

To: Valued Members and Providers
From: Allegiant Care Member Services
Date: January 2025
RE: 2025 Dental Fee Schedule

Attached is the *2025 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.

2025 Dental Fee Schedule

Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
DIAGNOSTIC			BASIC CARE		
EXAMINATIONS			FILLINGS		
D0120	periodic exam	69	Amalgam – permanent or primary		
D0150	initial exam	120	D2140	one surface	136
D0140	emergency exam	110	D2150	two surfaces	171
D0145	oral evaluation under 3 yrs. of age	85	D2160	three surfaces	207
D0160	problem focused	165	D2161	four surfaces or more	265
D0170	re-valuation - not post-op	113	Composite Resin – permanent or primary		
D9110	palliative treatment	159	D2330	one surface	170
D9310	consultation (per session)	128	D2331	two surfaces	208
D9311	consultation with medical health care professional	178	D2332	three surfaces	253
D9995	teledentistry	47	D2335	four surfaces and incisors	293
X-RAYS AND LAB			D2390	resin based composite crown	300
D0210	full mouth X-rays	180	D2391	one surface	190
D0220	intraoral X-ray first	43	D2392	two surfaces	245
D0230	intraoral X-ray each additional	36	D2393	three surfaces	303
D0240	occlusal X-rays	49	D2394	four surfaces	343
D0270	bitewing-1	34	D2921	reattachment of tooth fragment	186
D0272	bitewing-2	67	D2930	stainless steel crown-primary tooth only	263
D0273	bitewing-3	67	D2931	stainless steel crown-permanent tooth only	312
D0274	bitewing-4	90	D2940	protective restoration/sedative filling	125
D0277	vertical bitewing	116	D2951	pin retention (per tooth)	62
D0330	panorex X-ray	167	PERIODONTICS		
D0364	cone beam CT(< than 1 whole jaw) - by report	308	D0180	periodontal consultations	110
D0365	cone beam CT(1 full lower arch) -by report	308	D4210	gingivectomy per quadrant (4 or more teeth)	552
D0366	cone beam CT(1 full upper arch) - by report	308	D4211	gingivectomy (2 to 3 teeth)	276
D0367	cone beam CT (view of both jaws) - by report	350	D4212	gingivectomy (1 tooth)	184
PREVENTIVE			D4220	subgingival curettage-per quadrant	175
CLEANING AND FLOURIDE TREATMENTS			D4230	crown exposure-per quadrant	624
D1110	cleaning-age 13 to adult	130	D4231	crown exposure (1-3 teeth)	286
D1120	cleaning-child through age 12	104	D4240	gingival flap per quadrant (4 or more teeth)	660
D1206	topical fluoride varnish-through age 18	55	D4241	gingival flap (1 tooth)	220
D1208	fluoride-child through age 18	55	D4242	gingival flap (2 to 3 teeth)	330
D1351	sealants-child through age 18	74	D4249	crown lengthening	900
D1352	resin-sealant/permanent tooth-through age 18	115	D4260	osseous surgery-per quadrant	1,200
D1353	sealant repair/permanent tooth-through age 18	59	D4261	osseous surgery (1 tooth)	400
SPACE MAINTAINERS (up to age 14)			D4262	osseous surgery (2 to 3 teeth)	600
D1510	fixed unilateral-per quadrant	391	D4263	bone graft-first site	501
D1516	fixed-bilateral-maxillary	542	D4264	bone graft-each additional site	231
D1517	fixed-bilateral-mandibular	542	D4265	biologic materials/tissue regeneration; per-site	468
D1520	removable unilateral-per quadrant	478	D4266	tissue regeneration/resorbable	536
D1526	removable bilateral-maxillary	478	D4267	tissue regeneration/nonresorbable	528
D1527	removable bilateral-mandibular	478	D4270	pedicle soft tissue graft-per report	844
D1551	re-cement/bond-maxillary	95	D4273	connective tissue graft- per report	1,040
D1552	re-cement/bond-mandibular	95	D4274	mesial/distal wedge procedure single tooth	576
D1553	re-cement/bond-per quadrant	95	D4275	non-autogenous connective tissue graft	1,040
D1575	distal shoe-fixed unilateral-per quadrant	439	D4276	combined connective tissue graft; per tooth	1,040
GUARDS (one type of guard once every 5 years)			D4277	free soft tissue graft-per report	913
D9941	athletic guard	271	D4278	free soft tissue graft (larger) per report	855
D9944	occlusal guard-hard appliance-full arch	575	D4283	connective tissue graft (each add'l)-per report	624
D9945	occlusal guard-soft appliance-full arch	575	D4286	Removal of non-resorbable barrier	900
D9946	occlusal guard-hard appliance-partial arch	575	D4341	periodontal scaling/root planing-per quadrant	276
D9943	occlusal guard adjustment	104	D4342	periodontal scaling /root planing (1 tooth)	92
D9954	OAT morning repositioning device	by report	D4343	periodontal scaling /root planing (2 to 3 teeth)	138
D9959	unspecified sleep apnea service procedure	by report	D4346	scaling/gingival inflammation/full mouth	130

