2026 MEDICARE ADVANTAGE SPECIALIST FEE SCHEDULE

Arkansas BlueCross BlueShield
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D - Code	Description	Medicare Advantage Specialist
	CLINICAL ORAL EVALUATIONS	
D0120	Periodic Oral Evaluation - Established Patient	$31
D0140	Limited Oral Evaluation - Problem Focused	$41
D0145	Oral Evaluation For a Patient Under Three Years of Age and Counseling With Primary Caregiver	$35
D0150	Comprehensive Oral Evaluation - New or Established Patient	$44
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	$70
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	$61
	DIAGNOSTIC IMAGING	
D0210	Intraoral - Comprehensive Series of Radiographic Images	$94
D0220	Intraoral - Periapical First Radiographic Image	$19
D0230	Intraoral - Periapical Each Additional Radiographic Image	$17
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	$19
D0272	Bitewings- Two Radiographic Images	$29
D0273	Bitewings - Three Radiographic Images	$31
D0274	Bitewings - Four Radiographic Images	$40
D0277	Vertical Bitewings - 7 to 8 Radiographic Images	$62
D0330	Panoramic Radiographic Image	$72
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	$69
D0350	2D Oral/Facial Photographic Image Obtained Intra-orally or Extra-orally	$43
D0364	Cone Beam CT Capture and Interpretation with Limited Field of View - Less Than One Whole Jaw	$142
D0365	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Mandible	$182
D0366	Cone Beam CT Capture and Interpretation with Field of View of One Full Dental Arch - Maxilla, With Or Without Cranium	$182
D0367	Cone Beam CT Capture and Interpretation with Field of View of Both Jaws; With or Without Cranium	$204
D0372	Intraoral Tomosynthesis – Comprehensive Series of Radiographic Images	NC
D0373	Intraoral Tomosynthesis – Bitewing Radiographic Image	NC
D0374	Intraoral Tomosynthesis – Periapical Radiographic Image	NC
D0380	Cone Beam CT Image Capture with Limited Field of View – Less than One Whole Jaw	$147
D0396	3D printing of a 3D dental surface scan	NC
	TESTS AND EXAMINATIONS	
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions,Not To Include Cytology Or Biobsy Procedures	$6
D0460	Pulp Vitality Tests	$31
D0461	Testing for Cracked Tooth	NC
D0470	Diagnostic Casts	$48
	DENTAL PROPHYLAXIS	
D1110	Prophylaxis - Adult	$54
D1120	Prophylaxis - Child	$39

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	TOPICAL FLUORIDE TREATMENT (Office Procedure)	
D1206	Topical Application of Fluoride Varnish	$24
D1208	Topical Application of Fluoride - Excluding Varnish	$23
	OTHER PREVENTIVE SERVICES	
D1320	Tobacco Counseling For The Control And Preventon Of Oral Disease	$42
D1330	Oral Hygiene Instructions	$42
D1351	Sealant - Per Tooth	$33
D1353	Sealant Repair - Per Tooth	$29
D1354	Application of caries arresting medicament - per tooth	$24
D1510	Space Maintainer - Fixed, Unilateral - Per Quadrant	$220
D1516	Space Maintainer - Fixed - Bilateral, Maxillary	$324
D1517	Space Maintainer - Fixed - Bilateral, Mandibular	$324
D1526	Space Maintainer - Removable-Bilateral, Maxillary	$266
D1527	Space Maintainer - Removable-Bilateral, Mandibular	$266
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	$53
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	$53
D1553	Re-Cement or Re-Bond Bilateral Space Maintainer - Per Quadrant	$53
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	$45
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	$45
D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	$45
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral - Per Quadrant	$220
D1720	Influenza Vaccine Administration	NC
	RESTORATIVE SERVICES	
D2140	Amalgam - One Surface, Primary or Permanent	$93
D2150	Amalgam - Two Surfaces, Primary or Permanent	$106
D2160	Amalgam - Three Surfaces, Primary or Permanent	$130
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	$153
D2330	Resin-Based Composite - One Surface, Anterior	$114
D2331	Resin-Based Composite - Two Surfaces, Anterior	$142
D2332	Resin-Based Composite - Three Surfaces, Anterior	$155
D2335	Resin-Based Composite -Four or More Surfaces or Involving Incisal Angle (Anterior)	$201
D2390	Resin-Based Composite Crown, Anterior	$214
D2391	Resin-Based Composite - One Surface, Posterior	$130
D2392	Resin-Based Composite - Two Surfaces, Posterior	$165
D2393	Resin-Based Composite - Three Surfaces, Posterior	$199
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	$220
D2510	Inlay - Metallic - One Surface	$486
D2520	Inlay - Metallic - Two Surfaces	$555
D2530	Inlay - Metallic - Three or More Surfaces	$729
D2542	Onlay - Metallic - Two Surfaces	$729
D2543	Onlay - Metallic - Three Surfaces	$810
D2544	Onlay - Metallic - Four or More Surfaces	$839
D2610	Inlay - Porcelain/Ceramic - One Surface	$549
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	$608
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	$764
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	$764
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	$868
D2644	Onlay - Porcelain/Ceramic - Four or More Surfaces	$903
D2650	Inlay - Resin-Based Composite - One Surface	$491
D2651	Inlay - Resin-Based Composite - Two Surfaces	$520
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	$636

