

# Survey of Charges—Confidential

This survey represents the most frequently billed procedure codes.

## DIAGNOSTIC

### *CLINIC ORAL EVALUATIONS*

D0120	\$ _____	Periodic oral evaluation
D0140	\$ _____	Limited oral evaluation
D0150	\$ _____	Comprehensive oral evaluation
D0180	\$ _____	Comprehensive periodontal evaluation

### *RADIOGRAPHS*

D0210	\$ _____	Intraoral-complete series
D0220	\$ _____	Intraoral-periapical first film
D0230	\$ _____	Intraoral-periapical each additional film
D0240	\$ _____	Intraoral-occlusal film
D0270	\$ _____	Bitewing-single film
D0272	\$ _____	Bitewings-two films
D0274	\$ _____	Bitewings-four films
D0330	\$ _____	Panoramic film

### *ORAL PATHOLOGY LABORATORY*

D0484	\$ _____	Consultation on slides prepared elsewhere
D0485	\$ _____	Consultation, including preparation of slides from biopsy material supplied by referring source

### *Additional codes*

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

## PREVENTIVE

### *DENTAL PROPHYLAXIS*

D1110	\$ _____	Prophylaxis-adult
D1120	\$ _____	Prophylaxis-child

### *FLUORIDE TREATMENT*

D1203	\$ _____	Topical application of fluoride (prophylaxis not included)-child
D1204	\$ _____	Topical application of fluoride (prophylaxis not included)-adult

### *OTHER PREVENTIVE SERVICE*

D1351	\$ _____	Sealant-per tooth
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### *Additional codes*

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

(REV 02-21-05)

## RESTORATIVE

### *AMALGAMS*

D2140	\$ _____	Amalgam-one surface
D2150	\$ _____	Amalgam-two surfaces
D2160	\$ _____	Amalgam-three surfaces
D2161	\$ _____	Amalgam-four or more surfaces

### *COMPOSITE RESIN RESTORATIONS*

D2330	\$ _____	Resin-based composite-one surface, anterior
D2331	\$ _____	Resin-based composite-two surfaces, anterior
D2332	\$ _____	Resin-based composite-three surfaces, anterior
D2335	\$ _____	Resin-based composite-four or more surfaces or involving incisal angle (anterior)
D2391	\$ _____	Resin-based composite-one surface, posterior
D2392	\$ _____	Resin-based composite-two surfaces, posterior
D2393	\$ _____	Resin-based composite-three surfaces, posterior
D2394	\$ _____	Resin-based composite-four or more surfaces, posterior
D2542	\$ _____	Onlay-metallic, two surfaces
D2543	\$ _____	Onlay-metallic, three surfaces
D2544	\$ _____	Onlay-metallic, four or more surfaces

### *CROWN-SINGLE RESTORATION ONLY*

D2710	\$ _____	Crown-resin based composite (indirect)
D2712	\$ _____	Crown- 3/4 resin-based composite (indirect)
D2740	\$ _____	Crown-porcelain/ceramic substrate
D2750	\$ _____	Crown-porcelain fused to high noble metal
D2751	\$ _____	Crown-porcelain fused to predominantly base metal
D2752	\$ _____	Crown-porcelain fused to noble metal
D2780	\$ _____	Crown-3/4 cast high noble metal
D2790	\$ _____	Crown-full cast high noble metal
D2791	\$ _____	Crown-full cast predominately base metal
D2792	\$ _____	Crown-full cast noble metal
D2794	\$ _____	Crown-titanium

### *OTHER RESTORATIVE SERVICE*

D2915	\$ _____	Recement cast or prefabricated post and core
D2920	\$ _____	Recement crown
D2930	\$ _____	Prefabricated stainless steel crown-primary tooth
D2931	\$ _____	Prefabricated stainless steel crown-permanent tooth