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

Allegiant Care
2025 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	130	D7350	vestibuloplasty (per arch, w/ridge extension)	by report
D4910	periodontal maintenance procedure	130	D7410	excision of benign lesion up to 1.25cm	360
ENDODONTICS			D7430	cystectomy	270
D3110	pulp capping/remineralization	78	D7471	removal of exostosis	641
D3220	vital pulpotomy	175	D7473	removal of torus mandibularis-tori	343
D3221	pulpal debridement (primary & permanent)	209	D7509	marsupialization of odontogenic cyst.	467
D3230	pulpal therapy-anterior primary tooth	185	D7510	incision and drainage abscess-intraoral	291
D3240	pulpal therapy-posterior primary tooth	178	D7520	incision and drainage abscess-extraoral	312
Root Canal Therapy			D7950	osseous or cartilage graft	1,082
D3310	one root	784	D7951	sinus augmentation	2,650
D3320	two roots	906	D7952	sinus augmentation vertical approach	1,171
D3330	three roots	1,098	D7953	bone replacement graft for implants	502
D3340	four roots	1,300	D7956	guided tissue regeneration; resorbable barrier	536
D3351	apexification per visit	126	D7957	guided tissue regeneration; non-resorbable barrier	528
D3352	apexification/recalcification	126	D7961	frenectomy – buccal/labial	420
D3353	apexification final visit	126	D7962	frenectomy – lingual	422
D3357	pulpal regeneration completion of treatment	104	D7963	frenuloplasty	364
Apicoectomy			D7970	excision of hyperplastic tissue	419
D3410	anterior	604	D7971	excision of pericoronal gingiva	234
D3421	bicuspid	676	D7979	non-surgical sialo lithotomy	489
D3425	molar	700	D7980	surgical sialo lithotomy	676
D3426	each additional root	348	D9222	general anesthesia - total benefit of all increments	624
D3430	retrograde filling-per root	216	/D9223		
D3450	root resection	364	D9239	IV sedation - total benefit of all increments	572
D3920	hemi section	312	/D9243		
EXTRACTIONS			MAJOR CARE		
D7111	coronal remnants-primary tooth	131	CROWNS AND BRIDGES		
D7140	single tooth	199	D2510	metallic inlay-1 surface	526
D7130	root removal-exposed root	117	D2520	metallic inlay-2 surfaces	567
SURGICAL EXTRACTIONS			D2530	metallic inlay-3 or more surfaces	602
D7210	erupted tooth	338	D2543	metallic onlay-3 surfaces	624
D7220	soft tissue impaction	333	D2544	metallic onlay-4 or more surfaces	680
D7230	partial bony impaction	438	D2610	porcelain/ceramic inlay-1 surface	578
D7240	complete bony impaction	533	D2620	porcelain/ceramic inlay-2 surfaces	552
D7241	complete bony impaction-difficult	566	D2630	porcelain/ceramic inlay-3 or more surfaces	602
D7250	residual root recovery	312	D2642	porcelain/ceramic onlay-2 surfaces	614
ORAL SURGERY			D2643	porcelain/ceramic onlay-3 surfaces	630
D2989	tooth excavation due to non-restorability	by report	D2644	porcelain/ceramic onlay-4 or more surfaces	629
D6104	bone graft at time of implant placement	502	D2650	inlay-composite/resin-1 surface	503
D6106	guided tissue regeneration; resorbable barrier	536	D2651	inlay-composite/resin-2 surfaces	508
D6107	guided tissue regeneration; non-resorbable barrier	528	D2652	inlay-composite/resin-3 or more surfaces	534
D7252	partial extraction for immediate implant placement	by report	D2662	onlay-composite/resin-2 surfaces	543
D7260	oroantral fistula closure	by report	D2663	onlay-composite/resin-3 surfaces	558
D7280	surgical exposure of ortho	522	D2664	onlay-composite/resin-4 or more surfaces	582
D7281	surgical exposure of unerupted tooth	440	D2710	plastic crown (laboratory)	416
D7283	device to facilitate eruption of impacted tooth	263	D2740	porcelain crown	795
D7284	excisional biopsy of minor salivary glands	166	D2750	porcelain to high noble metal	700
D7285	biopsy oral tissue-hard	312	D2751	porcelain with nonprecious metal	594
D7286	biopsy oral tissue-soft	319	D2752	porcelain with semiprecious metal	617
D7288	brush biopsy	166	D2753	porcelain to titanium crown	625
D7295	autogenous grafting/harvest of bone	459	D2780	three-quarter high noble metal	700
D7296	corticotomy-1 to 3 tooth spaces, per quadrant	728	D2781	three-quarter predominantly base metal	520
D7297	corticotomy-4 or more tooth spaces, per quadrant	780	D2782	three-quarter cast noble metal	700
D7310	alveoplasty (per quadrant w/extractions)	328	D2783	three-quarter crown/porcelain	705
D7320	alveoplasty (per quadrant w/no extractions)	364	D2790	gold crown - full cast	700
D7340	vestibuloplasty (per arch, uncomplicated)	by report	D2791	nonprecious crown	586

