

DENTAL BULLETIN

DECEMBER 2018



Xerostomia and Dental Health

About 30% of Americans suffer from xerostomia or dry mouth. Many things can cause dry mouth, such as fear, snoring, mouth-breathing from a cold, autoimmune disorders or even mental illness as a result of stress and anxiety. The most common cause of xerostomia is medication¹. Hundreds of medications can cause xerostomia including diuretics, antidepressants and antihistamines. Medications prescribed by providers known to cause Xerostomia should be prescribed with a saliva stimulant. Pilocarpine (Salagen) and cevimeline (Evxoc) are commonly prescribed to increase saliva production, but there are several other options available without a prescription including Aquoral, Biotene mouthwash and Mouth Kote².

Dental complications are prevalent in people who suffer from xerostomia because saliva serves several purposes in addition to keeping the mouth wet. The average individual produces about three pints of saliva per day, made up of electrolytes, enzymes and proteins. Enzymes break down some starches into dextrin and maltose and begin fat breakdown to start digestion, while calcium and phosphate in saliva helps to restore tooth enamel. Chronic dry mouth significantly increases the risk of oral infection and caries, as well as changes in speech patterns and dietary preferences, which can cause vitamin deficiencies. Chewing and swallowing can become difficult when saliva production is reduced by 50 percent.

When prescribing medications known to cause dry mouth, providers should inform patients of oral complications which can occur and prescribe additional medication to reduce the effects of xerostomia by increasing the flow of saliva. Advise patients to visit their dentist and discuss any changes in oral care routines that should be made to reduce the risk of infection and caries.

Please Note: This article is intended solely for informational purposes. Nothing herein is intended as or should be construed to be an endorsement of Arkansas Blue Cross and Blue Shield or its family of companies of any medication, treatment regimen or medical practice.

¹ <https://www.pharmacytimes.com/publications/issue/2011/november2011/drug-induced-dry-mouth>

² <https://www.drugs.com/condition/xerostomia.html>

Welcome to all our NEW PROVIDERS in 2018!

GENERAL DENTISTRY

James D Thomas DDS — *Bartlett, TN*
Mark W Chunn DDS — *Batesville*
Lendall C Shell DDS — *Benton*
James T Hudson DDS — *Bentonville*
Dale M Remerscheid DDS — *Bentonville*
Heather V Adams DDS — *Bentonville*
Michael S Nelson DDS — *Berryville*
James D Burleson DDS — *Cabot*
Julian M Firman DDS — *Cabot*
Thomas P Patten DDS — *Clarendon*
Bracy C Haynie DDS — *Conway*
James A Pritchard DDS — *Conway*
Peter A Ritchie DDS — *Conway*
Monica N Williams DDS — *Conway*
Suzanne Motwaly DDS — *De Queen*
Brooke M Overbey DDS — *Fayetteville*
Grant A Davidson DDS — *Fayetteville*
Sarah M Chilton DDS — *Fayetteville*
Terry G Box DDS — *Fayetteville*
Van M McQueen DDS — *Fayetteville*
William M Wilson DDS — *Fayetteville*
Caitlin K Graham DDS — *Forrest City*
Dawson R Urrutia DMD — *Fort Smith*
Usama Kamal DDS — *Fort Smith*
Zachary D Wallace DDS — *Harrison*
John Y Barlow DDS — *Hope*
William J Shipley DDS — *Horseshoe Bend*
Lauren E David DDS — *Hot Springs*
Rosa G Wu DDS — *Hot Springs*
Clarence W Dill III DDS — *Huntsville*
Dennis Dickson DMD — *Jonesboro*
Mujtaba A Alamiri DDS — *Jonesboro*
Patrick J Hoblitzell DMD — *Jonesboro*
Robert M Ellison DDS — *Jonesboro*
Bradley R Crossfield DDS — *Little Rock*
Carlton T Leding DDS — *Little Rock*
Cassandra E Leding DDS — *Little Rock*
Christopher D Chandler DDS — *Little Rock*
Dalton J Dailey III DDS — *Little Rock*
David F Brockman DDS — *Little Rock*
Kathryn M Beil DDS — *Little Rock*
Ronald J Hill DDS — *Little Rock*
Sarah K Atkins DDS — *Little Rock*
Stephen Morgan DDS — *Lonoke*
Binal J Patel DDS — *Memphis, TN*
Shelley R Sanford DDS — *North Little Rock*
Suzanne Motwaly DDS — *Ratcliff*
Thomas D Kiefer — *Ratcliff*
Amy R Bell DDS — *Rogers*
Brian C Platt DDS — *Rogers*
Casey A Dominguez DDS — *Rogers*
Douglas J Gammenthaler DDS — *Rogers*
Kulwinder K Braich DDS — *Rogers*
Matthew W Lane DDS — *Rogers*
Tyler K Bray DMD — *Rogers*
Allen R Williams DDS — *Searcy*
Dana L Province DDS — *Searcy*
Creed L Cardon DDS — *Springdale*
Grant B Oserowsky DDS — *Springdale*
Jeffery A Casey DDS — *Springdale*
Patrick M Moran DDS — *Springdale*
Phillip M Platt DDS — *Springdale*
Ray T Bollin DDS — *Springdale*
Robert D Dalby DDS — *Springdale*
Ryan D Ward DDS — *Springdale*
Stacey Beard DDS — *Springdale*
Sandra L Shambarger DDS — *Texarkana*
Terry W Droske DDS — *Texarkana*
Dylan C Reed DDS — *Van Buren*
Samir Patel DMD — *Walnut Ridge*
Brooklin C Byrd DDS — *West Memphis*

Welcome to all our NEW PROVIDERS in 2018!

