

# Survey of Charges—Endodontics

This survey represents the most frequently billed procedure codes.

## DIAGNOSTIC

### *CLINIC ORAL EVALUATIONS*

D0140	\$ _____	Limited oral evaluation
D0150	\$ _____	Comprehensive oral evaluation
D0484	\$ _____	Consultation on slides prepared elsewhere
D0485	\$ _____	Consultation, including preparation of slides from biopsy material supplied by referring source

### *Additional codes*

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

### *RADIOGRAPHS*

D0210	\$ _____	Intraoral-complete series
D0220	\$ _____	Intraoral-periapical first film
D0230	\$ _____	Intraoral-periapical each additional film
D0240	\$ _____	Intraoral-occlusal film
D0330	\$ _____	Panoramic film

### *Additional codes*

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## PULP CAPPING

D3110	\$ _____	Pulp cap-direct (excluding final restoration)
-------	----------	---

### *Additional codes*

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## PULPOTOMY

D3220	\$ _____	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	\$ _____	Gross pulpal debridement, primary and permanent teeth

### *Additional codes*

_____	\$ _____	_____
-------	----------	-------

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## ENDODONTIC THERAPY

*(INCLUDES ALL CLINICAL PROCEDURES, I.E. EXTIRPATION, TREATMENTS, ENDODONTICS, X-RAYS, CULTURES & FOLLOW-UP CARE)*

D3310	\$ _____	Anterior (excluding final restoration)
D3320	\$ _____	Bicuspid (excluding final restoration)
D3330	\$ _____	Molar (excluding final restoration)
D3332	\$ _____	Incomplete endodontic therapy
D3333	\$ _____	Internal root repair of perforation defects
D3346	\$ _____	Retreatment of previous root canal therapy-anterior
D3347	\$ _____	Retreatment of previous root canal therapy-bicuspid
D3348	\$ _____	Retreatment of previous root canal therapy-molar

### *Additional codes*

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## APEXIFICATION/RECALCIFICATION

D3351	\$ _____	Apexification/recalcification- initial visit
D3352	\$ _____	Apexification/recalcification- interim medication replacement
D3353	\$ _____	Apexification/recalcification- final visit

## APICOECTOMY/PERIRADICULAR SERVICES

D3410	\$ _____	Apicoectomy/periradicular surgery-anterior
D3421	\$ _____	Apicoectomy/periradicular surgery-bicuspid (first root)
D3425	\$ _____	Apicoectomy/periradicular surgery-molar (first root)
D3426	\$ _____	Apicoectomy/periradicular surgery (each additional root)
D3430	\$ _____	Retrograde filling-per root
D3450	\$ _____	Root amputation-per root

### *Additional codes*

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

ADJUNCTIVE GENERAL SERVICES

D9110 \$ \_\_\_\_\_ Palliative (emergency) treatment of dental pain  
D9220 \$ \_\_\_\_\_ Deep sedation/general anesthesia-first 30 minutes  
D9221 \$ \_\_\_\_\_ Deep sedation/general anesthesia-each additional 15 minutes

D3950 \$ \_\_\_\_\_ Canal preparation and fitting of preformed dowel or post

*Additional codes*

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

OTHER ENDODONTIC SERVICES

D3920 \$ \_\_\_\_\_ Hemisection (including any root removal), not including root canal therapy

---

\*\*\* If you practice at more than one office, you must submit fee filings for each location.\*\*\*

Please print or type

Name \_\_\_\_\_  
Office Address \_\_\_\_\_  
TIN # \_\_\_\_\_

License Number \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax # \_\_\_\_\_

I certify that these are the fees I intend to charge my patients. I agree these fees and any future fees will not be used on treatment forms until I have received notification from ODS of acceptance of all fees listed on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Specialty \_\_\_\_\_