

To: Valued Members and Providers
From: Allegiant Care Member Services
Date: January 2024
RE: 2024 Dental Fee Schedule

Attached is the *2024 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.
- **All OAP Morning Repositioning Devices** require clinical report indicating medical necessity.

If you have any questions, please feel free to contact us at 1-800-258-9732 Option 3.

2024 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
DIAGNOSTIC			BASIC CARE		
EXAMINATIONS			FILLINGS		
D0120	periodic exam	64	Amalgam – permanent or primary		
D0150	initial exam	115	D2140	one surface	131
D0140	emergency exam	102	D2150	two surfaces	164
D0145	oral evaluation under 3 yrs. of age	86	D2160	three surfaces	200
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	159	D2330	one surface	160
D9310	consultation (per session)	129	D2331	two surfaces	193
D9311	consultation with medical health care professional	183	D2332	three surfaces	235
D9995	teledentistry	47	D2335	four surfaces and incisors	284
X-RAYS AND LAB			D2390	resin based composite crown	315
D0210	full mouth X-rays	170	D2391	one surface	180
D0220	intraoral X-ray first	38	D2392	two surfaces	233
D0230	intraoral X-ray each additional	32	D2393	three surfaces	280
D0240	occlusal X-rays	49	D2394	four surfaces	325
D0270	bitewing-1	35	D2921	reattachment of tooth fragment	188
D0272	bitewing-2	62	D2930	stainless steel crown-primary tooth only	266
D0273	bitewing-3	67	D2931	stainless steel crown-permanent tooth only	315
D0274	bitewing-4	83	D2940	protective restoration/sedative filling	126
D0277	vertical bitewing	118	D2951	pin retention (per tooth)	62
D0330	panorex X-ray	152	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)	540
D0366	cone beam CT(1 full upper arch) - by report	308	D4211	gingivectomy (2 to 3 teeth)	270
D0367	cone beam CT (view of both jaws) - by report	343	D4212	gingivectomy (1 tooth)	178
PREVENTIVE			D4220	subgingival curettage-per quadrant	180
CLEANING AND FLOURIDE TREATMENTS			D4230	crown exposure-per quadrant	618
D1110	cleaning-age 13 to adult	122	D4231	crown exposure (1-3 teeth)	275
D1120	cleaning-child through age 12	96	D4240	gingival flap per quadrant (4 or more teeth)	640
D1206	topical fluoride varnish-through age 18	51	D4241	gingival flap (1 tooth)	213
D1208	fluoride-child through age 18	51	D4242	gingival flap (2 to 3 teeth)	320
D1351	sealants-child through age 18	66	D4249	crown lengthening	945
D1352	resin-sealant/permanent tooth-through age 18	115	D4260	osseous surgery-per quadrant	1,050
D1353	sealant repair/permanent tooth-through age 18	59	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	395	D4263	bone graft-first site	506
D1516	fixed-bilateral-maxillary	557	D4264	bone graft-each additional site	229
D1517	fixed-bilateral-mandibular	557	D4265	biologic materials/tissue regeneration; per-site	450
D1520	removable unilateral-per quadrant	474	D4266	tissue regeneration/resorbable	541
D1526	removable bilateral-maxillary	474	D4267	tissue regeneration/nonresorbable	523
D1527	removable bilateral-mandibular	474	D4270	pedicle soft tissue graft-per report	853
D1551	re-cement/bond-maxillary	94	D4273	connective tissue graft- per report	1,050
D1552	re-cement/bond-mandibular	94	D4274	mesial/distal wedge procedure single tooth	571
D1553	re-cement/bond-per quadrant	91	D4275	non-autogenous connective tissue graft	1,030
D1575	distal shoe-fixed unilateral-per quadrant	435	D4276	combined connective tissue graft; per tooth	1,030
GUARDS (one type of guard once every 5 years)			D4277	free soft tissue graft-per report	922
D9941	athletic guard	269	D4278	free soft tissue graft (larger) per report	855
D9944	occlusal guard-hard appliance-full arch	525	D4283	connective tissue graft (each add'l)-per report	630
D9945	occlusal guard-soft appliance-full arch	525	D4286	Removal of non-resorbable barrier	927
D9946	occlusal guard-hard appliance-partial arch	525	D4341	periodontal scaling/root planing-per quadrant	240
D9943	occlusal guard adjustment	105	D4342	periodontal scaling /root planing (1 tooth)	80
D9954	OAT morning repositioning device	by report	D4343	periodontal scaling /root planing (2 to 3 teeth)	120
			D4346	scaling/gingival inflammation/full mouth	122