SPECIALISTS

ENDODONTIST

Emily T Townsend DDS — *Fayetteville*
James C Tinnin DDS — *Fayetteville*

ORAL SURGERY

James W Pledger DDS — *Jonesboro*
Patton Minkin DDS — *Springdale*

ORTHODONTIST

Boyd O Whitlock III DDS — *Springdale*
David J Sander DDS — *Mountain Home*
Dennis C Hiller DDS — *Little Rock*
Katie G Gibson DDS — *Little Rock*

ORTHODONTIST CONTINUED

John A Daniel DDS — *Little Rock*
Kimberly J McNeal DDS — *West Memphis*
Keith L Clark DDS — *Searcy*
Kristin D Clark DDS — *North Little Rock*

PEDIATRIC DENTIST

Bradley R Crossfield DDS — *Little Rock*
Emily Kymer Cheek DDS — *Little Rock*

PROSTHODONTIST

Andrew C Johnson DDS — *Fayetteville*
Raif F Poineal DDS — *West Memphis*



DID YOU KNOW...

When you sign the Arkansas Blue Cross and Blue Shield's Preferred Payment Plan (PPP) Contract, you are enrolled with into the following networks:

- Dental Blue,
- Federal Employee Program (FEP)
- FEP Blue
- Dental Select PPO Plus
- Arkansas Blue Cross and Blue Shield's Medical Plans.

At this time, we do not contract with dentists for Medi-Pak® Advantage.

If you have questions regarding your network participation, please contact Steven at 501-210-7006.

Revised June 22, 2020

NEW! CAVITY-FIGHTING SILVER DIAMINE FLUORIDE TREATMENT NOW COVERED

Great News! Arkansas Blue Cross and Blue Shield dental plans now cover silver diamine fluoride (SDF), a new, clinically proven treatment for cavities and tooth decay. SDF is covered as a preventive, diagnostic benefit on all of our PPO and PPO Plus plans. This addition will not increase rates or affect any other benefits.

EFFECTIVE JANUARY 1, 2019

What is SDF?

"Aside from fluoridated water, silver diamine fluoride may be the single greatest innovation in pediatric dental health in the last century," Dr. James Nickman, President, American Academic of Pediatric Dentistry.¹

Silver diamine fluoride is an inexpensive, non-invasive treatment for controlling and managing cavities, which affect more than 40% of infants and preschoolers by the time they reach kindergarten.¹ When used, SDF has been shown to prevent cavities from worsening and spreading to adjacent teeth.² According to the Journal of the American Dental Association, "an annual 38 percent silver diamine fluoride applications to exposed tooth surfaces are a simple, inexpensive, and effective way of preventing caries initiation and progression."³

Cavities affect more than 40% of infants and preschoolers by the time they reach kindergarten.¹

How does SDF work?

SDF is an antimicrobial liquid of silver and fluoride that is applied to the teeth quickly and easily. Because it is a non-surgical, painless treatment, SDF is particularly effective in treating young children who cannot tolerate fillings, as well as individuals with special needs and the elderly. SDF may require more than one application for sustained benefits. It does cause black discoloration of the decayed tooth, so it tends to be preferred for use on posterior teeth.



Questions? Talk to your Arkansas Blue Cross and Blue Shield representative to learn more.

 Arkansas
BlueCross BlueShield

¹AAPD issues first evidence-based guideline on silver diamine fluoride use," The American Academy of Pediatric Dentistry, October 16, 2017.

²"Silver Diamine Fluoride in Caries Management," July 12, 2016, www.ada.org.

³"Controlling Caries in Exposed Root Surfaces with Silver Diamine Fluoride: A Systematic Review with Meta-analysis," The Journal of the American Dental Association, July 27, 2018.

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Self-Service Tools for Dental Offices Available at MyDentalCoverage.com

Your most commonly asked questions can be answered using our Self-Service tools when it is convenient for you, available 24/7!

- MyPatients' Benefits
- Reimbursements
- Speed eClaim
- Add a Date of Service to a Predetermination
- Electronic Funds Transfer EFT
- Schedule of Allowances

Dedicated to making it easy to do business with us!



Most Commonly Requested

1. Network Participation
2. Enrollment Status
3. Enrollment Dates
4. Service History
5. Benefits
6. Claim Status
7. Orthodontic Treatment Plan
8. Schedule of Allowance
9. Maximum & Deductible
10. Allowance Lookup
11. Update Provider Information

Start	End	Procedure	Tooth	Surface
11/16/2017	11/16/2017	D0140		
11/15/2017	11/15/2017	D4910		
10/06/2017	10/06/2017	D0120		
10/06/2017	10/06/2017	D1110		

Procedure	Covered	Allowance	Copay \$	Coverage %	Limitation	Applied to Deductible	Applied to Maximum
D0120	Periodic Evaluation >	Yes	\$23.10	100%	1 Per 6 Months More...	No	Yes
D0140	Limited Oral Evaluation >	Yes	\$33.28	100%	1 Per 12 Months ~ Per Dentist More...	No	Yes

My Patients' Benefits
new design is easy to navigate and find the information you need quickly—it's all displayed in the order typically used by most dental practices.



Start your fitness journey



WALK THE TALK IN 2019

Every day, your office advises patients to be more active. The benefits are clear – improved health, happier mood, better sleep... For most people, it boils down to time and motivation. Arkansas Blue Cross and Blue Shield has a solution – the Blue & You Fitness Challenge. The Challenge is your opportunity to show patients your office's own commitment to being active and healthy.

During the contest, groups compete against similarly sized teams by performing cardiovascular and strength exercises. When you participate, we'll provide resources in the contest kit online, including:

- A setup guide to help you get started
- Motivational emails to get your group running
- Posters you can print and display as talking points for patients
- An easy-to-use website with reporting tools to manage your team

THE TIME

From March 1 – May 31, you can earn points by exercising for as little as 15 minutes

THE MOTIVATION

Be the example for patients, challenge other groups and feel great!

