay - Resin-Based Composite - Two Surfaces                                          | \$405       |
| D2652                            | Inlay - Resin-Based Composite - Three or More Surfaces                                | \$495       |

| D - Code           | Description                                                                                                                                 | PPO General |
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| D2662              | Onlay - Resin-Based Composite - Two Surfaces                                                                                                | \$567       |
| D2663              | Onlay - Resin-Based Composite - Three Surfaces                                                                                              | \$586       |
| D2664              | Onlay - Resin-Based Composite - Four or More Surfaces                                                                                       | \$615       |
| D2710              | Crown - Resin-Based Composite (Indirect)                                                                                                    | \$372       |
| D2740              | Crown - Porcelain/Ceramic                                                                                                                   | \$776       |
| D2750              | Crown - Porcelain Fused to High Noble Metal                                                                                                 | \$726       |
| D2751              | Crown - Porcelain Fused to Predominantly Base Metal                                                                                         | \$662       |
| D2752              | Crown - Porcelain Fused to Noble Metal                                                                                                      | \$700       |
| D2753              | Crown - Porcelain Fused to Titanium and Titanium Alloys                                                                                     | \$716       |
| D2780              | Crown - 3/4 Cast High Noble Metal                                                                                                           | \$720       |
| D2781              | Crown - 3/4 Cast Predominantly Base Metal                                                                                                   | \$653       |
| D2782              | Crown - 3/4 Cast Noble Metal                                                                                                                | \$684       |
| D2783              | Crown - 3/4 Porcelain/Ceramic                                                                                                               | \$720       |
| D2790              | Crown - Full Cast High Noble Metal                                                                                                          | \$720       |
| D2791              | Crown - Full Cast Predominantly Base Metal                                                                                                  | \$630       |
| D2792              | Crown - Full Cast Noble Metal                                                                                                               | \$684       |
| D2910              | Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration                                                                   | \$47        |
| D2915              | Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post and Core                                                                   | \$67        |
| D2920              | Re-Cement or Re-Bond Crown                                                                                                                  | \$50        |
| D2929              | Prefabricated Porcelain/Ceramic Crown - Primary Tooth                                                                                       | \$189       |
| D2930              | Prefabricated Stainless Steel Crown - Primary Tooth                                                                                         | \$161       |
| D2931              | Prefabricated Stainless Steel Crown - Permanent Tooth                                                                                       | \$162       |
| D2932              | Prefabricated Resin Crown                                                                                                                   | \$162       |
| D2933              | Prefabricated Stainless Steel Crown with Resin Window                                                                                       | \$189       |
| D2934              | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth                                                                         | \$194       |
| D2940              | Placement of Interim Direct Restoration                                                                                                     | \$48        |
| D2950              | Core Buildup, Including Any Pins When Required                                                                                              | \$138       |
| D2951              | Pin Retention - Per Tooth, in Addition to Restoration                                                                                       | \$42        |
| D2952              | Post and Core in Addition to Crown, Indirectly Fabricated                                                                                   | \$259       |
| D2954              | Prefabricated Post and Core in Addition to Crown                                                                                            | \$188       |
| D2962              | Labial Veneer (Porcelain Laminate) - Indirect                                                                                               | \$685       |
| D2980              | Crown Repair Necessitated by Restorative Material Failure                                                                                   | \$135       |
| D2981              | Inlay Repair Necessitated by Restorative Material Failure                                                                                   | \$108       |
| D2982              | Onlay Repair Necessitated by Restorative Material Failure                                                                                   | \$108       |
| D2983              | Veneer Repair Necessitated by Restorative Material Failure                                                                                  | \$108       |
| D2990              | Resin Infiltration of Incipient Smooth Surface Lesions                                                                                      | \$33        |
| D2991              | Application of Hydroxyapatite Regeneration Medicament - Per Tooth                                                                           | \$37        |
| <b>ENDODONTICS</b> |                                                                                                                                             |             |
| D3110              | Pulp Cap - Direct (Excluding Final Restoration)                                                                                             | \$59        |
| D3120              | Pulp Cap - Indirect (Excluding Final Restoration)                                                                                           | \$59        |
| D3220              | Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament | \$95        |
| D3221              | Pulpal Debridement, Primary and Permanent Teeth                                                                                             | \$98        |
| D3230              | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)                                                 | \$126       |
| D3240              | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)                                                | \$144       |
| D3310              | Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)                                                                            | \$459       |
| D3320              | Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)                                                                            | \$539       |
| D3330              | Endodontic Therapy, Molar Tooth (Excluding Final Restoration)                                                                               | \$656       |
| D3332              | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth                                                                  | \$248       |

| D - Code            | Description                                                                                                                                                 | PPO General |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| D3346               | Retreatment of Previous Root canal Therapy - Anterior                                                                                                       | \$630       |
| D3347               | Retreatment of Previous Root Canal Therapy - Premolar                                                                                                       | \$653       |