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Allegiant Care 2024 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
BASIC CARE (cont.)			BASIC CARE (cont.)		
PERIODONTICS (cont.)			ORAL SURGERY (cont.)		
D4355	difficult prophylaxis/scaling	122	D7410	excision of benign lesion up to 1.25cm	378
D4910	periodontal maintenance procedure	122	D7430	cystectomy	278
ENDODONTICS			D7471	removal of exostosis	634
D3110	pulp capping/remineralization	79	D7473	removal of torus mandibularis-tori	340
D3220	vital pulpotomy	176	D7509	marsupialization of odontogenic cyst.	481
D3221	pulpal debridement (primary & permanent)	201	D7510	incision and drainage abscess-intraoral	280
D3230	pulpal therapy-anterior primary tooth	183	D7520	incision and drainage abscess-extraoral	309
D3240	pulpal therapy-posterior primary tooth	183	D7950	osseous or cartilage graft	1,060
Root Canal Therapy			D7951	sinus augmentation	2,650
D3310	one root	791	D7952	sinus augmentation vertical approach	1,171
D3320	two roots	915	D7953	bone replacement graft for implants	507
D3330	three roots	1,109	D7956	guided tissue regeneration; resorbable barrier	541
D3340	four roots	1,208	D7957	guided tissue regeneration; non-resorbable barrier	523
D3351	apexification per visit	125	D7961	frenectomy – buccal/labial	424
D3352	apexification/recalcification	125	D7962	frenectomy – lingual	426
D3353	apexification final visit	125	D7963	frenuloplasty	361
D3357	pulpal regeneration completion of treatment	103	D7970	excision of hyperplastic tissue	415
Apicoectomy			D7971	excision of pericoronal gingiva	225
D3410	anterior	610	D7979	non-surgical sialolithotomy	484
D3421	bicuspid	683	D7980	surgical sialolithotomy	670
D3425	molar	707	D9222	general anesthesia - total benefit of all increments	610
D3426	each additional root	352	/D9223		
D3430	retrograde filling-per root	208	D9239	IV sedation - total benefit of all increments	578
D3450	root resection	361	/D9243		
D3920	hemi section	309	MAJOR CARE		
EXTRACTIONS			CROWNS AND BRIDGES		
D7111	coronal remnants-primary tooth	126	D2510	metallic inlay-1 surface	542
D7140	single tooth	183	D2520	metallic inlay-2 surfaces	561
D7130	root removal-exposed root	121	D2530	metallic inlay-3 or more surfaces	596
SURGICAL EXTRACTIONS			D2543	metallic onlay-3 surfaces	618
D7210	erupted tooth	305	D2544	metallic onlay-4 or more surfaces	674
D7220	soft tissue impaction	336	D2610	porcelain/ceramic inlay-1 surface	573
D7230	partial bony impaction	421	D2620	porcelain/ceramic inlay-2 surfaces	569
D7240	complete bony impaction	484	D2630	porcelain/ceramic inlay-3 or more surfaces	596
D7241	complete bony impaction-difficult	571	D2642	porcelain/ceramic onlay-2 surfaces	608
D7250	residual root recovery	315	D2643	porcelain/ceramic onlay-3 surfaces	624
ORAL SURGERY			D2644	porcelain/ceramic onlay-4 or more surfaces	635
D2989	tooth excavation due to non-restorability	by report	D2650	inlay-composite/resin-1 surface	499
D6104	bone graft at time of implant placement	507	D2651	inlay-composite/resin-2 surfaces	503
D6106	guided tissue regeneration; resorbable barrier	541	D2652	inlay-composite/resin-3 or more surfaces	513
D6107	guided tissue regeneration; non-resorbable barrier	523	D2662	onlay-composite/resin-2 surfaces	538
D7260	oroantral fistula closure	by report	D2663	onlay-composite/resin-3 surfaces	553
D7280	surgical exposure of ortho	527	D2664	onlay-composite/resin-4 or more surfaces	560
D7281	surgical exposure of unerupted tooth	453	D2710	plastic crown (laboratory)	412
D7283	device to facilitate eruption of impacted tooth	266	D2740	porcelain crown	725
D7284	excisional biopsy of minor salivary glands	160	D2750	porcelain to high noble metal	677
D7285	biopsy oral tissue-hard	325	D2751	porcelain with nonprecious metal	571
D7286	biopsy oral tissue-soft	310	D2752	porcelain with semiprecious metal	635
D7288	brush biopsy	165	D2753	porcelain to titanium crown	597
D7295	autogenous grafting/harvest of bone	454	D2780	three-quarter high noble metal	677
D7296	corticotomy-1 to 3 tooth spaces, per quadrant	721	D2781	three-quarter predominantly base metal	515
D7297	corticotomy-4 or more tooth spaces, per quadrant	773	D2782	three-quarter cast noble metal	677
D7310	alveoplasty (per quadrant w/extractions)	315	D2783	three-quarter crown/porcelain	712
D7320	alveoplasty (per quadrant w/no extractions)	361	D2790	gold crown - full cast	664
D7340	vestibuloplasty (per arch, uncomplicated)	by report	D2791	nonprecious crown	580
D7350	vestibuloplasty (per arch, w/ridge extension)	by report	D2792	semiprecious crown	622