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D2662	Onlay - Resin-Based Composite - Two Surfaces	$729
D2663	Onlay - Resin-Based Composite - Three Surfaces	$753
D2664	Onlay - Resin-Based Composite - Four or More Surfaces	$790
D2710	Crown - Resin-Based Composite (Indirect)	$381
D2740	Crown - Porcelain/Ceramic	$978
D2750	Crown - Porcelain Fused to High Noble Metal	$933
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$850
D2752	Crown - Porcelain Fused to Noble Metal	$900
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	$919
D2780	Crown - 3/4 Cast High Noble Metal	$925
D2781	Crown - 3/4 Cast Predominantly Base Metal	$839
D2782	Crown - 3/4 Cast Noble Metal	$879
D2783	Crown -3/4 Porcelain/Ceramic	$925
D2790	Crown - Full Cast High Noble Metal	$925
D2791	Crown - Full Cast Predominantly Base Metal	$810
D2792	Crown - Full Cast Noble Metal	$879
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	$60
D2915	Re-cement or Re-bond Indirectly Fabricated or Prefabricated Post and Core	$79
D2920	Re-Cement or Re-Bond Crown	$64
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	$243
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$201
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$209
D2932	Prefabricated Resin Crown	$209
D2933	Prefabricated Stainless Steel Crown with Resin Window	$243
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$239
D2940	Placement of Interim Direct Restoration	$61
D2950	Core Buildup, Including Any Pins When Required	$141
D2951	Pin Retention - Per Tooth, in Addition to Restoration	$43
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	$333
D2954	Prefabricated Post and Core in Addition to Crown	$236
D2962	Labial Veneer (Porcelain Laminate) - Indirect	$856
D2980	Crown Repair Necessitated by Restorative Material Failure	$174
D2981	Inlay Repair Necessitated by Restorative Material Failure	$139
D2982	Onlay Repair Necessitated by Restorative Material Failure	$139
D2983	Veneer Repair Necessitated by Restorative Material Failure	$139
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	$43
D2991	Application of Hydroxyapatite Regeneration Medicament - Per Tooth	$44
	ENDODONTICS	
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$76
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$76
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	$121
D3221	Pulpal Debridement, Primary and Permanent Teeth	$126
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	$163
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	$185
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	$700
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	$794
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	$947
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	$318
D3346	Retreatment of Previous Root canal Therapy - Anterior	$810