| D3348               | Retreatment of Previous Root Canal Therapy - Molar                                                                                                          | \$765       |
| D3351               | Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)                                       | \$228       |
| D3352               | Apexification/Recalcification - Interim Medication Replacement                                                                                              | \$90        |
| D3353               | Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.) | \$90        |
| D3355               | Pulpal Regeneration - Initial Visit                                                                                                                         | \$90        |
| D3356               | Pulpal Regeneration - Interim Medication Replacement                                                                                                        | \$122       |
| D3357               | Pulpal Regeneration - Completion Of Treatment                                                                                                               | \$122       |
| D3410               | Apicoectomy - Anterior                                                                                                                                      | \$380       |
| D3421               | Apicoectomy - Premolar (First Root)                                                                                                                         | \$450       |
| D3425               | Apicoectomy - Molar (First Root)                                                                                                                            | \$540       |
| D3426               | Apicoectomy (Each Additional Root)                                                                                                                          | \$297       |
| D3430               | Retrograde Filling - Per Root                                                                                                                               | \$126       |
| D3450               | Root Amputation - Per Root                                                                                                                                  | \$203       |
| D3471               | Surgical Repair Of Root Resorption – Anterior                                                                                                               | \$360       |
| D3472               | Surgical Repair Of Root Resorption – Premolar                                                                                                               | \$360       |
| D3473               | Surgical Repair Of Root Resorption – Molar                                                                                                                  | \$360       |
| D3501               | Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior                                                               | \$360       |
| D3502               | Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar                                                               | \$360       |
| D3503               | Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar                                                                  | \$360       |
| D3920               | Hemisection (Including Any Root Removal), Not Including Root Canal Therapy                                                                                  | \$243       |
| D3921               | Decoronation or Submergence of an Erupted Tooth                                                                                                             | \$151       |
| D3950               | Canal Preparation and Fitting of Preformed Dowel or Post                                                                                                    | \$113       |
| <b>PERIODONTICS</b> |                                                                                                                                                             |             |
| D4210               | Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant                                                          | \$293       |
| D4211               | Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant                                                          | \$117       |
| D4212               | Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth                                                                          | \$117       |
| D4240               | Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bound Spaces Per Quadrant                                          | \$315       |
| D4241               | Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bound Spaces Per Quadrant                                          | \$203       |
| D4249               | Clinical Crown Lengthening - Hard Tissue                                                                                                                    | \$360       |
| D4260               | Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant             | \$563       |
| D4261               | Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant             | \$405       |
| D4263               | Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant                                                                                    | \$338       |
| D4264               | Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant                                                                          | \$248       |
| D4266               | Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, Per Site                                                                                    | \$342       |
| D4267               | Guided Tissue Regeneration, Natural Teeth - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)                                                    | \$297       |
| D4268               | Surgical Revision Procedure, Per Tooth                                                                                                                      | \$405       |
| D4270               | Pedicle Soft Tissue Graft Procedure                                                                                                                         | \$414       |

| D - Code | Description                                                                                                                                                                                         | PPO General |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| D4273    | Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft                                              | \$473       |
| D4275    | Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft                                                    | \$432       |
| D4276    | Combined Connective Tissue and Pedicle Graft, Per Tooth                                                                                                                                             | \$522       |
| D4277    | Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft                                                         | \$518       |
| D4278    | Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site                          | \$252       |
| D4283    | Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site             | \$90        |
| D4285    | Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site and Donor Material) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site | \$90        |
| D4341    | Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant                                                                                                                              | \$152       |
| D4342    | Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant                                                                                                                              | \$97        |
| D4346    | Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation                                                                                     | \$64        |
| D4355    | Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit                                                                                         | \$103       |
| D4910    | Periodontal Maintenance                                                                                                                                                                             | \$80        |
|          | <b>PROSTHODONTICS, REMOVABLE</b>                                                                                                                                                                    |             |
| D5110    | Complete Denture - Maxillary                                                                                                                                                                        | \$899       |
| D5120    | Complete Denture - Mandibular                                                                                                                                                                       | \$899       |