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2024 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
MAJOR CARE (cont.)			MAJOR CARE (cont.)		
CROWNS AND BRIDGES (cont.)			DENTURES		
D2794	titanium crown	618	D6097	abutment supported crown-porcelain/titanium	618
D2810	three-quarter cast crown-metallic	556	D5110	complete upper/maxillary	732
D2910	re-cement or re-bond inlay or onlay	63	D5120	complete lower/mandibular	732
D2920	re-cement or re-bond crown	77	D5130	immediate upper/maxillary	814
D2928	Prefab porcelain crown-permanent tooth	725	D5140	immediate lower/mandibular	814
D2932	prefabricated resin crown	159	D5211	upper partial-acrylic base (includes clasps)	693
D2950	crown build-up pin retained	170	D5212	lower partial-acrylic base (includes clasps)	693
D2952	cast post and core, in addition to crown	243	D5213	upper partial-cast metal framework	850
D2954	prefabricated post and core	200	D5214	lower partial-cast metal framework	850
D2955	post removal	133	D5221	immediate upper/maxillary partial-resin base	635
D2980	crown repair	133	D5222	immediate lower/mandibular partial-resin base	635
D2981	inlay repair	134	D5223	immediate upper/maxillary partial-metal frame	759
D2982	onlay repair	134	D5224	immediate lower/mandibular partial-metal frame	759
D6210	high noble metal pontic	677	D5225	flexi maxillary partial denture	735
D6211	cast predominantly base pontic	571	D5226	flexi mandibular partial denture	735
D6212	cast noble metal pontic	635	D5227	immediate flexi-base maxillary partial	721
D6214	titanium pontic	618	D5228	immediate flexi-base mandibular partial	721
D6240	porcelain fused to high noble pontic	677	D6110	implant/abutment complete remv-maxillary	1,236
D6241	porcelain to predominantly base pontic	571	D6111	implant/abutment complete remv-mandibular	1,030
D6242	porcelain to noble metal pontic	677	D6112	implant/abutment partial remv-maxillary	515
D6243	porcelain to titanium pontic	618	D6113	implant/abutment partial remv-mandibular	515
D6245	porcelain to ceramic pontic	725	D6114	implant/abutment complete fixed-maxillary	1,236
D6545	cast metal retainer	476	D6115	implant/abutment complete fixed-mandibular	1,260
D6548	porcelain to ceramic retainer	476	D6116	implant/abutment partial fixed-maxillary	1,030
D6549	resin retainer	476	D6117	implant/abutment partial fixed-mandibular	1,030
D6740	porcelain to ceramic abutment	725	Adjustments		
D6750	porcelain to gold abutment	677	D5410	complete upper denture	52
D6751	porcelain to nonprecious abutment	571	D5411	complete lower denture	52
D6752	porcelain to semiprecious abutment	635	D5421	upper partial	52
D6753	porcelain to abutment	618	D5422	lower partial	52
D6784	three-quarter titanium retainer	618	Repairs		
D6790	high noble full cast abutment	664	D5511	repair complete denture base, mandibular	124
D6791	predominantly base full cast abutment	580	D5512	repair complete denture base, maxillary	124
