

To: Valued Members and Providers
From: Allegiant Care Member Services
Date: January 2023
RE: 2023 Dental Fee Schedule

Attached is the *2023 Dental Fee Schedule* for all Allegiant Care members. Note: The “Plan Pays” amount on the fee schedule already has the percentages factored in. The member will be responsible for any balance due beyond what Allegiant Care pays. Allegiant Care does not contract with a network of dentists, so members may select a dentist of their choice.

Please note a few important reminders to help expedite the process of dental claims/estimates:

- Allegiant Care’s **Electronic Payer ID # is 38238, Group #: R40.**
- Required documentation, including x-ray images, must be submitted on paper
 - Periodontal work – full-mouth x-rays and charting
 - Soft tissue grafts - a narrative statement and charting
 - Bony impactions - a panorex x-ray
 - Completed endodontic work – pre-op and post-op periapical x-rays
 - Prosthetics – a pre-op periapical x-ray showing apex, narrative statement for recommended crown; and x-ray of completed crown
 - Adult orthodontic treatment - x-rays and issue being corrected
- **All wisdom teeth claims/estimates need to be submitted to Allegiant Care dental first** (Codes: D7230, D7240, D7241). Once the claim is paid through the dental plan, we will forward the balance to CIGNA who pays as secondary.

If you have any questions, please call 1-800-258-9732 to speak with Amie at extension 233 or Ann at extension 229.

2023 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
DIAGNOSTIC			BASIC CARE		
EXAMINATIONS			FILLINGS		
D0120	periodic exam	60	Amalgam – permanent or primary		
D0150	initial exam	105	D2140	one surface	131
D0140	emergency exam	97	D2150	two surfaces	164
D0145	oral evaluation under 3 yrs. of age	82	D2160	three surfaces	199
D0160	problem focused	159	D2161	four surfaces or more	255
D0170	re-valuation - not post-op	113	Composite Resin – permanent or primary		
D9110	palliative treatment	153	D2330	one surface	147
D9310	consultation (per session)	123	D2331	two surfaces	186
D9311	consultation with medical health care professional	178	D2332	three surfaces	221
D9995	teledentistry	45	D2335	four surfaces and incisors	282
X-RAYS AND LAB			D2390	resin based composite crown	300
D0210	full mouth X-rays	162	D2391	one surface	168
D0220	intraoral X-ray first	36	D2392	two surfaces	217
D0230	intraoral X-ray each additional	30	D2393	three surfaces	269
D0240	occlusal X-rays	47	D2394	four surfaces	305
D0270	bitewing-1	33	D2921	reattachment of tooth fragment	179
D0272	bitewing-2	60	D2930	stainless steel crown-primary tooth only	253
D0273	bitewing-3	64	D2931	stainless steel crown-permanent tooth only	300
D0274	bitewing-4	79	D2940	protective restoration/sedative filling	120
D0277	vertical bitewing	112	D2951	pin retention (per tooth)	62
D0330	panorex X-ray	144	PERIODONTICS		
D0364	cone beam CT(< than 1 whole jaw) - by report	308	D0180	periodontal consultations	106
D0365	cone beam CT(1 full lower arch) -by report	308	D4210	gingivectomy per quadrant (4 or more teeth)	524
D0366	cone beam CT(1 full upper arch) - by report	308	D4211	gingivectomy (2 to 3 teeth)	262
D0367	cone beam CT (view of both jaws) - by report	327	D4212	gingivectomy (1 tooth)	175
PREVENTIVE			D4220	subgingival curettage-per quadrant	175
CLEANING AND FLOURIDE TREATMENTS			D4230	crown exposure-per quadrant	600
D1110	cleaning-age 13 to adult	116	D4231	crown exposure (1-3 teeth)	275
D1120	cleaning-child through age 12	93	D4240	gingival flap per quadrant (4 or more teeth)	630
D1206	topical fluoride varnish-through age 18	49	D4241	gingival flap (1 tooth)	210
D1208	fluoride-child through age 18	48	D4242	gingival flap (2 to 3 teeth)	315
D1351	sealants-child through age 18	63	D4249	crown lengthening	900
D1352	resin-sealant/permanent tooth-through age 18	115	D4260	osseous surgery-per quadrant	1,050
D1353	sealant repair/permanent tooth-through age 18	57	D4261	osseous surgery (1 tooth)	350
SPACE MAINTAINERS (up to age 14)			D4262	osseous surgery (2 to 3 teeth)	525
D1510	fixed unilateral-per quadrant	376	D4263	bone graft-first site	482
D1516	fixed-bilateral-maxillary	530	D4264	bone graft-each additional site	222
D1517	fixed-bilateral-mandibular	530	D4265	biologic materials/tissue regeneration; per-site	450
D1520	removable unilateral-per quadrant	460	D4266	tissue regeneration/resorbable	515
D1526	removable bilateral-maxillary	460	D4267	tissue regeneration/nonresorbable	508
D1527	removable bilateral-mandibular	460	D4270	pedicle soft tissue graft-per report	812
D1551	re-cement/bond-maxillary	91	D4273	connective tissue graft- per report	1,000
D1552	re-cement/bond-mandibular	91	D4274	mesial/distal wedge procedure single tooth	554
D1553	re-cement/bond-per quadrant	91	D4275	non-autogenous connective tissue graft	1,000
D1575	distal shoe-fixed unilateral-per quadrant	422	D4276	combined connective tissue graft; per tooth	1,000
GUARDS (one type of guard once every 5 years)			D4277	free soft tissue graft-per report	878
D9941	athletic guard	261	D4278	free soft tissue graft (larger) per report	855
D9944	occlusal guard-hard appliance-full arch	500	D4283	connective tissue graft (each add'l)-per report	600
D9945	occlusal guard-soft appliance-full arch	500	D4286	Removal of non-resorbable barrier	900
D9946	occlusal guard-hard appliance-partial arch	500	D4341	periodontal scaling/root planing-per quadrant	240
D9943	occlusal guard adjustment	100	D4342	periodontal scaling /root planing (1 tooth)	80
			D4343	periodontal scaling /root planing (2 to 3 teeth)	120
			D4346	scaling/gingival inflammation/full mouth	116
			D4355	difficult prophylaxis/scaling	116