| D5130    | Immediate Denture - Maxillary                                                                                                                                                                       | \$950       |
| D5140    | Immediate Denture - Mandibular                                                                                                                                                                      | \$950       |
| D5211    | Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)                                                                                                   | \$651       |
| D5212    | Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)                                                                                                  | \$651       |
| D5213    | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)                                                                | \$1,002     |
| D5214    | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)                                                                     | \$1,002     |
| D5221    | Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)                                                                                         | \$585       |
| D5222    | Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)                                                                                        | \$585       |
| D5223    | Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)                                                      | \$941       |
| D5224    | Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)                                                     | \$941       |
| D5225    | Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)                                                                                                 | \$981       |
| D5226    | Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)                                                                                                | \$981       |
| D5227    | Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)                                                                                                         | \$585       |
| D5228    | Immediate Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)                                                                                                        | \$585       |

| D - Code                | Description                                                                                                                             | PPO General |
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| D5282                   | Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary        | \$540       |
| D5283                   | Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular       | \$540       |
| D5284                   | Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant | \$324       |
| D5286                   | Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant         | \$324       |
| D5410                   | Adjust Complete Denture - Maxillary                                                                                                     | \$43        |
| D5411                   | Adjust Complete Denture - Mandibular                                                                                                    | \$43        |
| D5421                   | Adjust Partial Denture - Maxillary                                                                                                      | \$43        |
| D5422                   | Adjust Partial Denture - Mandibular                                                                                                     | \$43        |
| D5511                   | Repair Complete Denture Base, Mandibular                                                                                                | \$117       |
| D5512                   | Repair Complete Denture Base, Maxillary                                                                                                 | \$117       |
| D5520                   | Replace Missing or Broken Teeth – Complete Denture – Per Tooth                                                                          | \$99        |
| D5521                   | Replace All Teeth on Complete Denture - Maxillary                                                                                       | \$540       |
| D5522                   | Replace All Teeth on Complete Denture - Mandibular                                                                                      | \$540       |
| D5611                   | Repair Resin Partial Denture Base, Mandibular                                                                                           | \$122       |
| D5612                   | Repair Resin Partial Denture Base, Maxillary                                                                                            | \$122       |
| D5621                   | Repair Cast Partial Framework, Mandibular                                                                                               | \$189       |
| D5622                   | Repair Cast Partial Framework, Maxillary                                                                                                | \$189       |
| D5630                   | Repair or Replace Broken Retentive/Clasping Materials - Per Tooth                                                                       | \$180       |
| D5640                   | Replace Missing or Broken Teeth – Partial Denture – Per Tooth                                                                           | \$98        |
| D5650                   | Add Tooth to Existing Partial Denture – Per Tooth                                                                                       | \$126       |
| D5660                   | Add Clasp to Existing Partial Denture - Per Tooth                                                                                       | \$153       |
| D5670                   | Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)                                                                       | \$495       |
| D5671                   | Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)                                                                      | \$495       |
| D5710                   | Rebase Complete Maxillary Denture                                                                                                       | \$315       |
| D5711                   | Rebase Complete Mandibular Denture                                                                                                      | \$315       |
| D5720                   | Rebase Maxillary Partial Denture                                                                                                        | \$297       |
| D5721                   | Rebase Mandibular Partial Denture                                                                                                       | \$297       |
| D5725                   | Rebase Hybrid Prosthesis                                                                                                                | \$297       |
| D5730                   | Reline Complete Maxillary Denture (Direct)                                                                                              | \$180       |
| D5731                   | Reline Complete Mandibular Denture (Direct)                                                                                             | \$180       |
| D5740                   | Reline Maxillary Partial Denture (Direct)                                                                                               | \$180       |
| D5741                   | Reline Mandibular Partial Denture (Direct)                                                                                              | \$180       |
| D5750                   | Reline Complete Maxillary Denture (Indirect)                                                                                            | \$279       |
| D5751                   | Reline Complete Mandibular Denture (Indirect)                                                                                           | \$279       |
| D5760                   | Reline Maxillary Partial Denture (Indirect)                                                                                             | \$270       |
| D5761                   | Reline Mandibular Partial Denture (Indirect)                                                                                            | \$270       |
| D5765                   | Soft Liner for Complete or Partial Removable Denture – Indirect                                                                         | \$180       |
| D5820                   | Interim Partial Denture (Including Retentive/Clasping Materials, Rests, and Teeth)- Maxillary                                           | \$378       |
| D5850                   | Tissue Conditioning, Maxillary                                                                                                          | \$81        |