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D3347	Retreatment of Previous Root Canal Therapy - Premolar	$839
D3348	Retreatment of Previous Root Canal Therapy - Molar	$983
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	$293
D3352	Apexification/Recalcification - Interim Medication Replacement	$116
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations ,Root Resorption, etc.)	$116
D3355	Pulpal Regeneration - Initial Visit	$116
D3356	Pulpal Regeneration - Interim Medication Replacement	$126
D3357	Pulpal Regeneration - Completion Of Treatment	$126
D3410	Apicoectomy - Anterior	$480
D3421	Apicoectomy - Premolar (First Root)	$579
D3425	Apicoectomy - Molar (First Root)	$694
D3426	Apicoectomy (Each Additional Root)	$381
D3430	Retrograde Filling - Per Root	$163
D3450	Root Amputation - Per Root	$260
D3471	Surgical Repair Of Root Resorption – Anterior	$370
D3472	Surgical Repair Of Root Resorption – Premolar	$370
D3473	Surgical Repair Of Root Resorption – Molar	$370
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	$370
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Premolar	$370
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Molar	$370
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	$313
D3921	Decoronation or Submergence of an Erupted Tooth	$194
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	$145
	PERIODONTICS	
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$376
D4211	Gingivectiomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$150
D4212	Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, Per Tooth	$150
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bound Spaces Per Quadrant	$405
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bound Spaces Per Quadrant	$260
D4249	Clinical Crown Lengthening - Hard Tissue	$463
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$723
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	$520
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site in Quadrant	$434
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant	$319
D4266	Guided Tissue Regeneration, Natural Teeth - Resorbable Barrier, Per Site	$440
D4267	Guided Tissue Regeneration, Natural Teeth - Non-Resorbable Barrier, Per Site (Includes Membrane Removal)	$381
D4268	Surgical Revision Procedure, Per Tooth	$520
D4270	Pedicle Soft Tissue Graft Procedure	$533

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D4273	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft	$608
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft	$555
D4276	Combined Connective Tissue and Pedicle Graft, Per Tooth	$671
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	$665
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	$324
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	$116
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	$116
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	$207
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	$130
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	$83
D4355	Full Mouth Debridement To Enable A Comprehensive Periodontal Evaluation And Diagnosis On A Subsequent Visit	$105
D4910	Periodontal Maintenance	$103
	PROSTHODONTICS, REMOVABLE	
D5110	Complete Denture - Maxillary	$1,211
D5120	Complete Denture - Mandibular	$1,211
D5130	Immediate Denture - Maxillary	$1,282
D5140	Immediate Denture - Mandibular	$1,282
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	$843
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	$843
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	$1,325
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)	$1,325
D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	$751
D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests, and Teeth)	$751
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	$1,209
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests, and Teeth)	$1,209
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	$1,226
D5226	Mandibular Partial Denture – Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth)	$1,226
D5227	Immediate Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	$751
D5228	Immediate Mandiblar Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	$751

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D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Maxillary	$694
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Retentive/Clasping Materials, Rests And Teeth), Mandibular	$694
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	$416
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests And Teeth) – Per Quadrant	$416
D5410	Adjust Complete Denture - Maxillary	$55
D5411	Adjust Complete Denture - Mandibular	$55
D5421	Adjust Partial Denture - Maxillary	$55
D5422	Adjust Partial Denture - Mandibular	$55
D5511	Repair Broken Complete Denture Base, Mandibular	$150
D5512	Repair Broken Complete Denture Base, Maxillary	$150
D5520	Replace Missing or Broken Teeth – Complete Denture – Per Tooth	$128
D5611	Repair Resin Partial Denture Base, Mandibular	$156
D5612	Repair Resin Partial Denture Base, Maxillary	$156
D5621	Repair Cast Partial Framework, Mandibular	$243
D5622	Repair Cast Partial Framework, Maxillary	$243
D5630	Repair or Replace Broken Retentive/Clasping Materials - Per Tooth	$231
D5640	Replace Missing or Broken Teeth – Partial Denture – Per Tooth	$116
D5650	Add Tooth to Existing Partial Denture – Per Tooth	$156
D5660	Add Clasp to Existing Partial Denture - Per Tooth	$196
D5670	Replace All teeth and Acrylic on Cast Metal Framework (Maxillary)	$636
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	$636
D5710	Rebase Complete Maxillary Denture	$405
D5711	Rebase Complete Mandibular Denture	$405
D5720	Rebase Maxillary Partial Denture	$381
D5721	Rebase Mandibular Partial Denture	$381
D5725	Rebase Hybrid Prosthesis	$381
D5730	Reline Complete Maxillary Denture (Direct)	$231
D5731	Reline Complete Mandibular Denture (Direct)	$231
D5740	Reline Maxillary Partial Denture (Direct)	$231
D5741	Reline Mandibular Partial Denture (Direct)	$231
D5750	Reline Complete Maxillary Denture (Indirect)	$359
D5751	Reline Complete Mandibular Denture (Indirect)	$359
D5760	Reline Maxillary Partial Denture (Indirect)	$348
D5761	Reline Mandibular Partial Denture (Indirect)	$348
D5765	Soft Liner for Complete or Partial Removable Denture – Indirect	$231
D5820	Interim Partial Denture (Including Retentive/Clasping Materials, Rests, and Teeth)-Maxillary	$444
D5850	Tissue Conditioning, Maxillary	$104
D5851	Tissue Conditioning, Mandibular	$104
D5863	Overdenture - Complete Maxillary – Natural Tooth Borne	$1,850
D5864	Overdenture - Partial Maxillary – Natural Tooth Borne	$1,504
D5865	Overdenture - Complete Mandibular – Natural Tooth Borne	$1,850
D5866	Overdenture - Partial Mandibular – Natural Tooth Borne	$1,504
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra- or Intra-Oral) Other Than Required Adjustments, By Report	$46
	IMPLANT SERVICES	
D6010	Surgical Placement of Implant Body: Endosteal Implant	$1,594
D6011	Surgical Access to an Implant Body (Second Stage Implant Surgery)	$120