Refer to Dental Benefit Limitations & Exclusions for further description of these covered services

Allegiant Care 2023 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
BASIC CARE (cont.)			BASIC CARE (cont.)		
PERIODONTICS (cont.)			ORAL SURGERY (cont.)		
D4910	periodontal maintenance procedure	116	D7473	removal of torus mandibularis-tori	330
ENDODONTICS			D7509	marsupialization of odontogenic cyst.	467
D3110	pulp capping/remineralization	75	D7510	incision and drainage abscess-intraoral	280
D3220	vital pulpotomy	168	D7520	incision and drainage abscess-extraoral	300
D3221	pulpal debridement (primary & permanent)	201	D7950	osseous or cartilage graft	by report
D3230	pulpal therapy-anterior primary tooth	178	D7951	sinus augmentation	by report
D3240	pulpal therapy-posterior primary tooth	178	D7952	sinus augmentation vertical approach	by report
Root Canal Therapy			D7953	bone replacement graft for implants	483
D3310	one root	754	D7956	guided tissue regeneration; resorbable barrier	515
D3320	two roots	871	D7957	guided tissue regeneration; non-resorbable barrier	508
D3330	three roots	1,056	D7961	frenectomy – buccal/labial	404
D3340	four roots	1,150	D7962	frenectomy – lingual	406
D3351	apexification per visit	121	D7963	frenuloplasty	350
D3352	apexification/recalcification	121	D7970	excision of hyperplastic tissue	403
D3353	apexification final visit	121	D7971	excision of pericoronal gingiva	225
D3357	pulpal regeneration completion of treatment	100	D7979	non-surgical sialolithotomy	470
Apicoectomy			D7980	surgical sialolithotomy	650
D3410	anterior	581	D9222	general anesthesia - total benefit of all increments	600
D3421	bicuspid	650	/D9223		
D3425	molar	673	D9239	IV sedation - total benefit of all increments	550
D3426	each additional root	335	/D9243		
D3430	retrograde filling-per root	208	MAJOR CARE		
D3450	root resection	350	CROWNS AND BRIDGES		
D3920	hemi section	300	D2510	metallic inlay-1 surface	526
EXTRACTIONS			D2520	metallic inlay-2 surfaces	545
D7111	coronal remnants-primary tooth	126	D2530	metallic inlay-3 or more surfaces	579
D7140	single tooth	170	D2543	metallic onlay-3 surfaces	600
D7130	root removal-exposed root	117	D2544	metallic onlay-4 or more surfaces	654
SURGICAL EXTRACTIONS			D2610	porcelain/ceramic inlay-1 surface	556
D7210	erupted tooth	287	D2620	porcelain/ceramic inlay-2 surfaces	552
D7220	soft tissue impaction	320	D2630	porcelain/ceramic inlay-3 or more surfaces	579
D7230	partial bony impaction	421	D2642	porcelain/ceramic onlay-2 surfaces	590
D7240	complete bony impaction	467	D2643	porcelain/ceramic onlay-3 surfaces	606
D7241	complete bony impaction-difficult	544	D2644	porcelain/ceramic onlay-4 or more surfaces	605
D7250	residual root recovery	300	D2650	inlay-composite/resin-1 surface	484
ORAL SURGERY			D2651	inlay-composite/resin-2 surfaces	488
D6104	bone graft at time of implant placement	483	D2652	inlay-composite/resin-3 or more surfaces	513
D6106	guided tissue regeneration; resorbable barrier	515	D2662	onlay-composite/resin-2 surfaces	522
D6107	guided tissue regeneration; non-resorbable barrier	508	D2663	onlay-composite/resin-3 surfaces	537
D7260	oroantral fistula closure	by report	D2664	onlay-composite/resin-4 or more surfaces	560
D7280	surgical exposure of ortho	502	D2710	plastic crown (laboratory)	400
D7281	surgical exposure of unerupted tooth	440	D2740	porcelain crown	667
D7283	device to facilitate eruption of impacted tooth	253	D2750	porcelain to high noble metal	645
D7285	biopsy oral tissue-hard	300	D2751	porcelain with nonprecious metal	571
D7286	biopsy oral tissue-soft	307	D2752	porcelain with semiprecious metal	617
D7288	brush biopsy	160	D2753	porcelain to titanium crown	580
D7295	autogenous grafting/harvest of bone	441	D2780	three-quarter high noble metal	645
D7296	corticotomy-1 to 3 tooth spaces, per quadrant	700	D2781	three-quarter predominantly base metal	500
D7297	corticotomy-4 or more tooth spaces, per quadrant	750	D2782	three-quarter cast noble metal	645
D7310	alveoplasty (per quadrant w/extractions)	315	D2783	three-quarter crown/porcelain	678
D7320	alveoplasty (per quadrant w/no extractions)	350	D2790	gold crown - full cast	645
D7340	vestibuloplasty (per arch, uncomplicated)	by report	D2791	nonprecious crown	563
D7350	vestibuloplasty (per arch, w/ridge extension)	by report	D2792	semiprecious crown	593
D7410	excision of benign lesion up to 1.25cm	360	D2794	titanium crown	600
D7430	cystectomy	270	D2810	three-quarter cast crown-metallic	540
D7471	removal of exostosis	616	D2910	re-cement or re-bond inlay or onlay	60