| D5851                   | Tissue Conditioning, Mandibular                                                                                                         | \$81        |
| D5863                   | Overdenture - Complete Maxillary – Natural Tooth Borne                                                                                  | \$1,440     |
| D5864                   | Overdenture - Partial Maxillary – Natural Tooth Borne                                                                                   | \$1,170     |
| D5865                   | Overdenture - Complete Mandibular – Natural Tooth Borne                                                                                 | \$1,440     |
| D5866                   | Overdenture - Partial Mandibular – Natural Tooth Borne                                                                                  | \$1,170     |
| D5993                   | Cleaning and Inspection Of A Maxillofacial Prosthesis (Extra Or Intra-Oral), By Report                                                  | \$45        |
| <b>IMPLANT SERVICES</b> |                                                                                                                                         |             |

| D - Code | Description                                                                                                                                                                                                                   | PPO General |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| D6010    | Surgical Placement of Implant Body: Endosteal Implant                                                                                                                                                                         | \$1,275     |
| D6011    | Surgical Access to an Implant Body (Second Stage Implant Surgery)                                                                                                                                                             | \$103       |
| D6012    | Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant                                                                                                                                     | \$1,008     |
| D6013    | Surgical Placement of Mini Implant                                                                                                                                                                                            | \$597       |
| D6040    | Surgical Placement: Eposteal Implant                                                                                                                                                                                          | \$3,600     |
| D6049    | Scaling and Debridement of a Single Implant in the Presence of Peri-Implantitis Inflammation, Bleeding upon Probing and Increased Pocket Depths, Including Cleaning of the Implant Surfaces, without Flap Entry and Closure   | \$97        |
| D6050    | Surgical Placement: Transosteal Implant                                                                                                                                                                                       | \$2,736     |
| D6055    | Connecting Bar - Implant Supported or Abutment Supported                                                                                                                                                                      | \$2,250     |
| D6056    | Prefabricated Abutment - Includes Modification and Placement                                                                                                                                                                  | \$416       |
| D6057    | Custom Fabricated Abutment - Includes Placement                                                                                                                                                                               | \$486       |
| D6058    | Abutment Supported Porcelain/Ceramic Crown                                                                                                                                                                                    | \$971       |
| D6059    | Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)                                                                                                                                                          | \$902       |
| D6060    | Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)                                                                                                                                                  | \$765       |
| D6061    | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)                                                                                                                                                               | \$968       |
| D6062    | Abutment Supported Cast Metal Crown (High Noble Metal)                                                                                                                                                                        | \$977       |
| D6063    | Abutment Supported Cast Metal Crown (Predominantly Base Metal)                                                                                                                                                                | \$810       |
| D6064    | Abutment Supported Cast Metal Crown (Noble Metal)                                                                                                                                                                             | \$972       |
| D6065    | Implant Supported Porcelain/Ceramic Crown                                                                                                                                                                                     | \$971       |
| D6066    | Implant Supported Porcelain Fused to High Noble Alloys                                                                                                                                                                        | \$971       |
| D6067    | Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)                                                                                                                                                    | \$971       |
| D6068    | Abutment Supported Retainer For Porcelain/Ceramic FPD                                                                                                                                                                         | \$971       |
| D6069    | Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)                                                                                                                                               | \$945       |
| D6070    | Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)                                                                                                                                       | \$837       |
| D6071    | Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)                                                                                                                                                    | \$990       |
| D6072    | Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)                                                                                                                                                             | \$1,035     |
| D6073    | Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)                                                                                                                                                     | \$864       |
| D6074    | Abutment Supported Retainer For Cast Metal FPD (Noble Metal)                                                                                                                                                                  | \$990       |
| D6075    | Implant Supported Retainer For Ceramic FPD                                                                                                                                                                                    | \$1,035     |
| D6076    | Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys                                                                                                                                                     | \$1,035     |
| D6077    | Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)                                                                                                                                 | \$1,017     |
| D6080    | Implant Maintenance Procedures When a Full Arch Fixed Hybrid Prosthesis is Removed and Reinserted, Including Cleansing of Prosthesis and Abutments                                                                            | \$68        |
| D6081    | Scaling and Debridement of a Single Implant in the Presence of Mucositis, Including Inflammation, Bleeding upon Probing and Increased Pocket Depths Includes Cleaning of the Implant Surfaces, without Flap Entry and Closure | \$34        |