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D6012	Surgical Placement of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	$1,295
D6013	Surgical Placement of Mini Implant	$766
D6040	Surgical Placement: Eposteal Implant	$4,625
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	NC
D6050	Surgical Placement: Transosteal Implant	$3,515
D6055	Connecting Bar - Implant Supported or Abutment Supported	$2,891
D6056	Prefabricated Abutment - Includes Modification and Placement	$520
D6057	Custom Fabricated Abutment - Includes Placement	$608
D6058	Abutment Supported Porcelain/Ceramic Crown	$1,214
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	$1,128
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	$983
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	$1,243
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	$1,255
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	$1,041
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	$1,249
D6065	Implant Supported Porcelain/Ceramic Crown	$1,214
D6066	Implant Supported Porcelain Fused to High Noble Alloys	$1,214
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble Metal)	$1,214
D6068	Abutment Supported Retainer For Porcelain/Ceramic FPD	$1,214
D6069	Abutment Supported Retainer For Porcelain Fused to Metal FPD (High Noble Metal)	$1,214
D6070	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Predominantly Base Metal)	$1,075
D6071	Abutment Supported Retainer For Porcelain Fused to Metal FPD (Noble Metal)	$1,273
D6072	Abutment Supported Retainer For Cast Metal FPD (High Noble Metal)	$1,330
D6073	Abutment Supported Retainer For Cast Metal FPD (Predominantly Base Metal)	$1,110
D6074	Abutment Supported Retainer For Cast Metal FPD (Noble Metal)	$1,273
D6075	Implant Supported Retainer For Ceramic FPD	$1,330
D6076	Implant Supported Retainer For FPD - Porcelain Fused to High Noble Alloys	$1,330
D6077	Implant Supported Retainer For Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)	$1,306
D6080	Implant Maintenance Procedures When a Full Arch Fixed Hybrid Prosthesis is Removed and Reinserted, Including Cleansing of Prosthesis and Abutments	$86
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	NC
D6082	Implant Supported Crown - Porcelain Fused to Predominantly Base Alloys	$1,053
D6083	Implant Supported Crown - Porcelain Fused to Noble Alloys	$1,088
D6084	Implant Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	$1,150
D6086	Implant Supported Crown - Predominantly Base Alloys	$1,041
D6087	Implant Supported Crown - Noble Alloys	$1,110
D6088	Implant Supported Crown - Titanium and Titanium Alloys	$1,156
D6089	Accessing and Retorquing Loose Implant Screw – Per Screw	NC
D6090	Repair of Implant/Abutment Supported Prosthesis	$348
D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	$209
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	$86
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	$150

