

Survey of Charges

Please file/submit fees for only those procedures performed in your office using any one of the following methods:

1. File/submit your fees using this paper format and return via fax or mail.
2. File/submit your fees **online** using Dental Benefit Tracker

D0100-D0485 I Diagnostic

D0120 \$ _____ Periodic Oral Evaluation
D0140 \$ _____ Limited Oral Evaluation
D0145 \$ _____ Oral Evaluation under 3 yrs of age
D0150 \$ _____ Comprehensive Oral Evaluation
D0160 \$ _____ Detailed oral evaluation
D0170 \$ _____ Re-evaluation-limited
D0171 \$ _____ Re-evaluation – post-operative office visit
D0180 \$ _____ Comprehensive Periodontal Evaluation
D0190 \$ _____ Screening of a patient
D0191 \$ _____ Assessment of a patient

Radiographs/Diagnostic Imaging

D0210 \$ _____ Intraoral-complete series (including bitewings)
D0220 \$ _____ Intraoral-periapical first film
D0230 \$ _____ Intraoral-periapical each additional film
D0240 \$ _____ Intraoral-occlusal film
D0250 \$ _____ Extraoral-2D projection radiographic images created using a stationary radiation source, and detector
D0251 \$ _____ Extraoral posterior dental radiographic image
D0270 \$ _____ Bitewing-single film
D0272 \$ _____ Bitewings-two films
D0273 \$ _____ Bitewings-three films
D0274 \$ _____ Bitewings-four films
D0277 \$ _____ Vertical bitewings- 7 to 8 films
D0310 \$ _____ Sialography
D0320 \$ _____ Temporomandibular joint arthrogram
D0321 \$ _____ Other temporomandibular joint films, by report
D0322 \$ _____ Tomographic survey
D0330 \$ _____ Panoramic film
D0340 \$ _____ 2D cephalometric radiographic image-acquisition, measurement and analysis
D0350 \$ _____ Oral/facial photographic images
D0351 \$ _____ 3D photographic image
D0364 \$ _____ Cone beam CT capture and interpretation with limited field of view-less than one whole jaw
D0365 \$ _____ Cone beam CT capture and interpretation with field of view of one full dental arch-mandible
D0366 \$ _____ Cone beam CT capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium
D0367 \$ _____ Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium
D0368 \$ _____ Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369 \$ _____ Maxillofacial MRI capture and interpretations
D0370 \$ _____ Maxillofacial ultrasound capture and interpretations
D0371 \$ _____ Sialoendoscopy capture and interpretation

D0380 \$ _____ Cone beam CT image capture with limited field of view-less than one whole jaw
D0381 \$ _____ Cone beam CT image capture with field of view of one full dental arch-mandible
D0382 \$ _____ Cone beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium
D0383 \$ _____ Cone beam CT image capture with field of view of both jaws, with or without cranium
D0384 \$ _____ Cone beam CT image capture for TMJ series including two or more exposures
D0385 \$ _____ Maxillofacial MRI image capture
D0386 \$ _____ Maxillofacial ultrasound image capture
D0391 \$ _____ Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
D0393 \$ _____ Treatment simulation using 3D image volume
D0394 \$ _____ Digital subtraction of two or more images or image volumes of the same modality
D0395 \$ _____ Fusion of two or more 3D image volumes of one or more modalities

Test and Examinations

D0414 \$ _____ Laboratory processing of Microbial Specimen
D0415 \$ _____ Collection of microorganisms
D0416 \$ _____ Viral Culture
D0417 \$ _____ Collection and preparation of saliva sample
D0418 \$ _____ Analysis of saliva sample
D0422 \$ _____ Collection and preparation of genetic sample material for laboratory analysis and report
D0423 \$ _____ Genetic test for susceptibility to disease-specimen analysis
D0425 \$ _____ Caries susceptibility tests
D0431 \$ _____ Adjunctive pre-diagnostic test
D0460 \$ _____ Pulp vitality tests
D0470 \$ _____ Diagnostic casts

Oral Pathology Laboratory

D0472 \$ _____ Accession of tissue, examination, and report
D0473 \$ _____ Accession of tissue, microscopic exam, and report
D0474 \$ _____ Accession of tissue, microscopic exam including margins, and report
D0480 \$ _____ Accession of Exfoliative cytologic smears
D0486 \$ _____ Laboratory accession of brush biopsy
D0475 \$ _____ Decalcification procedure
D0476 \$ _____ Special stains for microorganisms
D0477 \$ _____ Special stains not for microorganisms
D0478 \$ _____ Immunohistochemical stains
D0479 \$ _____ tissue in situ hybridization
D0481 \$ _____ electron microscopy
D0482 \$ _____ direct immunofluorescence
D0483 \$ _____ Indirect immunofluorescence
D0484 \$ _____ Consultation on slides prepared elsewhere