| D6082    | Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys                                                                                                                                                        | \$819       |
| D6083    | Implant Supported Crown - Porcelain Fused to Noble Alloys                                                                                                                                                                     | \$846       |
| D6084    | Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys                                                                                                                                                     | \$896       |
| D6086    | Implant Supported Crown - Predominantly Base Alloys                                                                                                                                                                           | \$810       |
| D6087    | Implant Supported Crown - Noble Alloys                                                                                                                                                                                        | \$864       |
| D6088    | Implant Supported Crown - Titanium and Titanium Alloys                                                                                                                                                                        | \$900       |
| D6089    | Accessing and Retorquing Loose Implant Screw – Per Screw                                                                                                                                                                      | \$68        |
| D6090    | Repair of Implant/Abutment Supported Prosthesis                                                                                                                                                                               | \$270       |
| D6091    | Replacement of Replaceable Part of Semi-Precision Attachment of Implant/Abutment Retained Prosthesis, Per Attachment                                                                                                          | \$162       |
| D6092    | Re-Cement or Re-Bond Implant/Abutment Supported Crown                                                                                                                                                                         | \$68        |

| D - Code                     | Description                                                                                                                                                                       | PPO General |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| D6093                        | Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture                                                                                                             | \$117       |
| D6094                        | Abutment Supported Crown (Titanium)and Titanium Alloys                                                                                                                            | \$1,178     |
| D6096                        | Remove Broken Implant Retaining Screw                                                                                                                                             | \$225       |
| D6097                        | Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys                                                                                                        | \$896       |
| D6098                        | Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys                                                                                                         | \$819       |
| D6099                        | Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys                                                                                                              | \$846       |
| D6100                        | Surgical Removal of Implant Body                                                                                                                                                  | \$359       |
| D6104                        | Bone Graft at Time of Implant Placement                                                                                                                                           | \$314       |
| D6105                        | Removal of Implant Body Not Requiring Bone Removal nor Flap Elevation                                                                                                             | \$82        |
| D6108                        | Placement of Healing Cap on Implant Body                                                                                                                                          | \$21        |
| D6109                        | Removal of a Screw-Retained Indirect Restoration of an Implant                                                                                                                    | \$155       |
| D6110                        | Implant/Abutment Retained Removable Denture For Edentulous Arch - Maxillary                                                                                                       | \$1,080     |
| D6111                        | Implant/Abutment Retained Removable Denture For Edentulous Arch - Mandibular                                                                                                      | \$1,080     |
| D6112                        | Implant/Abutment Retained Removable Denture For Partially Edentulous Arch - Maxillary                                                                                             | \$1,080     |
| D6113                        | Implant/Abutment Retained Removable Denture For Partially Edentulous Arch - Mandibular                                                                                            | \$1,080     |
| D6114                        | Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary                                                                                                          | \$2,160     |
| D6115                        | Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular                                                                                                         | \$2,160     |
| D6116                        | Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary                                                                                                | \$1,620     |
| D6117                        | Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular                                                                                               | \$1,620     |
| D6120                        | Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys                                                                                                      | \$896       |
| D6121                        | Implant Supported Retainer for Metal FPD - Predominantly Base Alloys                                                                                                              | \$819       |
| D6122                        | Implant Supported Retainer for Metal FPD - Noble Alloys                                                                                                                           | \$846       |
| D6123                        | Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys                                                                                                           | \$900       |
| D6126                        | Replace All Teeth and Acrylic on Hybrid Prosthesis - Per Arch                                                                                                                     | \$899       |
| D6180                        | Implant Maintenance Procedures when a Full Arch Fixed Hybrid Prosthesis is not Removed Including Cleansing of Prosthesis and Abutments                                            | \$51        |
| D6193                        | Replacement of an Implant Screw                                                                                                                                                   | \$231       |
| D6194                        | Abutment Supported Retainer Crown For FPD (Titanium)                                                                                                                              | \$1,080     |
| D6195                        | Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys                                                                                                     | \$896       |
| D6197                        | Implant Supported Prosthesis, per Implant                                                                                                                                         | \$101       |
| <b>PROSTHODONTICS, FIXED</b> |                                                                                                                                                                                   |             |