D2933 \$ \_\_\_\_\_ Prefabricated stainless steel crown with resin window  
 D2934 \$ \_\_\_\_\_ Prefabricated esthetic stainless steel crown-primary tooth  
 D2950 \$ \_\_\_\_\_ Core buildup, including any pins  
 D2951 \$ \_\_\_\_\_ Pin retention-per tooth, in addition to restoration  
 D2952 \$ \_\_\_\_\_ Cast post and core in addition to crown  
 D2954 \$ \_\_\_\_\_ Prefabricated post and core in addition to crown  
 D2960 \$ \_\_\_\_\_ Labial veneer (resin laminate)-chairside  
 D2962 \$ \_\_\_\_\_ Labial veneer (porcelain laminate)-laboratory  
 D2971 \$ \_\_\_\_\_ Additional procedures to construct new crown under existing partial denture framework

*Additional codes*

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

**ENDODONTICS**

*PULP CAPPING*

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

*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

*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)  
 D3346 \$ \_\_\_\_\_ Retreatment of previous root canal therapy-anterior  
 D3347 \$ \_\_\_\_\_ Retreatment of previous root canal therapy-bicuspid  
 D3348 \$ \_\_\_\_\_ Retreatment of previous root canal therapy-molar

**PERIODONTICS**

*ADJUNCTIVE SERVICES*

D4241 \$ \_\_\_\_\_ Gingival flap procedure, including root planning-one to three teeth, per quadrant  
 D4341 \$ \_\_\_\_\_ Periodontal scaling and root planing, four or more teeth, per quadrant

D4342 \$ \_\_\_\_\_ Periodontal scaling and root planning-one to two three teeth, per quadrant  
 D4355 \$ \_\_\_\_\_ Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis

*OTHER PERIODONTAL SERVICES*

D4910 \$ \_\_\_\_\_ Periodontal maintenance procedures (following active therapy)

*Additional codes*

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

**PROSTHODONTICS-REMOVABLE**

*DENTURES, PARTIAL DENTURES AND RELINE FEES INCLUDE ADJUSTMENTS FOR A SIX MONTH PERIOD FOLLOWING INSERTION*

D5110 \$ \_\_\_\_\_ Complete denture-maxillary  
 D5120 \$ \_\_\_\_\_ Complete denture-mandibular  
 D5130 \$ \_\_\_\_\_ Immediate denture-maxillary  
 D5140 \$ \_\_\_\_\_ Immediate denture-mandibular

*PARTIAL DENTURES (INCLUDING ADJUSTMENT)*

D5213 \$ \_\_\_\_\_ Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
 D5214 \$ \_\_\_\_\_ Mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps and teeth)  
 D5225 \$ \_\_\_\_\_ Maxillary partial denture-flexible base (including any clasps, rest and teeth)  
 D5226 \$ \_\_\_\_\_ Mandibular partial denture-flexible base (including any clasps, rest and teeth)

*REPAIRS TO COMPLETE DENTURES*

D5510 \$ \_\_\_\_\_ Repair broken complete denture base  
 D5520 \$ \_\_\_\_\_ Replace missing teeth or broken teeth-complete denture (each tooth)

*REPAIRS TO PARTIAL DENTURES*

D5610 \$ \_\_\_\_\_ Repair resin denture base  
 D5640 \$ \_\_\_\_\_ Replace missing or broken teeth-complete denture (each tooth)

*DENTURE REBASE PROCEDURES*

D5710 \$ \_\_\_\_\_ Rebase complete maxillary denture  
 D5711 \$ \_\_\_\_\_ Rebase complete mandibular denture  
 D5720 \$ \_\_\_\_\_ Rebase maxillary partial denture  
 D5721 \$ \_\_\_\_\_ Rebase mandibular partial denture

DENTURE RELINE PROCEDURES

- D5750 \$ \_\_\_\_\_ Reline complete maxillary denture (laboratory)
- D5751 \$ \_\_\_\_\_ Reline complete mandibular denture (laboratory)
- D5760 \$ \_\_\_\_\_ Reline maxillary partial denture (laboratory)
- D5761 \$ \_\_\_\_\_ Reline mandibular partial denture (laboratory)

