

Survey of Charges—Periodontics

This survey represents the most frequently billed procedure codes.

DIAGNOSTIC

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

CLINIC ORAL EVALUATIONS

- 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
- D0330 \$ _____ Panoramic film
- D0460 \$ _____ Pulp vitality tests
- D0470 \$ _____ Diagnostic casts

Additional codes

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

PREVENTIVE

DENTAL PROPHYLAXIS

- D1110 \$ _____ Prophylaxis-adult

Additional codes

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

PERIRADICULAR SERVICES

- D3450 \$ _____ Root amputation- per root
- D3920 \$ _____ Hemisection (including any root removal, not including root canal therapy)

Additional codes

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

SURGICAL SERVICES

- D4210 \$ _____ Gingivectomy or gingivoplasty-per quadrant
- D4240 \$ _____ Gingival flap procedure, including root planing-per quadrant
- D4241 \$ _____ Gingival flap procedure, including root planing-1 to 3 teeth per quadrant
- D4245 \$ _____ Apically positioned flap
- D4249 \$ _____ Clinical crown lengthening-hard tissue
- D4260 \$ _____ Osseous surgery (including flap entry and closure)
- D4261 \$ _____ Osseous Surgery (including flap entry and closure)-1 to 3 teeth per quadrant
- D4263 \$ _____ Bone replacement graft-first site in quadrant
- D4264 \$ _____ Bone replacement graft-each additional site in quadrant
- D4268 \$ _____ Surgical revision procedure, per tooth
- D4270 \$ _____ Pedicle soft tissue graft procedure
- D4271 \$ _____ Free soft tissue graft procedure (including donor site surgery)
- D4273 \$ _____ Subepithelial connective tissue graft procedure (including donor site surgery)
- D4274 \$ _____ Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

Additional codes

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

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 abscess-intraoral soft tissue
- D7953 \$ _____ Bone replacement graft for ridge preservation-per site

D7963 \$ _____ Frenuloplasty

Additional codes

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

ADJUNCTIVE PERIODONTAL SERVICES

D4320 \$ _____ Provisional splinting-intracoronaral
D4321 \$ _____ Provisional splinting-extracoronaral
D4341 \$ _____ Periodontal scaling and root planing, per
quadrant
D4342 \$ _____ Periodontal scaling and root planing-1 to
3 teeth per quadrant
D4355 \$ _____ Full mouth debridement to enable com-
prehensive periodontal evaluation and
diagnosis
D4910 \$ _____ Periodontal maintenance procedures
(following active therapy)

Additional codes

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

IMPLANT SUPPORTED PROSTHETICS

IMPLANTS

D6056 \$ _____ Prefabricated abutment-includes place-
ment
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 to
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
D6190 \$ _____ Radiographic-surgical implant index, by
report
D6194 \$ _____ Abutment supported retainer crown for
FPD-titanium

ORAL SURGERY

D7510 \$ _____ Incision and drainage of abscess-intra-
oral soft tissue
D7960 \$ _____ Frenulectomy (frenectomy or frenoto-
my)-separate procedure

Additional codes

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

ADJUNCTIVE GENERAL SERVICES

D9230 \$ _____ Analgesia, anxiolysis, inhalation of
nitrous oxide

Additional codes

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

***** 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 _____