HOW TO PARTICIPATE

1. Create a group of at least two people, age 13+
2. Assign a group administrator, age 18+, to register your group by mid-February at blueandyoufitnesschallenge-ark.com
3. Have group members register by March 1 with the admin's unique group code

MOVE, LOG AND PROMOTE

From March 1-May 31, your team simply logs exercises on our website. With more than 30 eligible exercises and an "other" category, too, your team can earn points for activity they're likely already doing. Your score will be added in real-time to the leaderboard – which you can also print off and display.



A program of Arkansas Blue Cross and Blue Shield, Arkansas Department of Human Services and the Arkansas Department of Health

The Blue & You Fitness Challenge name and logo are registered by Arkansas Blue Cross and Blue Shield.

Reminders for Dental Providers

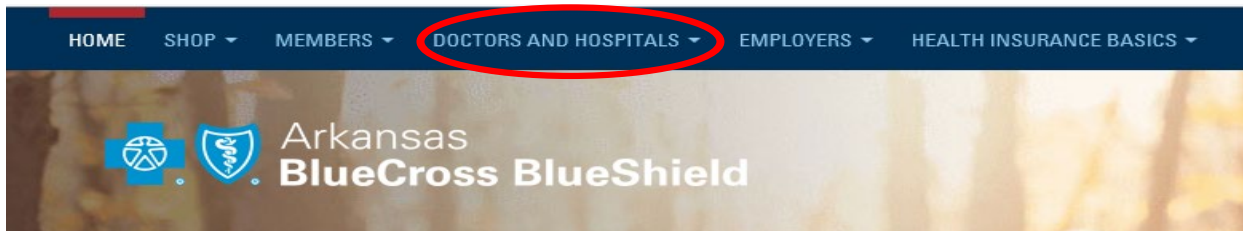
Arkansas Blue Cross and Blue Shield acknowledges the vast knowledge dental providers must manage. We have listed a few circumstances addressed this year.

- The payor ID for Dentrix is CBAR1. Please use TLY26 for all others.
- After submitting a claim for perio maintenance (D4910), call customer service to provide a history over the phone. Please do not resubmit the claim after it has been denied.
- UCD provider relations contact number is 717-260-7579 or email suzanne.daulong@ucci.com

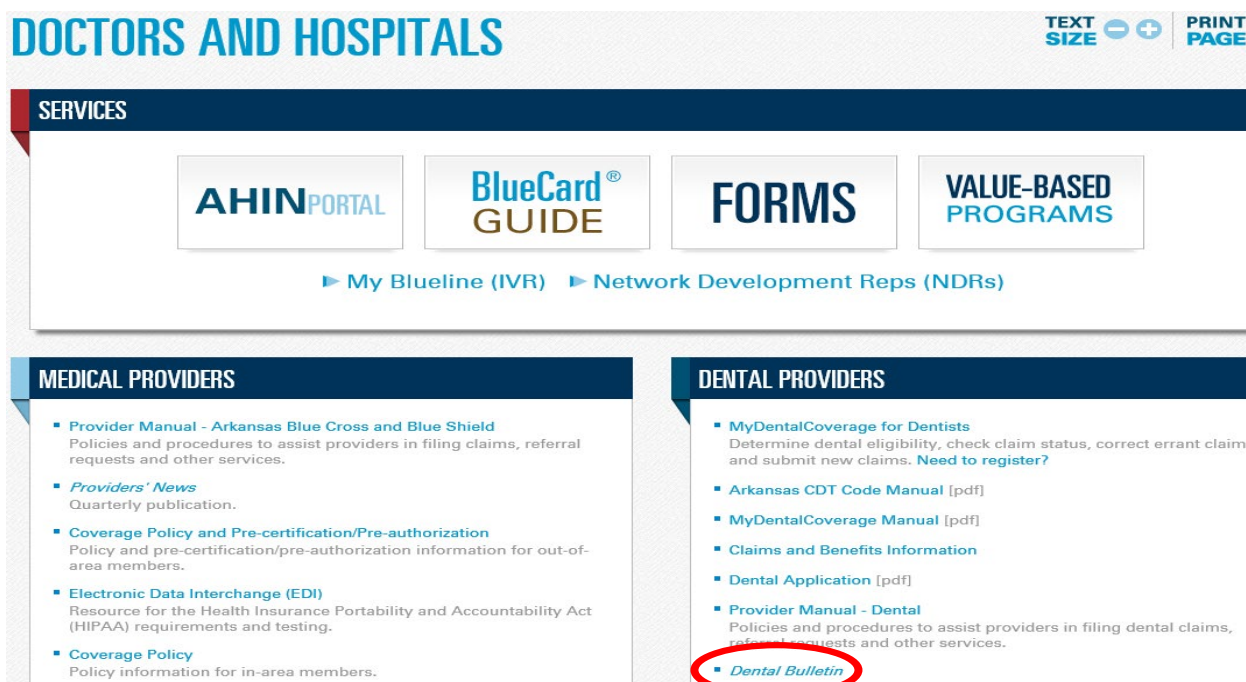
Dental Bulletin in Electronic Format

Did you know you can receive correspondence, including the *Dental Bulletin*, by email? It's faster, saves trees, and is easy to share with other staff members.

As we transition to an electronic communications platform, we invite you to email us at pnodental@arkbluecross.com. All issues of the *Dental Bulletin* are available on our website at www.arkansasbluecross.com. Please select the "Doctors and Hospitals" link at the top of the page.