D0485 \$ _____ Consultation including preparation of slides
 D0600 \$ _____ Non-ionizing diagnostic procedure
 D0601 \$ _____ Caries risk assessment and documentation, with a finding of low risk
 D0602 \$ _____ Caries risk assessment and documentation, with a finding of moderate risk
 D0603 \$ _____ Caries risk assessment and documentation, with a finding of high risk

D1000-D1555 II Preventive

D1110 \$ _____ Prophylaxis- Adult
 D1120 \$ _____ Prophylaxis-Child
 D1206 \$ _____ Topical fluoride varnish-moderate to high risk patients
 D1208 \$ _____ Topical application of fluoride
 D1310 \$ _____ Nutritional Counseling
 D1320 \$ _____ Tobacco Counseling
 D1330 \$ _____ Oral Hygiene instructions
 D1351 \$ _____ Sealant-per tooth
 D1352 \$ _____ Preventive resin restoration in a moderate to high caries risk patient-permanent tooth
 D1353 \$ _____ Sealant repair-per tooth
 D1354 \$ _____ Interim caries arresting medicament application

Space Maintenance

D1510 \$ _____ Space maintainer-fixed-unilateral
 D1515 \$ _____ Space maintainer-fixed-bilateral
 D1520 \$ _____ Space maintainer-removable-unilateral
 D1525 \$ _____ Space maintainer-removable-bilateral
 D1550 \$ _____ Re-cementation of space maintainer
 D1555 \$ _____ Removal of fixed space maintainer
 D1575 \$ _____ Distal shoe space maintainer

D2000-D2980 III Restorative

Amalgam Restorations

D2140 \$ _____ Amalgam-one Surface primary or permanent
 D2150 \$ _____ Amalgam-two surfaces, primary or permanent
 D2160 \$ _____ Amalgam-three surfaces, primary or permanent
 D2161 \$ _____ Amalgam-four or more surfaces, primary or permanent

Resin-based Composite 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
 D2390 \$ _____ Resin-based composite crown anterior
 D2391 \$ _____ Resin-based composite-one surface posterior
 D2392 \$ _____ Resin-based composite-two surface posterior
 D2393 \$ _____ Resin-based composite-three surfaces posterior
 D2394 \$ _____ Resin-based composite-four or more surfaces, posterior

Gold Foil Restorations

D2410 \$ _____ Gold foil-one surface
 D2420 \$ _____ Gold foil-two surfaces
 D2430 \$ _____ Gold foil-three surfaces

Inlay/Onlay Restorations

D2510 \$ _____ Inlay-metallic one surface
 D2520 \$ _____ Inlay-metallic two surfaces
 D2530 \$ _____ Inlay-metallic three surfaces
 D2542 \$ _____ Onlay-metallic two surfaces
 D2543 \$ _____ Onlay-metallic three surfaces
 D2544 \$ _____ Onlay-metallic four or more surfaces
 D2610 \$ _____ Inlay-porcelain/ceramic-one surface
 D2620 \$ _____ Inlay-porcelain/ceramic-two surfaces
 D2630 \$ _____ Inlay-porcelain/ceramic-three or more surfaces
 D2642 \$ _____ Onlay-porcelain/ceramic-two surfaces
 D2643 \$ _____ Onlay-porcelain/ceramic-three surfaces
 D2644 \$ _____ Onlay-porcelain/ceramic-four or more surfaces
 D2650 \$ _____ Inlay-resin-based composite-one surface
 D2651 \$ _____ Inlay resin based composite-two surfaces
 D2652 \$ _____ Inlay-resin based composite-three or more surfaces
 D2662 \$ _____ Onlay-resin based composite-two surfaces
 D2663 \$ _____ Onlay-resin based composite-three surfaces
 D2664 \$ _____ Onlay-resin based composite-four or more surfaces

Crowns –Single Restorations

D2710 \$ _____ Crown-resin based composite (indirect)
 D2712 \$ _____ Crown-3/4 resin based composite (indirect)
 D2720 \$ _____ Crown-Resin with high noble metal
 D2721 \$ _____ Crown resin with predominantly base metal
 D2722 \$ _____ Crown resin with noble metal
 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
 D2781 \$ _____ Crown-3/4 cast predominantly base metal
 D2782 \$ _____ Crown-3/4 cast noble metal
 D2783 \$ _____ Crown-3/4 porcelain/ceramic
 D2790 \$ _____ Crown-full cast high noble metal
 D2791 \$ _____ Crown-full cast predominantly base metal
 D2792 \$ _____ Crown-full cast noble metal
 D2794 \$ _____ Crown-titanium
 D2799 \$ _____ Provisional crown

