

# Survey of Charges—Oral Surgery

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

### *RADIOGRAPHS*

D0210 \$ \_\_\_\_\_ Intraoral-complete series  
D0330 \$ \_\_\_\_\_ Panoramic film

### *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  
D7250 \$ \_\_\_\_\_ Surgical removal of residual tooth roots (cutting procedures)

### *OTHER SURGICAL PROCEDURES*

D7260 \$ \_\_\_\_\_ Oroantral fistula closure  
D7270 \$ \_\_\_\_\_ Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus

(1/13/05)

D7280 \$ \_\_\_\_\_ Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)  
D7283 \$ \_\_\_\_\_ Placement of device to facilitate eruption of impacted tooth  
D7285 \$ \_\_\_\_\_ Biopsy of oral tissue-hard (bone)  
D7286 \$ \_\_\_\_\_ Biopsy of oral tissue-soft (all others)  
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  
D7471 \$ \_\_\_\_\_ Removal of exostosis-per site  
D7510 \$ \_\_\_\_\_ Incision and drainage of abscess-intraoral soft tissue  
D7511 \$ \_\_\_\_\_ Incision and drainage of abscess-intraoral soft tissue  
D7953 \$ \_\_\_\_\_ Bone replacement graft for ridge preservation-per site  
D7960 \$ \_\_\_\_\_ Frenulectomy (frenectomy or frenotomy)-separate procedure  
D7963 \$ \_\_\_\_\_ Frenuloplasty  
D7970 \$ \_\_\_\_\_ Excision of pericoronal gingiva

### *Additional codes*

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

## ADJUNCTIVE GENERAL SERVICES

D9110 \$ \_\_\_\_\_ Palliative (emergency) treatment of dental pain-minor procedure  
D9220 \$ \_\_\_\_\_ General anesthesia-first 30 minutes  
D9241 \$ \_\_\_\_\_ Intravenous sedation/analgesia-first 30 minutes

### *Additional codes*

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

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

Please print or type

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 \_\_\_\_\_