*Additional codes*

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

IMPLANT SUPPORTED PROSTHETICS

*IMPLANTS*

- D6056 \$ \_\_\_\_\_ Prefabricated abutment-includes placement
- D6057 \$ \_\_\_\_\_ Custom abutment-includes placement
- D6058 \$ \_\_\_\_\_ Abutment supported porcelain/ceramic crown
- D6059 \$ \_\_\_\_\_ Abutment supported porcelain fused to metal crown (high noble metal)
- D6060 \$ \_\_\_\_\_ Abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 \$ \_\_\_\_\_ Abutment supported porcelain fused metal crown (noble metal)
- D6062 \$ \_\_\_\_\_ Abutment supported cast metal crown (high noble metal)
- D6063 \$ \_\_\_\_\_ Abutment supported cast metal crown (predominantly base metal)
- D6064 \$ \_\_\_\_\_ Abutment supported cast metal crown (noble metal)
- D6065 \$ \_\_\_\_\_ Implant supported porcelain/ceramic crown
- D6066 \$ \_\_\_\_\_ Implant supported porcelain fused to metal crown
- D6067 \$ \_\_\_\_\_ Implant supported metal crown
- D6094 \$ \_\_\_\_\_ Abutment supported crown-titanium
- D6194 \$ \_\_\_\_\_ Abutment supported retainer crown for FPD-titanium

*Additional codes*

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

PROSTHODONTICS FIXED

- D6205 \$ \_\_\_\_\_ Pontic-indirect resin-based composite
- D6210 \$ \_\_\_\_\_ Pontic- cast high noble metal
- D6211 \$ \_\_\_\_\_ Pontic- cast predominately base metal
- D6212 \$ \_\_\_\_\_ Pontic- cast noble metal
- D6214 \$ \_\_\_\_\_ Pontic-titanium
- D6240 \$ \_\_\_\_\_ Pontic- porcelain fused to high noble metal
- D6241 \$ \_\_\_\_\_ Pontic- porcelain fused to predominately base metal

- D6242 \$ \_\_\_\_\_ Pontic- porcelain fused to fused to noble metal
- D6245 \$ \_\_\_\_\_ Pontic- porcelain/ceramic
- D6634 \$ \_\_\_\_\_ Onlay-titanium
- D6710 \$ \_\_\_\_\_ Crown-indirect resin-based composite
- D6740 \$ \_\_\_\_\_ Crown-porcelain/ceramic
- D6794 \$ \_\_\_\_\_ Crown-titanium
- D6930 \$ \_\_\_\_\_ Recement fixed partial denture

*Additional codes*

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

ORAL SURGERY

*EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)*

- D7111 \$ \_\_\_\_\_ Coronal remnants-deciduous tooth
- D7140 \$ \_\_\_\_\_ Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

*SURGICAL EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING IF NEEDED, AND ROUTINE POSTOPERATIVE CARE)*

- D7210 \$ \_\_\_\_\_ Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220 \$ \_\_\_\_\_ Removal of impacted tooth-soft tissue
- D7230 \$ \_\_\_\_\_ Removal of impacted tooth-partially bony
- D7240 \$ \_\_\_\_\_ Removal of impacted tooth-completely bony

*OTHER SURGICAL PROCEDURES APPLIED TO TEETH*

- D7283 \$ \_\_\_\_\_ Placement of device to facilitate eruption of impacted tooth
- D7310 \$ \_\_\_\_\_ Alveoloplasty in conjunction with extractions -per quadrant
- D7311 \$ \_\_\_\_\_ Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces
- D7320 \$ \_\_\_\_\_ Alveoloplasty not in conjunction with extractions - per quadrant
- D7321 \$ \_\_\_\_\_ Alveoloplasty not in conjunction with extractions -one to three teeth or tooth spaces
- D7511 \$ \_\_\_\_\_ Incision and drainage of abcess-intraoral soft tissue
- D7953 \$ \_\_\_\_\_ Bone replacement graft for ridge preservation-per site
- D7963 \$ \_\_\_\_\_ Frenuloplasty

*Additional codes*

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

ADJUNCTIVE GENERAL SERVICES

D9110 \$ \_\_\_\_\_ Palliative (emergency) treatment of  
dental pain-minor procedure  
D9940 \$ \_\_\_\_\_ Occlusal guard/by report  
D9942 \$ \_\_\_\_\_ Repair and/or reline occlusal guard

*Additional codes*

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

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

Please print or type

Dentist Name \_\_\_\_\_ License Number \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

TIN # \_\_\_\_\_ 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 \_\_\_\_\_