Then select "*Dental Bulletin*" under the "DENTAL PROVIDERS" heading.





Arkansas
BlueCross BlueShield

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2019 PPP General Dentist Fee Schedule

*Not all codes are covered benefits
 Please check the member's plan for verification and limitations*

CDT	Description	General	Grid Plus/ FEP Blue
D0120	Periodic Oral Examination	\$31	\$31
D0140	Limited Oral Evaluation Problem Focused	\$41	\$41
D0145	Oral Evaluation – Patient Under 3	\$28	\$35
D0150	Comprehensive Oral Examination	\$43	\$43
D0160	Detailed and Extensive Oral Evaluation (Problem Focused)	\$55	\$69
D0180	Comprehensive Periodontal Evaluation	\$52	\$65
D0210	Intraoral – Complete Series (Including Bitewings)	\$100	\$100
D0220	Intraoral – Periapical – First Radiographic Image	\$21	\$21
D0230	Intraoral – Periapical – Each Additional Radiographic Image	\$18	\$18
D0240	Intraoral – Occlusal Radiographic Image	\$26	\$26
D0250	Extra-oral – 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$45	\$45
D0270	Bitewing – Single Radiographic Image	\$20	\$20
D0272	Bitewings – Two Radiographic Images	\$30	\$30
D0273	Bitewings – Three Radiographic Images	\$32	\$32
D0274	Bitewings – Four Radiographic Images	\$39	\$39
D0277	Vertical Bitewings – 7 to 8 Radiographic Images	\$66	\$66
D0330	Panoramic Radiographic Image	\$76	\$76
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis	\$74	\$74
D0460	Pulp Vitality Tests	\$30	\$30
D0470	Diagnostic Casts	\$41	\$41
D1110	Prophylaxis – Adult	\$55	\$55
D1120	Prophylaxis – Child	\$38	\$38
D1206	Topical Fluoride Varnish for High Caries Risk Patients	\$25	\$25
D1208	Topical Fluoride – excluding Varnish	\$24	\$24
D1351	Sealant – per Tooth	\$32	\$32
D1352	Preventive Resin Restoration	\$33	\$33
D1353	Sealant Repair - Per Tooth	\$30	\$30
D1354	Interim Caries Arresting Medicament Application - Per Tooth	\$25	\$25
D1510	Space Maintainer – Fixed Unilateral	\$190	\$238
D1516	Space Maintainer – Fixed – Bilateral, Maxillary	\$280	\$350
D1517	Space Maintainer – Fixed – Bilateral, Mandibular	\$280	\$350
D1550	Re-cementation or Re-bond of Space Maintainer	\$45	\$56
D1555	Removal of Fixed Space Maintainer	\$39	\$49
D1575	Distal Shoe Space Maintainer – Fixed – Unilateral	\$190	\$238
D2140	Amalgam – One Surface, Primary or Permanent	\$80	\$100
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$92	\$115
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$112	\$140
D2161	Amalgam – Four Surfaces, Primary or Permanent	\$132	\$165

CDT	Description	General	Grid Plus/ FEP Blue
D2330	Resin – One Surface, Anterior	\$94	\$118
D2331	Resin – Two Surfaces, Anterior	\$117	\$146
D2332	Resin – Three Surfaces, Anterior	\$134	\$168
D2335	Resin – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$174	\$218
D2390	Resin – Based Composite Crown, Anterior	\$185	\$231
D2391	Resin – Based Composite – One Surface, Posterior	\$112	\$140
D2392	Resin – Based Composite – Two Surfaces Posterior	\$143	\$179
D2393	Resin – Based Composite – Three Surfaces, Posterior	\$172	\$215
D2394	Resin – Based Composite – Four or More Surfaces, Posterior	\$190	\$238
D2510	Inlay – Metallic – One Surface	\$400	\$500
D2520	Inlay – Metallic – Two Surfaces	\$480	\$600
D2530	Inlay – Metallic – Three Surfaces	\$630	\$788
D2542	Onlay – Metallic – Two Surfaces	\$630	\$788
D2543	Onlay – Metallic – Three Surfaces	\$700	\$875
D2544	Onlay – Metallic – Four or More Surfaces	\$725	\$906
D2610	Inlay – Porcelain/Ceramic – One Surface	\$475	\$594
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$525	\$656
D2630	Inlay – Porcelain/Ceramic – Three Surfaces	\$660	\$825
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$660	\$825
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$750	\$938
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$780	\$975
D2650	Inlay – Composite/Resin – One Surface	\$425	\$531
D2651	Inlay – Composite/Resin – Two Surface	\$450	\$563
D2652	Inlay – Composite/Resin – Three or More Surfaces	\$550	\$688
D2662	Onlay – Composite/Resin – Two Surfaces	\$600	\$750
D2663	Onlay – Composite/Resin – Three Surfaces	\$620	\$775
D2664	Onlay – Composite/Resin – Four or More Surfaces	\$650	\$813
D2740	Crown – Porcelain/Ceramic Substrate	\$820	\$1,025
D2750	Crown – Porcelain Fused to High Noble Metal	\$795	\$994
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$710	\$888
D2752	Crown – Porcelain Fused to Noble Metal	\$740	\$925
D2780	Crown – 3/4 Cast High Noble Metal	\$800	\$1,000
D2781	Crown – 3/4 Cast Predominately Base Metal	\$725	\$906
D2782	Crown – 3/4 Cast Noble Metal	\$760	\$950
D2783	Crown – 3/4 Porcelain/Ceramic (Not Veneers)	\$800	\$1,000
D2790	Crown – Full Cast High Noble Metal	\$800	\$1,000
D2791	Crown – Full Cast Predominantly Base Metal	\$700	\$875
D2792	Crown – Full Cast Noble Metal	\$760	\$950
D2910	Re-cement or Re-bond Inlay, Onlay	\$52	\$65
D2920	Re-cement or Re-bond Crown	\$52	\$65
D2929	Prefabricated Porcelain/Ceramic Crown – Primary Tooth	\$210	\$263
D2930	Prefabricated Stainless Steel Crown – Primary Tooth	\$160	\$200
D2931	Prefabricated Stainless Steel Crown – Permanent Tooth	\$180	\$225