| D6205                        | Pontic - Indirect Resin Based Composite                                                                                                                                           | \$513       |
| D6210                        | Pontic - Cast High Noble Metal                                                                                                                                                    | \$720       |
| D6211                        | Pontic - Cast Predominantly Base Metal                                                                                                                                            | \$630       |
| D6212                        | Pontic - Cast Noble Metal                                                                                                                                                         | \$657       |
| D6240                        | Pontic - Porcelain Fused to High Noble Metal                                                                                                                                      | \$714       |
| D6241                        | Pontic - Porcelain Fused to Predominantly Base Metal                                                                                                                              | \$644       |
| D6242                        | Pontic - Porcelain Fused to Noble Metal                                                                                                                                           | \$696       |
| D6243                        | Pontic - Porcelain Fused to Titanium and Titanium Alloys                                                                                                                          | \$698       |
| D6245                        | Pontic - Porcelain/Ceramic                                                                                                                                                        | \$751       |
| D6280                        | Implant Maintenance Procedures When a Full Arch Removable Implant/Abutment Retained Denture is Removed and Reinserted, Including Cleansing of Prosthesis and Abutments - Per Arch | \$51        |
| D6545                        | Retainer - Cast Metal for Resin Bonded Fixed Prosthesis                                                                                                                           | \$292       |
| D6548                        | Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis                                                                                                                    | \$234       |
| D6549                        | Resin Retainer - For Resin Bonded Fixed Prosthesis                                                                                                                                | \$292       |
| D6600                        | Retainer Inlay - Porcelain/Ceramic, Two Surfaces                                                                                                                                  | \$450       |
| D6601                        | Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces                                                                                                                        | \$473       |

| D - Code                              | Description                                                                                                                                 | PPO General |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| D6602                                 | Retainer Inlay - Cast High Noble Metal, Two Surfaces                                                                                        | \$387       |
| D6603                                 | Retainer Inlay - Cast High Noble Metal, Three or More Surfaces                                                                              | \$414       |
| D6604                                 | Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces                                                                                | \$401       |
| D6605                                 | Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces                                                                      | \$432       |
| D6606                                 | Retainer Inlay - Cast Noble Metal, Two Surfaces                                                                                             | \$387       |
| D6607                                 | Retainer Inlay - Cast Noble Metal, Three or More Surfaces                                                                                   | \$450       |
| D6608                                 | Retainer Onlay - Porcelain/Ceramic, Two Surfaces                                                                                            | \$585       |
| D6609                                 | Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces                                                                                  | \$603       |
| D6610                                 | Retainer Onlay - Cast High Noble Metal, Two Surfaces                                                                                        | \$459       |
| D6611                                 | Retainer Onlay - Cast High Noble Metal, Three or More Surfaces                                                                              | \$540       |
| D6612                                 | Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces                                                                                | \$450       |
| D6613                                 | Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces                                                                      | \$495       |
| D6614                                 | Retainer Onlay - Cast Noble Metal, Two Surfaces                                                                                             | \$450       |
| D6615                                 | Retainer Onlay - Cast Noble Metal, Three or More Surfaces                                                                                   | \$495       |
| D6740                                 | Retainer Crown - Porcelain/Ceramic                                                                                                          | \$762       |
| D6750                                 | Retainer Crown - Porcelain Fused to high Noble Metal                                                                                        | \$725       |
| D6751                                 | Retainer Crown - Porcelain Fused to Predominantly base Metal                                                                                | \$662       |
| D6752                                 | Retainer Crown - Porcelain Fused to Noble Metal                                                                                             | \$700       |
| D6753                                 | Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys                                                                            | \$689       |
| D6780                                 | Retainer Crown - 3/4 Cast High Noble Metal                                                                                                  | \$585       |
| D6781                                 | Retainer Crown - 3/4 Cast Predominantly Base Metal                                                                                          | \$540       |
| D6782                                 | Retainer Crown - 3/4 Cast Noble Metal                                                                                                       | \$563       |
| D6783                                 | Retainer Crown - 3/4 Porcelain/Ceramic                                                                                                      | \$608       |
| D6784                                 | Retainer Crown 3/4 - Titanium and Titanium Alloys                                                                                           | \$563       |
| D6790                                 | Retainer Crown - Full Cast High Noble Metal                                                                                                 | \$725       |
| D6791                                 | Retainer Crown - Full Cast Predominantly Base Metal                                                                                         | \$639       |
| D6792                                 | Retainer Crown - Full Cast Noble Metal                                                                                                      | \$630       |
| D6920                                 | Connector Bar                                                                                                                               | \$180       |
| D6930                                 | Re-Cement or Re-Bond Fixed partial Denture                                                                                                  | \$68        |
| D6980                                 | Fixed Partial Denture Repair Necessitated by Restorative Material Failure                                                                   | \$189       |