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Allegiant Care 2023 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
MAJOR CARE (cont.)			MAJOR CARE (cont.)		
CROWNS AND BRIDGES (cont.)			DENTURES (cont.)		
D2920	re-cement or re-bond crown	74	D5120	complete lower/mandibular	697
D2928	Prefab porcelain crown—permanent tooth	667	D5130	immediate upper/maxillary	775
D2932	prefabricated resin crown	154	D5140	immediate lower/mandibular	775
D2950	crown build-up pin retained	160	D5211	upper partial-acrylic base (includes clasps)	660
D2952	cast post and core, in addition to crown	243	D5212	lower partial-acrylic base (includes clasps)	660
D2954	prefabricated post and core	190	D5213	upper partial-cast metal framework	812
D2955	post removal	129	D5214	lower partial-cast metal framework	812
D2980	crown repair	133	D5221	immediate upper/maxillary partial-resin base	609
D2981	inlay repair	130	D5222	immediate lower/mandibular partial-resin base	609
D2982	onlay repair	130	D5223	immediate upper/maxillary partial-metal frame	737
D6210	high noble metal pontic	645	D5224	immediate lower/mandibular partial-metal frame	737
D6211	cast predominantly base pontic	571	D5225	flexi maxillary partial denture	700
D6212	cast noble metal pontic	617	D5226	flexi mandibular partial denture	700
D6214	titanium pontic	600	D5227	immediate flexi-base maxillary partial	700
D6240	porcelain fused to high noble pontic	645	D5228	immediate flexi-base mandibular partial	700
D6241	porcelain to predominantly base pontic	571	D6110	implant/abutment complete remv-maxillary	1,200
D6242	porcelain to noble metal pontic	645	D6111	implant/abutment complete remv-mandibular	1,000
D6243	porcelain to titanium pontic	600	D6112	implant/abutment partial remv-maxillary	500
D6245	porcelain to ceramic pontic	667	D6113	implant/abutment partial remv-mandibular	500
D6545	cast metal retainer	462	D6114	implant/abutment complete fixed-maxillary	1,200
D6548	porcelain to ceramic retainer	462	D6115	implant/abutment complete fixed-mandibular	1,200
D6549	resin retainer	462	D6116	implant/abutment partial fixed-maxillary	1,000
D6740	porcelain to ceramic abutment	667	D6117	implant/abutment partial fixed-mandibular	1,000
D6750	porcelain to gold abutment	645		Adjustments	
D6751	porcelain to nonprecious abutment	571	D5410	complete upper denture	50
D6752	porcelain to semiprecious abutment	617	D5411	complete lower denture	50
D6753	porcelain to abutment	600	D5421	upper partial	50
D6784	three-quarter titanium retainer	600	D5422	lower partial	50
D6790	high noble full cast abutment	645		Repairs	
D6791	predominantly base full cast abutment	563	D5511	repair complete denture base, mandibular	124
D6792	noble metal full cast abutment	645	D5512	repair complete denture base, maxillary	124
D6794	titanium abutment	600	D5520	replace tooth	94
D6930	re-cement bridge	100	D5611	repair resin partial denture base, mandibular	103
D6980	bridge repair	212	D5612	repair resin partial denture base, maxillary	103
	IMPLANT CROWNS		D5621	repair cast partial framework, mandibular	103
D6058	abutment supported porcelain/ceramic	667	D5622	repair cast partial framework, maxillary	103
D6059	abutment supported porcelain/high noble	645	D5630	repair or replace broken clasps (per tooth)	147
D6060	abutment supported porcelain/base metal	571	D5640	broken tooth on partial (no other repairs)	108
D6061	abutment supported porcelain/noble metal	645	D5650	add tooth to partial	115
D6062	abutment supported high noble metal	645	D5660	add clasp to existing partial (per tooth)	125
D6063	abutment supported cast metal	571		Rebase	
D6064	abutment supported noble metal	645	D5710	complete upper denture	240
D6094	abutment supported titanium	600	D5711	complete lower denture	240
D6065	implant supported porcelain/ceramic	667	D5720	upper partial denture	240
D6066	implant supported porcelain/high noble metal	645	D5721	lower partial denture	240
D6067	implant supported high noble metal	645	D5725	rebase hybrid prosthesis	240
D6082	implant supported crown-porcelain/base alloys	617		Office Reline	
D6083	implant supported crown-porcelain/noble alloys	645	D5730	complete upper denture	212
D6084	implant supported crown-porcelain/titanium	600	D5731	complete lower denture	212
D6086	implant supported crown-base alloys	571	D5740	upper partial denture	193
D6087	implant supported crown-noble alloys	645	D5741	lower partial denture	193
D6088	implant supported crown-titanium	600		Laboratory Reline	
D6092	re-cement implant crown	85	D5750	complete upper denture	282
D6097	abutment supported crown-porcelain/titanium	600	D5751	complete lower denture	282
	DENTURES		D5760	upper partial denture	230
D5110	complete upper/maxillary	697	D5761	lower partial denture	230