CDT	Description	General	Grid Plus/ FEP Blue
D2932	Prefabricated Resin Crown	\$180	\$225
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$200	\$250
D2934	Prefabricated Esthetic Stainless Steel Crown – Primary Tooth	\$200	\$250
D2940	Protective Restoration	\$53	\$66
D2950	Core Buildup, Including Any Pins	\$138	\$138
D2951	Pin Retention – per Tooth, in Addition to Restoration	\$47	\$47
D2952	Cast Post & Core in Addition to Crown	\$280	\$350
D2954	Prefabricated Post & Core in Addition to Crown	\$200	\$250
D2962	Labial Veneer (Porcelain Laminate) – Lab	\$740	\$925
D2980	Crown Repair, Necessitated by Restorative Material Failure	\$150	\$188
D2981	Inlay Repair Necessitated by Restorative Material Failure	\$120	\$150
D2982	Onlay Repair Necessitated by Restorative Material Failure	\$120	\$150
D2983	Veneer Repair Necessitated by Restorative Material Failure	\$120	\$150
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	\$37	\$46
D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$66	\$83
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$66	\$83
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$105	\$131
D3221	Pupal Debridement, Primary and Permanent Teeth	\$100	\$125
D3230	Pupal Therapy (Resorbable) Anterior, Primary	\$140	\$175
D3240	Pupal Therapy (Resorbable) Posterior, Primary	\$160	\$200
D3310	Endodontic Therapy – Anterior (Excluding Final Restoration)	\$475	\$594
D3320	Endodontic Therapy – Premolar (Excluding Final Restoration)	\$555	\$694
D3330	Endodontic Therapy – Molar Tooth (Excluding Final Restoration)	\$680	\$850
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fracture Tooth	\$275	\$344
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$700	\$875
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$725	\$906
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$850	\$1,063
D3351	Apexification/Recalcification – Initial Visit	\$253	\$316
D3352	Apexification/Recalcification – Interim Medication Replacement	\$100	\$125
D3353	Apexification/Recalcification – Final Visit	\$100	\$125
D3355	Pulpal Regeneration	\$100	\$125
D3410	Apicoectomy/Periradicular Surgery – Anterior	\$415	\$519
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root)	\$500	\$625
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root)	\$600	\$750
D3426	Apicoectomy/Periradicular Surgery– Each Additional Root	\$330	\$413
D3430	Retrograde Filling – per Root	\$140	\$175
D3450	Root Amputation – per Root	\$225	\$281
D3920	Hemisection (Including any Root Removal)	\$270	\$338
D3950	Canal Preparation & Fitting of Preformed Dowel or Post	\$125	\$156
D4210	Gingivectomy/Gingivoplasty – 4 or More Contiguous Teeth	\$325	\$406
D4211	Gingivectomy/Gingivoplasty – 1 to 3 Contiguous Teeth	\$130	\$163

CDT	Description	General	Grid Plus/ FEP Blue
D4212	Gingivectomy/Gingivoplasty For Restorative Access	\$130	\$163
D4240	Gingival Flap, Including Root Planing – per Quadrant	\$350	\$438
D4241	Gingival Flap, Including Root Planing – One to Three Teeth, per Quadrant	\$225	\$281
D4249	Crown Lengthening – Hard/Soft Tissue, Clinical Crown	\$400	\$500
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) – Four or More Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$625	\$781
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) – One to Three Contiguous Teeth or Tooth Bounded Spaces per Quadrant	\$450	\$563
D4263	Bone Replacement Graft – Single Site	\$375	\$469
D4264	Bone Replacement Graft – Each Additional Site in Quadrant	\$265	\$331
D4266	Guided Tissue Regeneration – Resorbable Barrier, per Site	\$380	\$475
D4267	Guided Tissue Regeneration – Nonresorbable Barrier, per Site	\$330	\$413
D4268	Surgical Revision – per Tooth	\$450	\$563
D4270	Pedicle Soft Tissue Graft Procedure	\$460	\$575
D4273	Autogenous Connective Tissue Graft Procedure First Tooth, Implant, or Edentulous Tooth Position in Graft	\$525	\$656
D4275	Non-autogenous Connective Tissue Graft First Tooth, Implant, or Edentulous Tooth Position in Graft	\$480	\$600
D4276	Combined Connective Tissue And Double Pedicle Graft	\$580	\$725
D4277	Free Soft Tissue Graft Procedure – First Tooth	\$575	\$719
D4278	Free Soft Tissue Graft Procedure – Each Additional Tooth In Same Graft Site	\$280	\$350
D4283	Autogenous Connective Tissue Graft Procedure– Each Additional Tooth In Same Graft Site	\$100	\$125
D4285	Non-Autogenous Connective Tissue Graft Procedure– Each Additional Tooth In Same Graft Site	\$100	\$125
D4341	Periodontal Scaling And Root Planing – per Quadrant	\$160	\$200
D4342	Periodontal Scaling And Root Planing – One to Three Teeth, per Quadrant	\$95	\$119
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation–Full Mouth, After Oral Evaluation	\$70	\$88
D4910	Periodontal Maintenance (Following Active Therapy)	\$82	\$103
D5110	Complete Denture – Maxillary	\$970	\$1,213
D5120	Complete Denture – Mandibular	\$970	\$1,213
D5130	Immediate Denture – Maxillary	\$1,025	\$1,281
D5140	Immediate Denture – Mandibular	\$1,025	\$1,281

