



www.odskompanies.com

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Survey of Charges—Orthodontists

This survey represents the most frequently billed procedure codes.

DIAGNOSTIC & RESTORATIVE

CLINICAL ORAL EXAM

D0150 \$ _____ Comprehensive oral evaluation

RADIOGRAPHS

D0330 \$ _____ Panoramic film

TESTS

D0470 \$ _____ Diagnostic casts

OTHER PREVENTATIVE SERVICES

D1515 \$ _____ Space maintainer - fixed -bilateral

Additional codes

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

ORTHODONTICS

LIMITED ORTHODONTIC TREATMENT

D8020 \$ _____ Limited orthodontic treatment of the transitional dentition

D8030 \$ _____ Limited orthodontic treatment of the adolescent dentition

D8040 \$ _____ Limited orthodontic treatment of the adult dentition

INTERCEPTIVE ORTHODONTIC TREATMENT

D8060 \$ _____ Interceptive orthodontic treatment of the transitional dentition

COMPREHENSIVE ORTHODONTIC TREATMENT

D8070 \$ _____ Comprehensive orthodontic treatment of the transitional dentition

D8080 \$ _____ Comprehensive orthodontic treatment the adolescent dentition

D8090 \$ _____ Comprehensive orthodontic treatment of the adult dentition

OTHER ORTHODONTIC SERVICES

D8660 \$ _____ Pre-orthodontic treatment visit

D8670 \$ _____ Periodic orthodontic treatment visit

D8680 \$ _____ Orthodontic retention (removal of appliances, etc.)

D8692 \$ _____ Replacement of lost or broken retainer

Additional codes

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

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

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 _____