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D6094	Abutment Supported Crown (Titanium)and Titanium Alloys	$1,514
D6096	Remove Broken Implant Retaining Screw	$289
D6097	Abutment Supported Crown - Porcelain Fused to Titanium and Titanium Alloys	$1,150
D6098	Implant Supported Retainer – Porcelain Fused To Predominately Base Alloys	$1,053
D6099	Implant Supported Retainer for FPD - Porcelain Fused to Noble Alloys	$1,088
D6100	Surgical Removal of Implant Body	$461
D6104	Bone Graft at Time of Implant Placement	$368
D6105	Removal of Implant Body Not Requiring Bone Removal nor Flap Elevation	NC
D6110	Implant/Abutment Supported Removable Denture For Edentulous Arch - Maxillary	$1,388
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch - Mandibular	$1,388
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Maxillary	$1,388
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch - Mandibular	$1,388
D6114	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Maxillary	$2,775
D6115	Implant/Abutment Supported Fixed Denture For Edentulous Arch - Mandibular	$2,775
D6116	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Maxillary	$2,081
D6117	Implant/Abutment Supported Fixed Denture For Partially Edentulous Arch - Mandibular	$2,081
D6120	Implant Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	$1,150
D6121	Implant Supported Retainer for Metal FPD - Predominantly Base Alloys	$1,053
D6122	Implant Supported Retainer for Metal FPD - Noble Alloys	$1,088
D6123	Implant Supported Retainer for Metal FPD - Titanium and Titanium Alloys	$1,156
D6180	Implant Maintenance Procedures when a Full Arch Fixed Hybrid Prosthesis is not Removed Including Cleansing of Prosthesis and Abutments	$54
D6193	Replacement of an Implant Screw	$236
D6194	Abutment Supported Retainer Crown For FPD (Titanium)	$1,388
D6195	Abutment Supported Retainer - Porcelain Fused to Titanium and Titanium Alloys	$1,150
D6196	Removal of an Indirect Restoration on an Implant Retained Abutment	NC
D6197	Implant Supported Prosthesis, per Implant	NC
	PROSTHODONTICS, FIXED	
D6205	Pontic - Indirect Resin Based Composite	$527
D6210	Pontic - Cast High Noble Metal	$925
D6211	Pontic - Cast Predominantly Base Metal	$810
D6212	Pontic - Cast Noble Metal	$844
D6240	Pontic - Porcelain Fused to High Noble Metal	$908
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$826
D6242	Pontic - Porcelain Fused to Noble Metal	$876
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys	$896
D6245	Pontic - Porcelain/Ceramic	$946
D6280	Implant Maintenance Procedures When a Full Arch Removable Implant/Abutment Supported Denture is Removed and Reinserted, Including Cleansing of Prosthesis and Abutments-Per Arch	NC
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	$375
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	$301
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	$375
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	$579
D6601	Retainer Inlay - Porcelain/Ceramic, Three or More Surfaces	$608
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	$498

D - Code	Description	Medicare Advantage Specialist
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	$533
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	$515
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	$555
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	$498
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	$579
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	$751
D6609	Retainer Onlay - Porcelain/Ceramic, Three or More Surfaces	$775
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	$590
D6611	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	$694
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	$579
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	$636
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	$579
D6615	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	$636
D6740	Retainer Crown - Porcelain/Ceramic	$969
D6750	Retainer Crown - Porcelain Fused to high Noble Metal	$931
D6751	Retainer Crown - Porcelain Fused to Predominantly base Metal	$850
D6752	Retainer Crown - Porcelain Fused to Noble Metal	$900
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys	$885
D6780	Retainer Crown - 3/4 Cast High Noble Metal	$751
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	$694
D6782	Retainer Crown - 3/4 Cast Noble Metal	$723
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	$780
D6784	Retainer Crown 3/4 - Titanium and Titanium Alloys	$723
D6790	Retainer Crown - Full Cast High Noble Metal	$931
D6791	Retainer Crown - Full Cast Predominantly Base Metal	$821
D6792	Retainer Crown - Full Cast Noble Metal	$810
D6920	Connector Bar	$231
D6930	Re-Cement or Re-Bond Fixed partial Denture	$86
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	$243
	ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction, Coronal Remnants - Primary Tooth	$63
D7140	Extraction, Erupted tooth or exposed Root (Elevation and/or Forceps Removal)	$114
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	$204
D7220	Removal of Impacted Tooth - Soft Tissue	$239
D7230	Removal of Impacted Tooth - Partially Bony	$299
D7240	Removal of Impacted Tooth - Completely Bony	$363
D7241	Removal of Impacted tooth - Completely Bony, with Unusual Surgical Complications	$419
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	$203
D7251	Coronectomy Intentional Partial Tooth Removal, Impacted Teeth Only	$467
D7252	Partial Extraction for Immediate Implant Placement	$194
D7259	Nerve Dissection	IC
D7260	Oroantral Fistuala Closure	$301
D7261	Primary Closure of a Sinus Perforation	$354
D7280	Exposure of an Unerupted Tooth	$239
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	$243
D7286	Incisional Biopsy of Oral Tissue – Soft	$362
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	$178
D7311	Alveoloplasty in Conjunction with Extractions - One to Three teeth or Tooth Spaces, Per Quadrant	$145