Other Restorative Services

D2910 \$ _____ Recement inlay, onlay, or partial restoration
 D2915 \$ _____ Recement cast or prefabricated post and core
 D2920 \$ _____ Recement crown

D2921 \$ _____ Reattachment of tooth fragment, incisal edge or cusp
 D2929 \$ _____ Prefabricated porcelain/ceramic crown-primary tooth
 D2930 \$ _____ Prefabricated stainless steel crown-primary tooth
 D2931 \$ _____ Prefabricated stainless steel crown-permanent tooth
 D2932 \$ _____ Prefabricated resin crown
 D2933 \$ _____ Prefabricated stainless steel crown with resin window
 D2934 \$ _____ Prefabricated esthetic coated stainless steel crown-primary
 D2940 \$ _____ Sedative filling
 D2941 \$ _____ Interim therapeutic restoration – primary dentition
 D2949 \$ _____ Restorative foundation for an indirect restoration
 D2950 \$ _____ Core buildup, including pins
 D2951 \$ _____ Pin Retention-per tooth, in addition to restoration
 D2952 \$ _____ Post and core in addition to crown, indirectly fabricated
 D2953 \$ _____ Each additional indirectly fabricated post-same tooth
 D2954 \$ _____ Prefabricated post and core in addition to crown
 D2955 \$ _____ Post removal (not in conjunction with endo therapy)
 D2957 \$ _____ Each Additional Prefabricated post-same tooth
 D2960 \$ _____ Labial veneer (resin laminate)-chairside
 D2961 \$ _____ Labial veneer (resin laminate)-laboratory
 D2962 \$ _____ Labial veneer (porcelain laminate)-laboratory
 D2971 \$ _____ Additional procedures to construct new crown under existing denture
 D2975 \$ _____ Coping
 D2980 \$ _____ Crown repair, by report
 D2981 \$ _____ Inlay repair necessitated by restorative material failure
 D2982 \$ _____ Onlay repair necessitated by restorative material failure
 D2983 Veneer repair necessitated by restorative material failure
 D2990 \$ _____ Resin infiltration of incipient smooth surface lesions

D3000-D3950 IV Endodontics

Pulp Capping

D3110 \$ _____ Pulp cap-direct (excluding final restoration)
 D3120 \$ _____ Pulp cap-indirect (excluding final restoration)

Pulpotomy

D3220 \$ _____ Therapeutic pulpotomy
 D3221 \$ _____ Pulpal debridement, primary and permanent teeth
 D3222 \$ _____ Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development

Endodontic Therapy on Primary Teeth

D3230 \$ _____ Pulpal therapy (resorbable filling) anterior
 D3240 \$ _____ Pulpal therapy (resorbable filling) posterior

Endodontic Therapy

D3310 \$ _____ Endodontic therapy, anterior tooth (excluding final restoration)
 D3320 \$ _____ Endodontic therapy, bicuspid tooth (excluding final restoration)
 D3330 \$ _____ Endodontic therapy, molar (excluding final restoration)
 D3331 \$ _____ Treatment of root canal obstruction, non surgical access
 D3332 \$ _____ Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth
 D3333 \$ _____ Internal root repair of perforation defects

Endodontic Retreatment

D3346 \$ _____ Retreatment of previous root canal therapy-anterior
 D3347 \$ _____ Retreatment of previous root canal therapy-bicuspid
 D3348 \$ _____ Retreatment of previous root canal therapy-molar

Apexification/Recalcification Procedures

D3351 \$ _____ Apexification/recalcification initial visit
 D3352 \$ _____ Apexification/recalcification interim medication replacement
 D3353 \$ _____ Apexification/recalcification final visit
 D3355 \$ _____ Pulpal regeneration - initial visit
 D3356 \$ _____ Pulpal regeneration - interim medication replacement
 D3357 \$ _____ Pulpal regeneration - completion of treatment