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Allegiant Care 2023 Dental Fee Schedule

Code	Procedure Description	Plan Pays
MAJOR CARE (cont.)		
Prosthetic Miscellaneous		
D5765	soft liner	by report
D5850	tissue conditioning, maxillary	116
D5851	tissue conditioning, mandibular	116
D5876	add metal substructure to acrylic full denture	81
D5992	adjust prosthetic appliance	116
D5993	maintenance & cleaning of prosthesis	50

MAJOR CARE (Plan Specific Benefits)

IMPLANT (Only for Plans DN0, DN3 & DN5)
DN0 & DN5: Implant Lifetime maximum of \$2,200 per individual.
DN3: Part of the all inclusive \$3,000 maximum.
Patient must be eligible for six (6) consecutive months before Implant benefit can be used.

D6010	first and/or second stage of implant (per tooth)	1,100
/D6011		
D6013	surgical placement mini Implant (per tooth)	550

IMPLANT PROCEDURES (Only for Plans DN0, DN3 & DN5)

DN0 & DN5: Part of the \$1,200 prosthetic annual maximum.
DN3: Part of the all inclusive \$3,000 maximum.

D6055	implant connecting bar	305
D6056	implant prefabricated abutment	400
D6057	implant custom abutment	448
D6096	remove broken implant retaining screw	100
D6100	implant removal	300
D6105	implant removal no bone removal or flap elevation	300
D6197	replacement of restorative material	168

Code	Procedure Description	Plan Pays
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