CDT	Description	General	Grid Plus/ FEP Blue
D5211	Maxillary Partial – Resin Base (with Retentive/Clasping Materials, Rests & Teeth)	\$675	\$844
D5212	Mandibular Partial – Resin Base (with Retentive/Clasping Materials, Rests & Teeth)	\$675	\$844
D5213	Maxillary Partial – Cast Metal Base with Resin Saddles	\$1,060	\$1,325
D5214	Mandibular Partial – Cast Metal Base with Resin Saddles	\$1,060	\$1,325
D5221	Immediate Maxillary Partial Denture– Resin Base (with Conventional Clasps, Rests & Teeth)	\$650	\$813
D5222	Immediate Mandibular Partial Denture– Resin Base (with Conventional Clasps, Rests & Teeth)	\$650	\$813
D5223	Immediate Maxillary Partial Denture– Cast Metal Framework with Resin Denture Bases(Including Any Conventional Clasps, Rests & Teeth)	\$1,045	\$1,306
D5224	Immediate Mandibular Partial Denture– Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests & Teeth)	\$1,045	\$1,306
D5225	Maxillary Partial Denture – Flexible Base (Including Clasps, Rests, Teeth)	\$1,060	\$1,325
D5226	Mandibular Partial Denture – Flexible Base (Including Clasps, Rests, Teeth)	\$1,060	\$1,325
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps, and Teeth), Maxillary	\$600	\$750
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps, and Teeth), Mandibular	\$600	\$750
D5410	Adjust Complete Denture – Maxillary	\$48	\$60
D5411	Adjust Complete Denture – Mandibular	\$48	\$60
D5421	Adjust Partial Denture – Maxillary	\$48	\$60
D5422	Adjust Partial Denture – Mandibular	\$48	\$60
D5511	Repair Broken Complete Denture Base, Mandibular	\$130	\$163
D5512	Repair Broken Complete Denture Base, Maxillary	\$130	\$163
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)	\$110	\$138
D5611	Repair Resin Partial Denture Base, Mandibular	\$125	\$156
D5612	Repair Resin Partial Denture Base, Maxillary	\$125	\$156
D5621	Repair Cast Partial Framework, Mandibular	\$210	\$263
D5622	Repair Cast Partial Framework, Maxillary	\$210	\$263
D5630	Repair or Replace Broken Retentive Clasping Materials– Per Tooth	\$200	\$250
D5640	Replace Broken Teeth – per Tooth	\$100	\$125
D5650	Add Tooth to Existing Partial Denture	\$135	\$169
D5660	Add Clasp to Existing Partial Denture– Per Tooth	\$170	\$213
D5670	Replace All Teeth and Acrylic On Cast Metal Framework (Maxillary)	\$550	\$688

CDT	Description	General	Grid Plus/ FEP Blue
D5671	Replace All Teeth and Acrylic On Cast Metal Framework (Mandibular)	\$550	\$688
D5710	Rebase Complete Maxillary Denture	\$350	\$438
D5711	Rebase Complete Mandibular Denture	\$350	\$438
D5720	Rebase Maxillary Partial Denture	\$330	\$413
D5721	Rebase Mandibular Partial Denture	\$330	\$413
D5730	Reline Complete Maxillary Denture (Chair Side)	\$200	\$250
D5731	Reline Complete Mandibular Denture (Chair Side)	\$200	\$250
D5740	Reline Maxillary Partial Denture (Chair Side)	\$200	\$250
D5741	Reline Mandibular Partial Denture (Chair Side)	\$200	\$250
D5750	Reline Complete Maxillary Denture (Lab)	\$310	\$388
D5751	Reline Complete Mandibular Denture (Lab)	\$310	\$388
D5760	Reline Maxillary Partial Denture (Lab)	\$300	\$375
D5761	Reline Mandibular Partial Denture (Lab)	\$300	\$375
D5850	Tissue Conditioning, Maxillary	\$90	\$113
D5851	Tissue Conditioning, Mandibular	\$90	\$113
D5863	Overdenture – Complete Maxillary	\$1,600	\$2,000
D5864	Overdenture – Partial Maxillary	\$1,300	\$1,625
D5865	Overdenture – Complete Mandibular	\$1,600	\$2,000
D5866	Overdenture – Partial Mandibular	\$1,300	\$1,625
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments	\$50	\$50
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,300	\$1,625
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	\$1,120	\$1,400
D6013	Surgical Placement of Mini Implant	\$650	\$813
D6040	Surgical Placement: Eposteal Implant	\$4,000	\$5,000
D6050	Surgical Placement: Transosteal Implant	\$3,040	\$3,800
D6055	Dental Implant Supported Connecting Bar	\$2,500	\$3,125
D6056	Prefabricated Abutment – Includes Placement	\$450	\$563
D6057	Custom Abutment Includes Placement	\$525	\$656
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,050	\$1,313
D6059	Abutment Supported Porcelain Fused to Metal/High Noble Crown	\$975	\$1,219
D6060	Abutment Supported Porcelain Fused to Metal/Base Metal Crown	\$850	\$1,063
D6061	Abutment Supported Porcelain Fused to Metal/Noble Crown	\$1,075	\$1,344
D6062	Abutment Supported Cast/High Noble Crown	\$1,085	\$1,356
D6063	Abutment Supported Cast/Base Metal Crown	\$900	\$1,125
D6064	Abutment Supported Cast/Noble Metal Crown	\$1,080	\$1,350