| <b>ORAL AND MAXILLOFACIAL SURGERY</b> |                                                                                                                                             |             |
| D7111                                 | Extraction, Coronal Remnants - Primary Tooth                                                                                                | \$49        |
| D7140                                 | Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)                                                                | \$82        |
| D7210                                 | Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated | \$159       |
| D7220                                 | Removal of Impacted Tooth - Soft Tissue                                                                                                     | \$185       |
| D7230                                 | Removal of Impacted Tooth - Partially Bony                                                                                                  | \$234       |
| D7240                                 | Removal of Impacted Tooth - Completely Bony                                                                                                 | \$286       |
| D7241                                 | Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications                                                            | \$326       |
| D7250                                 | Removal of Residual Tooth Roots (Cutting Procedure)                                                                                         | \$164       |
| D7251                                 | Coronectomy Intentional Partial Tooth Removal, Impacted Teeth Only                                                                          | \$455       |
| D7252                                 | Partial Extraction for Immediate Implant Placement                                                                                          | \$151       |
| D7260                                 | Oroantral Fistula Closure                                                                                                                   | \$234       |
| D7261                                 | Primary Closure of a Sinus Perforation                                                                                                      | \$275       |
| D7280                                 | Exposure of an Unerupted Tooth                                                                                                              | \$186       |
| D7283                                 | Placement of Device to Facilitate Eruption of Impacted Tooth                                                                                | \$189       |
| D7286                                 | Incisional Biopsy of Oral Tissue – Soft                                                                                                     | \$309       |
| D7310                                 | Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant                                            | \$138       |
| D7311                                 | Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant                                            | \$113       |

| D - Code                                                                                                                                                   | Description                                                                                                                                                                     | PPO General |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| D7320                                                                                                                                                      | Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant                                                                            | \$159       |
| D7321                                                                                                                                                      | Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant                                                                            | \$149       |
| D7340                                                                                                                                                      | Vestibuloplasty - Ridge Extension (Secondary Epithelialization)                                                                                                                 | \$270       |
| D7350                                                                                                                                                      | Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue) | \$270       |
| D7410                                                                                                                                                      | Excision of Benign Lesion Up to 1.25 cm                                                                                                                                         | \$653       |
| D7411                                                                                                                                                      | Excision of Benign Lesion Greater Than 1.25 cm                                                                                                                                  | \$743       |
| D7450                                                                                                                                                      | Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm                                                                                                     | \$653       |
| D7451                                                                                                                                                      | Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm                                                                                              | \$743       |
| D7471                                                                                                                                                      | Removal of Lateral Exostosis (Maxilla or Mandible)                                                                                                                              | \$239       |
| D7472                                                                                                                                                      | Removal of Torus Palatinus                                                                                                                                                      | \$258       |
| D7473                                                                                                                                                      | Removal of Torus Mandibularis                                                                                                                                                   | \$258       |
| D7485                                                                                                                                                      | Reduction of Osseous Tuberosity                                                                                                                                                 | \$239       |
| D7509                                                                                                                                                      | Marsupialization of Odontogenic Cyst                                                                                                                                            | \$743       |
| D7510                                                                                                                                                      | Incision and Drainage of Abscess - Intraoral Soft Tissue                                                                                                                        | \$88        |
| D7530                                                                                                                                                      | Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue                                                                                                      | \$125       |
| D7560                                                                                                                                                      | Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body                                                                                                              | \$270       |
| D7953                                                                                                                                                      | Bone Replacement Graft for Ridge Preservation – Per Site                                                                                                                        | \$224       |