D6792	noble metal full cast abutment	664	D5520	replace tooth	99
D6794	titanium abutment	618	D5611	repair resin partial denture base, mandibular	106
D6930	recement bridge	105	D5612	repair resin partial denture base, maxillary	106
D6980	bridge repair	212	D5621	repair cast partial framework, mandibular	106
IMPLANT CROWNS			D5622	repair cast partial framework, maxillary	106
D6058	abutment supported porcelain/ceramic	725	D5630	repair or replace broken clasps (per tooth)	151
D6059	abutment supported porcelain/high noble	677	D5640	broken tooth on partial (no other repairs)	113
D6060	abutment supported porcelain/base metal	571	D5650	add tooth to partial	117
D6061	abutment supported porcelain/noble metal	677	D5660	add clasp to existing partial (per tooth)	131
D6062	abutment supported high noble metal	664	Rebase		
D6063	abutment supported cast metal	571	D5710	complete upper denture	247
D6064	abutment supported noble metal	664	D5711	complete lower denture	247
D6094	abutment supported titanium	618	D5720	upper partial denture	247
D6065	implant supported porcelain/ceramic	725	D5721	lower partial denture	247
D6066	implant supported porcelain/high noble metal	677	D5725	rebase hybrid prosthesis	247
D6067	implant supported high noble metal	664	Office Reline		
D6082	implant supported crown-porcelain/base alloys	635	D5730	complete upper denture	215
D6083	implant supported crown-porcelain/noble alloys	677	D5731	complete lower denture	215
D6084	implant supported crown-porcelain/titanium	618	D5740	upper partial denture	199
D6086	implant supported crown-base alloys	571	D5741	lower partial denture	199
D6087	implant supported crown-noble alloys	664	Laboratory Reline		
D6088	implant supported crown-titanium	618	D5750	complete upper denture	290
D6092	re-cement implant crown	85	D5751	complete lower denture	290

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Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
MAJOR CARE (cont.)					
D5760	upper partial denture	237			
D5761	lower partial denture	237			
Prosthetic Miscellaneous					
D5765	soft liner	by report			
D5850	tissue conditioning, maxillary	119			
D5851	tissue conditioning, mandibular	119			
D5876	add metal substructure to acrylic full denture	83			
D5992	adjust prosthetic appliance	119			
D5993	maintenance & cleaning of prosthesis	52			
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)	567			
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	314			
D6056	implant prefabricated abutment	400			
D6057	implant custom abutment	470			
D6089	retorquing loose implant screw - per screw	by report			
D6096	remove broken implant retaining screw	103			
D6100	implant removal	315			
D6105	implant removal no bone removal or flap elevation	309			
D6197	replacement of restorative material	173			

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