CDT	Description	General	Grid Plus/ FEP Blue
D6065	Implant Supported Porcelain/Ceramic Crown	\$1,050	\$1,313
D6066	Implant Supported Porcelain Fused to Metal (Titanium, Titanium Alloy, High Noble)	\$1,050	\$1,313
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, High Noble)	\$1,050	\$1,313
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$1,050	\$1,313
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble)	\$1,050	\$1,313
D6070	Abutment Supported Retainer for Porcelain Fused to Metal (Predominantly Base Metal)	\$930	\$1,163
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$1,100	\$1,375
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$1,150	\$1,438
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Based Mental)	\$960	\$1,200
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$1,100	\$1,375
D6075	Implant Supported Retainer for Ceramic FPD	\$1,150	\$1,438
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, High Noble)	\$1,150	\$1,438
D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, High Noble)	\$1,130	\$1,413
D6080	Implant Maintenance Procedures (Removal, Cleansing and Reinsertion)	\$75	\$94
D6090	Repair Implant Supported Prosthesis, by Report	\$300	\$375
D6091	Replacement of Semi – Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, per Attachment	\$180	\$225
D6092	Re–cement or Re–bond Implant/Abutment Supported Crown	\$70	\$88
D6093	Re–cement or Re–bond Implant/Abutment Supported Fixed Partial Denture	\$100	\$125
D6094	Abutment Supported Crown – Titanium	\$1,100	\$1,375
D6095	Repair Implant Abutment, by Report	\$200	\$250
D6096	Remove Broken Implant Retaining Screw	\$250	\$313
D6100	Implant Removal, by Report	\$350	\$438
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch – Maxillary	\$1,200	\$1,500
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch – Mandibular	\$1,200	\$1,500
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Maxillary	\$1,200	\$1,500
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch – Mandibular	\$1,200	\$1,500

CDT	Description	General	Grid Plus/ FEP Blue
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Maxillary	\$2,400	\$3,000
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch – Mandibular	\$2,400	\$3,000
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Maxillary	\$1,800	\$2,250
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch – Mandibular	\$1,800	\$2,250
D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$1,200	\$1,500
D6210	Pontic – Cast High Noble Metal	\$800	\$1,000
D6211	Pontic – Cast Predominantly Base Metal	\$700	\$875
D6212	Pontic – Cast Noble Metal	\$730	\$913
D6240	Pontic – Porcelain Fused to High Noble Metal	\$775	\$969
D6241	Pontic – Porcelain Fused to Predominantly Base Metal	\$645	\$806
D6242	Pontic – Porcelain Fused to Noble Metal	\$705	\$881
D6245	Pontic – Porcelain / Ceramic	\$755	\$944
D6545	Retainer – Cast Metal for Resin Bonded Fixed Prosthesis	\$315	\$394
D6548	Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$260	\$325
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	\$315	\$394
D6600	Retainer Inlay – Porcelain/Ceramic, Two Surfaces	\$500	\$625
D6601	Retainer Inlay – Porcelain/Ceramic, Three or More Surfaces	\$525	\$656
D6602	Retainer Inlay – Cast High Noble Metal, Two Surfaces	\$430	\$538
D6603	Retainer Inlay – Cast Noble Metal, Three or More Surfaces	\$460	\$575
D6604	Retainer Inlay – Cast Predominantly Base Metal, Two Surfaces	\$445	\$556
D6605	Retainer Inlay – Cast Predominantly Base Metal, Three or More Surfaces	\$480	\$600
D6606	Retainer Inlay – Cast Noble Metal, Two Surfaces	\$430	\$538
D6607	Retainer Inlay – Cast Noble Metal, Three or More Surfaces	\$500	\$625
D6608	Retainer Onlay – Porcelain/Ceramic, Two Surfaces	\$650	\$813
D6609	Retainer Onlay – Porcelain/Ceramic, Three or More Surfaces	\$670	\$838
D6610	Retainer Onlay – Cast High Noble, Two Surfaces	\$510	\$638
D6611	Retainer Onlay – Cast High Noble Metal, Three or More Surfaces	\$600	\$750
D6612	Retainer Onlay – Cast Predominantly Base Metal, Two Surfaces	\$500	\$625
D6613	Retainer Onlay – Cast Predominantly Base Metal, Three or More Surfaces	\$550	\$688
D6614	Retainer Onlay– Cast Noble Metal, Two Surfaces	\$500	\$625
D6615	Retainer Onlay – Cast Noble Metal, Three or More Surfaces	\$550	\$688
D6740	Retainer Crown – Porcelain / Ceramic	\$765	\$956
D6750	Retainer Crown – Porcelain Fused to High Noble Metal	\$765	\$956
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal	\$655	\$819