D - Code	Description	Medicare Advantage Specialist
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	$205
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	$191
D7340	Vestibuloplaty - Ridge Extension (Secondary Epithelializaiton)	$348
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts,Muscle Reattachment,Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue	$278
D7410	Excision of Benign Lesion Up to 1.25 cm	$840
D7411	Excision of Benign Lesion Greater Than 1.25 cm	$955
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm	$840
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm	$955
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$306
D7472	Removal of Torus Palatinus	$306
D7473	Removal of Torus Mandibularis	$306
D7485	Reduction of Osseous Tuberosity	$306
D7509	Marsupialization of Odontogenic Cyst	NC
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$114
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	$161
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	$348
D7953	Bone Replacement Graft for Ridge Preservation – Per Site	$263
D7961	Buccal / Labial Frenectomy (Frenulectomy)	$310
D7962	Lingual Frenectomy (Frenulectomy)	$310
D7970	Excision of Hyperplsatic Tissue - Per Arch	$290
D7971	Excision of Pericoronal Gingiva	$178
	ORTHODONTICS - Payment for the following orthodontic services is limited to the Orthodontic Lifetime Maximum specific to the Member's Benefit Plan.	
D8010	Limited Orthodontic Treatment of the Primary Dentition	$2,313
D8020	Limited Orthodontic Treatment of the Transitional Dentition	$2,313
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	$2,313
D8040	Limited Orthodontic Treatment of the Adult Dentition	$2,313
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	$5,781
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	$6,938
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	$8,094
D8091	Comprehensive Orthodontic Treatment Associated with Orthognathic Surgery when Additional Surgical Intervention is Planned	$9,713
D8210	Removable Appliance Therapy	$1,156
D8220	Fixed Appliance Therapy	$1,388
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s))	$694
	ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative Treatment of Dental Pain - per Visit	$68
	ANESTHESIA	
D9222	Administration of Deep Sedation/General Anesthesia - First 15 Minute Increment, or Any Portion Thereof	$159
D9223	Administration of Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment, or Any Portion Thereof	$139
D9230	Administration of Nitrous Oxide	$39
D9239	Administration of Moderate Sedation - Intravenous - First 15 Minute Increment, or Any Portion Thereof	$125

D - Code	Description	Medicare Advantage Specialist
D9243	Administration of Moderate Sedation - Intravenous - Each Subsequent 15 Minute Increment, or Any Portion Thereof	$101
	PROFESSIONAL CONSULTATION	
D9310	Consultation-Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physican	$46
	MISCELLANEOUS SERVICES	
D9610	Therapeutic Parenteral Drug, Single Administration	$38
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications	$94
D9910	Application of Desensitizing Medicament	$41
D9920	Behavior Management,By Report	$108
D9936	Cleaning and Inspection of Occlusal Guard – Per Appliance	NC
D9944	Occlusal Guard – Hard Appliance, Full Arch	$296
D9945	Occlusal Guard – Soft Appliance, Full Arch	$296

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 Medicare Advantage Specialist Fee Schedule 2026