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Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
MAJOR CARE (cont.)			MAJOR CARE (cont.)		
CROWNS AND BRIDGES (cont.)			IMPLANT CROWNS (cont.)		
D2792	semiprecious crown	616	D6088	implant supported crown-titanium	625
D2794	titanium crown	625	D6092	re-cement implant crown	85
D2810	three-quarter cast crown-metallic	540	D6097	abutment supported crown-porcelain/titanium	625
D2910	re-cement or re-bond inlay or onlay	62	DENTURES		
D2920	re-cement or re-bond crown	77	D5110	complete upper/maxillary	800
D2928	Prefab porcelain crown-permanent tooth	795	D5120	complete lower/mandibular	800
D2932	prefabricated resin crown	160	D5130	immediate upper/maxillary	875
D2950	crown build-up pin retained	189	D5140	immediate lower/mandibular	875
D2952	cast post and core, in addition to crown	243	D5211	upper partial-acrylic base (includes clasps)	686
D2954	prefabricated post and core	198	D5212	lower partial-acrylic base (includes clasps)	686
D2955	post removal	134	D5213	upper partial-cast metal framework	844
D2956	removal of indirect restoration on natural tooth	by report	D5214	lower partial-cast metal framework	844
D2980	crown repair	138	D5221	immediate upper/maxillary partial-resin base	633
D2981	inlay repair	135	D5222	immediate lower/mandibular partial-resin base	633
D2982	onlay repair	135	D5223	immediate upper/maxillary partial-metal frame	766
D6210	high noble metal pontic	700	D5224	immediate lower/mandibular partial-metal frame	766
D6211	cast predominantly base pontic	594	D5225	flexi maxillary partial denture	728
D6212	cast noble metal pontic	617	D5226	flexi mandibular partial denture	728
D6214	titanium pontic	625	D5227	immediate flexi-base maxillary partial	728
D6240	porcelain fused to high noble pontic	700	D5228	immediate flexi-base mandibular partial	728
D6241	porcelain to predominantly base pontic	594	D6110	implant/abutment complete remv-maxillary	1,248
D6242	porcelain to noble metal pontic	700	D6111	implant/abutment complete remv-mandibular	1,040
D6243	porcelain to titanium pontic	625	D6112	implant/abutment partial remv-maxillary	520
D6245	porcelain to ceramic pontic	795	D6113	implant/abutment partial remv-mandibular	500
D6545	cast metal retainer	480	D6114	implant/abutment complete fixed-maxillary	1,248
D6548	porcelain to ceramic retainer	480	D6115	implant/abutment complete fixed-mandibular	1,248
D6549	resin retainer	480	D6116	implant/abutment partial fixed-maxillary	1,040
D6740	porcelain to ceramic abutment	795	D6117	implant/abutment partial fixed-mandibular	1,040
D6750	porcelain to gold abutment	700	Adjustments		
D6751	porcelain to nonprecious abutment	594	D5410	complete upper denture	52
D6752	porcelain to semiprecious abutment	617	D5411	complete lower denture	52
D6753	porcelain to abutment	625	D5421	upper partial	52
D6784	three-quarter titanium retainer	625	D5422	lower partial	52
D6790	high noble full cast abutment	700	Repairs		
D6791	predominantly base full cast abutment	586	D5511	repair complete denture base, mandibular	129
D6792	noble metal full cast abutment	700	D5512	repair complete denture base, maxillary	129
D6794	titanium abutment	625	D5520	replace tooth	94
D6930	re-cement bridge	100	D5611	repair resin partial denture base, mandibular	107
D6980	bridge repair	220	D5612	repair resin partial denture base, maxillary	107
IMPLANT CROWNS			D5621	repair cast partial framework, mandibular	107
D6058	abutment supported porcelain/ceramic	795	D5622	repair cast partial framework, maxillary	107
D6059	abutment supported porcelain/high noble	700	D5630	repair or replace broken clasps (per tooth)	153
D6060	abutment supported porcelain/base metal	594	D5640	broken tooth on partial (no other repairs)	112
D6061	abutment supported porcelain/noble metal	700	D5650	add tooth to partial	120
D6062	abutment supported high noble metal	700	D5660	add clasp to existing partial (per tooth)	130
D6063	abutment supported cast metal	594	Rebase		
D6064	abutment supported noble metal	700	D5710	complete upper denture	250
D6094	abutment supported titanium	624	D5711	complete lower denture	250
D6065	implant supported porcelain/ceramic	795	D5720	upper partial denture	250
D6066	implant supported porcelain/high noble metal	700	D5721	lower partial denture	250
D6067	implant supported high noble metal	700	D5725	rebase hybrid prosthesis	250
D6082	implant supported crown-porcelain/base alloys	617	Office Reline		
D6083	implant supported crown-porcelain/noble alloys	700	D5730	complete upper denture	220
D6084	implant supported crown-porcelain/titanium	625	D5731	complete lower denture	221
D6086	implant supported crown-base alloys	594	D5740	upper partial denture	201
D6087	implant supported crown-noble alloys	700	D5741	lower partial denture	201