Apicoectomy/Periradicular services

D3410 \$ _____ Apicoectomy/periradicular surgery-anterior
 D3421 \$ _____ Apicoectomy/periradicular surgery-bicuspid
 D3425 \$ _____ Apicoectomy/periradicular surgery-molar
 D3426 \$ _____ Apicoectomy/periradicular surgery (each additional root)
 D3427 \$ _____ Periradicular surgery without apicoectomy
 D3428 \$ _____ Bone graft in conjunction with periradicular surgery – per tooth, single site
 D3429 \$ _____ Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
 D3430 \$ _____ Retrograde filling-per root
 D3431 \$ _____ Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
 D3432 \$ _____ Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
 D3450 \$ _____ Root amputation-per root
 D3460 \$ _____ Endodontic endosseous implant

D3470 \$ _____ Intentional reimplantation

Other Endodontic Procedures

D3910 \$ _____ Surgical procedure for isolation of tooth
D3920 \$ _____ Hemisection
D3950 \$ _____ Canal Preparation and fitting of preformed dowel or post

D4000-4920 V. Periodontics

Surgical Services

D4210 \$ _____ Gingivectomy or gingivoplasty-four or more contiguous teeth
D4211 \$ _____ Gingivectomy or gingivoplasty-one to three contiguous teeth
D4212 \$ _____ Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4230 \$ _____ Anatomical Crown Exposure-four or more teeth per quadrant
D4231 \$ _____ Anatomical crown exposure- one to three teeth per quadrant
D4240 \$ _____ Gingival flap procedure, including root planing-four or more teeth
D4241 \$ _____ Gingival flap procedure, including root planning- one to three teeth
D4245 \$ _____ Apically positioned flap
D4249 \$ _____ Clinical crown lengthening-hard tissue
D4260 \$ _____ Osseous surgery-four or more teeth
D4261 \$ _____ Osseous surgery-one to three teeth
D4263 \$ _____ Bone replacement graft-first site
D4264 \$ _____ Bone replacement graft-each additional site
D4265 \$ _____ Biologic materials to aid in soft and osseous tissue regeneration
D4266 \$ _____ Guided tissue regeneration-resorbable barrier
D4267 \$ _____ Guided tissue regeneration-non resorbable barrier
D4268 \$ _____ Surgical revision procedure per tooth
D4270 \$ _____ Pedicle soft tissue graft procedure
D4273 \$ _____ Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
D4274 \$ _____ Distal or proximal wedge procedure
D4275 \$ _____ Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276 \$ _____ Combined connective tissue and double pedicle graft, per tooth
D4277 \$ _____ Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft
D4278 \$ _____ Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft
D4283 \$ _____ Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site

D4285 \$ _____ Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site

Non-Surgical

D4320 \$ _____ Provisional splinting-intracoronal
D4321 \$ _____ Provisional splinting-extracoronal
D4341 \$ _____ Periodontal scaling and root planing-four or more teeth
D4346 \$ _____ Scaling in presence of generalized moderate or severe gingival inflammation
D4342 \$ _____ Periodontal scaling and root planing-one to three teeth
D4355 \$ _____ Full mouth debridement to enable comprehensive evaluation
D4381 \$ _____ Localized delivery of antimicrobial agents

Other Periodontal Services

D4910 \$ _____ Periodontal maintenance
D4920 \$ _____ Unscheduled dressing change
D4921 \$ _____ Gingival irrigation – per quadrant

D5000-D5875 VI. Prosthodontics (removable)

Complete Dentures

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

Partial Dentures

D5211 \$ _____ Maxillary partial denture-resin base
D5212 \$ _____ Mandibular partial denture-resin base
D5213 \$ _____ Maxillary partial denture- cast metal frame
D5214 \$ _____ Mandibular partial denture- cast metal frame
D5221 \$ _____ Immediate maxillary partial denture-resin base (including and conventional clasps, rests and teeth)
D5222 \$ _____ Immediate mandibular partial denture-resin base (including any conventional clasps, rests and teeth)
D5223 \$ _____ Immediate maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224 \$ _____ Immediate mandibular partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225 \$ _____ Maxillary partial denture-flexible base
D5226 \$ _____ Mandibular partial denture-flexible base
D5281 \$ _____ Removable unilateral partial denture-one piece cast metal

Adjustments to Dentures

D5410 \$ _____ Adjust complete denture-maxillary
D5411 \$ _____ Adjust complete denture-mandibular
D5421 \$ _____ Adjust partial denture-maxillary

D5422 \$ _____ Adjust partial denture-mandibular

Repairs to Complete Dentures

D5510 \$ _____ Repair broken complete denture base
D5520 \$ _____ Replace missing or broken teeth-
complete denture