| D7961                                                                                                                                                      | Buccal / Labial Frenectomy (Frenulectomy)                                                                                                                                       | \$241       |
| D7962                                                                                                                                                      | Lingual Frenectomy (Frenulectomy)                                                                                                                                               | \$241       |
| D7970                                                                                                                                                      | Excision of Hyperplastic Tissue - Per Arch                                                                                                                                      | \$226       |
| D7971                                                                                                                                                      | Excision of Pericoronal Gingiva                                                                                                                                                 | \$139       |
| <b>ORTHODONTICS - 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                                                                                                                          | \$1,800     |
| D8020                                                                                                                                                      | Limited Orthodontic Treatment of the Transitional Dentition                                                                                                                     | \$1,800     |
| D8030                                                                                                                                                      | Limited Orthodontic Treatment of the Adolescent Dentition                                                                                                                       | \$1,800     |
| D8040                                                                                                                                                      | Limited Orthodontic Treatment of the Adult Dentition                                                                                                                            | \$1,800     |
| D8070                                                                                                                                                      | Comprehensive Orthodontic Treatment of the Transitional Dentition                                                                                                               | \$4,500     |
| D8080                                                                                                                                                      | Comprehensive Orthodontic Treatment of the Adolescent Dentition                                                                                                                 | \$5,400     |
| D8090                                                                                                                                                      | Comprehensive Orthodontic Treatment of the Adult Dentition                                                                                                                      | \$6,300     |
| D8091                                                                                                                                                      | Comprehensive Orthodontic Treatment Associated with Orthognathic Surgery when Additional Surgical Intervention is Planned                                                       | \$7,560     |
| D8210                                                                                                                                                      | Adjunctive Orthodontic Therapy - Removable Appliance                                                                                                                            | \$900       |
| D8220                                                                                                                                                      | Adjunctive Orthodontic Therapy - Fixed Appliance                                                                                                                                | \$1,080     |
| D8680                                                                                                                                                      | Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))                                                                                        | \$540       |
| <b>ADJUNCTIVE GENERAL SERVICES</b>                                                                                                                         |                                                                                                                                                                                 |             |
| D9110                                                                                                                                                      | Palliative Treatment of Dental Pain - per Visit                                                                                                                                 | \$55        |
| <b>ANESTHESIA</b>                                                                                                                                          |                                                                                                                                                                                 |             |
| D9222                                                                                                                                                      | Administration of Deep Sedation/General Anesthesia - First 15 Minute Increment, or Any Portion Thereof                                                                          | \$123       |
| D9223                                                                                                                                                      | Administration of Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment, or Any Portion Thereof                                                                | \$111       |
| D9230                                                                                                                                                      | Administration of Nitrous Oxide                                                                                                                                                 | \$30        |
| D9239                                                                                                                                                      | Administration of Moderate Sedation - Intravenous - First 15 Minute Increment, or Any Portion Thereof                                                                           | \$97        |

| D - Code                         | Description                                                                                                     | PPO General |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
| D9243                            | Administration of Moderate Sedation - Intravenous - Each Subsequent 15 Minute Increment, or Any Portion Thereof | \$79        |
| <b>PROFESSIONAL CONSULTATION</b> |                                                                                                                 |             |
| D9310                            | Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician     | \$45        |
| <b>MISCELLANEOUS SERVICES</b>    |                                                                                                                 |             |
| D9610                            | Therapeutic Parenteral Drug, Single Administration                                                              | \$37        |
| D9612                            | Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications                                | \$92        |
| D9910                            | Application Of Desensitizing Medicament - Per Tooth                                                             | \$32        |
| D9920                            | Behavior Management, By Report                                                                                  | \$105       |
| D9944                            | Occlusal Guard – Hard Appliance, Full Arch                                                                      | \$252       |
| D9945                            | Occlusal Guard – Soft Appliance, Full Arch                                                                      | \$252       |

**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 General Fee Schedule 2027