CDT	Description	General	Grid Plus/ FEP Blue
D6752	Retainer Crown – Porcelain Fused to Noble Metal	\$720	\$900
D6780	Retainer Crown – 3/4 Cast High Noble	\$650	\$813
D6781	Retainer Crown – 3/4 Cast Predominately Based Metal	\$600	\$750
D6782	Retainer Crown – 3/4 Noble Metal	\$625	\$781
D6783	Retainer Crown – 3/4 Porcelain I Ceramic	\$675	\$844
D6790	Retainer Crown – Full Cast High Noble Metal	\$805	\$1,006
D6791	Retainer Crown Full Cast Predominantly Base Metal	\$710	\$888
D6792	Retainer Crown – Full Cast Noble Metal	\$700	\$875
D6920	Connector Bar	\$200	\$250
D6930	Re-cement or Re-bond Fixed Partial Denture	\$70	\$88
D6980	Fixed Partial Denture Repair – Necessary by Restorative Material Failure	\$210	\$263
D7111	Extraction, Coronal Remnants – Primary Tooth	\$52	\$65
D7140	Extraction, Erupted Tooth or Exposed Root	\$88	\$110
D7210	Surgical Removal of Erupted Tooth	\$166	\$208
D7220	Removal of Impacted Tooth – Soft Tissue	\$200	\$250
D7230	Removal of Impacted Tooth – Partially Bony	\$250	\$313
D7240	Removal of Impacted Tooth – Completely Bony	\$290	\$363
D7241	Removal of Impacted Tooth – Completely Bony with Complications	\$360	\$450
D7250	Surgical Removal of Residual Tooth Roots – Cutting Procedures	\$170	\$213
D7260	Oral-antral Fistula Closure	\$250	\$313
D7261	Primary Closure of a Sinus Perforation	\$300	\$375
D7280	Surgical Exposure of Impacted or Unerupted Tooth – Ortho	\$207	\$259
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$210	\$263
D7310	Alveoloplasty In Conjunction with Extractions – Per Quadrant	\$150	\$188
D7311	Alveoloplasty In Conjunction with Extractions – One to Three, Per Quad	\$125	\$156
D7320	Alveoloplasty Not In Conjunction with Extractions – Per Quadrant	\$165	\$206
D7321	Alveoloplasty Not In Conjunction with Extractions – One/Three, Per Quad	\$150	\$188
D7340	Vestibuloplasty – Ridge Extension (Secondary Epithelialization)	\$300	\$375
D7471	Removal of Exostosis – Maxilla or Mandible	\$260	\$325
D7472	Removal of Torus Palatinus	\$260	\$325
D7473	Removal of Torus Mandibularis	\$260	\$325
D7485	Surgical Reduction of Osseous Tuberosity	\$260	\$325
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue	\$92	\$115

CDT	Description	General	Grid Plus/ FEP Blue
D7530	Removal of Foreign Body, Skin, or Subcutaneous Alveolar Tissue	\$130	\$163
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	\$280	\$350
D7960	Frenulectomy – Separate Procedure	\$207	\$259
D7970	Excision of Hyperplastic Tissue–Per Arch	\$235	\$294
D7971	Excision of Pericoronal Gingiva	\$140	\$175
D8010	Limited Orthodontic Treatment of Primary Dentition	\$2,000	\$2,500
D8020	Limited Orthodontic Treatment of Transitional Dentition	\$2,000	\$2,500
D8030	Limited Orthodontic Treatment of Adolescent Dentition	\$2,000	\$2,500
D8040	Limited Orthodontic Treatment of Adult Dentition	\$2,000	\$2,500
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	\$2,500	\$3,125
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	\$2,500	\$3,125
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	\$5,000	\$6,250
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$6,000	\$7,500
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	\$7,000	\$8,750
D8210	Removable Appliance Therapy	\$1,000	\$1,250
D8220	Fixed Appliance Therapy	\$1,200	\$1,500
D8680	Orthodontic Retention	\$500	\$625
D8693	Re–Bonding or Re–Cementing Fixed Retainer	\$36	\$45
D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedures	\$55	\$69
D9222	Deep Sedation/ General Anesthesia– First 15 Minutes	\$120	\$150
D9223	Deep Sedation/ General Anesthesia– Each Subsequent 15 Minute Increment	\$110	\$138
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$30	\$30
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia– First 15 Minutes	\$90	\$113
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia– Each Subsequent 15 Minute Increment	\$80	\$100
D9248	Non - Intravenous Conscious Sedation	\$100	\$125
D9910	Application of Desensitizing Medicament	\$35	\$35

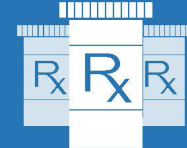
Fighting the opioid epidemic in Arkansas

Arkansas Blue Cross and Blue Shield and the larger Blue Cross and Blue Shield system have made progress toward preventing inappropriate prescription opioid use. But the opioid epidemic remains a critical health crisis in the state and country.

Decrease in opioid prescriptions statewide



(Percent change in opioid prescriptions per 1,000 Blue Cross and Blue Shield members, 2013-2017)



-27%
DECREASE IN
OPIOID PRESCRIPTIONS
FOR ARKANSAS
GROUP MEMBERS

(Per 1,000 members)



As we continue to fight opioid use disorder in Arkansas, **5.1 per 1,000** Blue Cross and Blue Shield members are diagnosed. That's below the national average of **5.9 per 1,000**.



39% DECREASE IN
OPIOID QUANTITY
DISPENSED

Opioid use disorder prevention

Arkansas Blue Cross and Blue Shield Pharmacy is fighting opioid addiction. We use our medical, pharmacy and data management tools to monitor and prevent over-prescribing and diversion of prescription opioids and other controlled substances. It's just one way we're helping keep our members safe and healthy.

Questions?

Contact your Arkansas Blue Cross representative to learn more about how we're safeguarding Arkansans from opioid use disorder.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

2019 General and Specialty Dentist Fee Schedules

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

- [2019 PPP General Dentist Fee Schedule](#)
- [2019 PPP Specialist Dental Fee Schedule](#)
- [2019 PPO Specialist Dental Fee Schedule](#)



**Happy Holidays from
the Dental Team at
Arkansas Blue Cross
and Blue Shield**

**Our offices will be
closed**

• For Christmas on **Monday,
December 24,** and **Tuesday,
December 25.**

Our offices will also be closed on
Tuesday, January 1, 2019, in
observance of New Year's Day.

Arkansas Blue Cross offices will
reopen on **January 2, 2019.**

LIVE FEARLESSSM

WITH THE NAME TRUSTED FOR 65 YEARS



An Independent Licensee of the Blue Cross and Blue Shield Association

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*** New Process: Please use the Dental Provider Network Operations contact information for applications, changes, additions, and inquiries regarding status.**