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Code	Procedure Description	Plan Pays	Code	Procedure Description	Plan Pays
MAJOR CARE (cont.)					
DENTURES (cont.)					
<i>Laboratory Reline</i>					
D5750	complete upper denture	293			
D5751	complete lower denture	293			
D5760	upper partial denture	239			
D5761	lower partial denture	239			
<i>Prosthetic Miscellaneous</i>					
D5765	soft liner	by report			
D5850	tissue conditioning, maxillary	125			
D5851	tissue conditioning, mandibular	125			
D5876	add metal substructure to acrylic full denture	84			
D5992	adjust prosthetic appliance	121			
D5993	maintenance & cleaning of prosthesis	52			
MAJOR CARE (Plan Specific Benefits)					
IMPLANT (Only for Plans DN0, DN3 & DN5)					
<i>DN0 & DN5: Implant Lifetime maximum of \$2,200 per individual.</i>					
<i>DN3: Part of the all inclusive \$3,000 maximum.</i>					
<i>Patient must be eligible for six (6) consecutive months before Implant benefit can be used.</i>					
D6010	first and/or second stage of implant (per tooth)	1,100			
D6011					
D6013	surgical placement mini Implant (per tooth)	572			
IMPLANT PROCEDURES (Only for Plans DN0, DN3 & DN5)					
<i>DN0 & DN5: Part of the \$1,200 prosthetic annual maximum.</i>					
<i>DN3: Part of the all inclusive \$3,000 maximum.</i>					
D6055	implant connecting bar	317			
D6056	implant prefabricated abutment	416			
D6057	implant custom abutment	466			
D6089	retorquing loose implant screw - per screw	by report			
D6096	remove broken implant retaining screw	104			
D6100	implant removal	312			
D6105	implant removal no bone removal or flap elevation	300			
D6193	replacement of implant screw	by report			
D6197	replacement of restorative material	168			

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