Repairs to Partial Dentures

D5610 \$ _____ Repair resin denture base
D5620 \$ _____ Repair cast framework
D5630 \$ _____ Repair or replace broken clasp-per tooth
D5640 \$ _____ Replace broken teeth-per tooth
D5650 \$ _____ Add tooth to existing partial denture
D5660 \$ _____ Add clasp to existing partial denture-per
tooth
D5670 \$ _____ Replace all teeth and acrylic on cast
metal framework-maxillary
D5671 \$ _____ Replace all teeth and acrylic on cast
metal framework-mandibular

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

D5730 \$ _____ Reline complete maxillary denture
(chairside)
D5731 \$ _____ Reline complete mandibular denture
(chairside)
D5740 \$ _____ Reline maxillary partial denture
(chairside)
D5741 \$ _____ Reline mandibular partial denture
(chairside)
D5750 \$ _____ Reline complete maxillary denture
(laboratory)
D5751 \$ _____ Reline complete mandibular denture
(laboratory)
D5760 \$ _____ Reline maxillary partial denture
(laboratory)
D5761 \$ _____ Reline mandibular partial denture
(laboratory)

Interim Prosthesis

D5810 \$ _____ Interim complete denture (maxillary)
D5811 \$ _____ Interim complete denture (mandibular)
D5820 \$ _____ Interim partial denture (maxillary)
D5821 \$ _____ Interim partial denture (mandibular)

Other Removable Prosthetic Services

D5850 \$ _____ Tissue conditioning, maxillary
D5851 \$ _____ Tissue conditioning, mandibular
D5862 \$ _____ Precision attachment, by report
D5863 \$ _____ Overdenture – complete maxillary
D5864 \$ _____ Overdenture – partial maxillary
D5865 \$ _____ Overdenture – complete mandibular
D5866 \$ _____ Overdenture – partial mandibular
D5867 \$ _____ Replacement of replaceable part of
semi-precision or precision attachment
D5875 \$ _____ Modification of removable prosthesis
following implant surgery

D5900-D5991 VII. Maxillofacial Prosthetics

D5911 \$ _____ Facial moulage (sectional)
D5912 \$ _____ Facial moulage (complete)
D5913 \$ _____ Nasal Prosthesis
D5914 \$ _____ Auricular prosthesis
D5915 \$ _____ Orbital prosthesis
D5916 \$ _____ Ocular prosthesis
D5919 \$ _____ Facial Prosthesis
D5922 \$ _____ Nasal septal prosthesis
D5923 \$ _____ Ocular prosthesis interim
D5924 \$ _____ Cranial prosthesis
D5925 \$ _____ Facial augmentation implant prosthesis
D5926 \$ _____ Nasal prosthesis, replacement
D5927 \$ _____ Auricular prosthesis, replacement
D5928 \$ _____ Orbital prosthesis, replacement
D5929 \$ _____ Facial prosthesis, replacement
D5931 \$ _____ Obturator prosthesis, surgical
D5932 \$ _____ Obturator prosthesis, definitive
D5933 \$ _____ Obturator prosthesis, modification
D5934 \$ _____ Mandibular resection prosthesis with
guide flange
D5935 \$ _____ Mandibular resection prosthesis without
guide flange
D5936 \$ _____ Obturator prosthesis, interim
D5937 \$ _____ Trismus appliance
D5951 \$ _____ Feeding aid
D5952 \$ _____ Speech aid prosthesis, pediatric
D5953 \$ _____ Speech aid prosthesis, adult
D5954 \$ _____ Palatal augmentation prosthesis
D5955 \$ _____ Palatal lift prosthesis, definitive
D5958 \$ _____ Palatal lift prosthesis, interim
D5959 \$ _____ Palatal lift prosthesis, modification
D5960 \$ _____ Speech aid prosthesis, modification
D5982 \$ _____ Surgical stent
D5983 \$ _____ Radiation carrier
D5984 \$ _____ Radiation shield
D5985 \$ _____ Radiation core locator
D5986 \$ _____ Fluoride gel carrier
D5987 \$ _____ Commisssure splint
D5988 \$ _____ Surgical splint
D5991 \$ _____ Topical medicament carrier
D5993 \$ _____ Maintenance and cleaning of a
maxillofacial prosthesis (extra or
intraoral) other than required
adjustments, by report
D5994 \$ _____ Periodontal medicament carrier with
peripheral seal – laboratory processed

D6000-D6194 VIII Implant Services

Pre-Surgical Services

D6190 \$ _____ Radiographic/surgical implant index, by
report

Surgical Services

D6010 \$ _____ Surgical placement of implant body:
endosteal implant
D6011 \$ _____ Second stage implant surgery
D6012 \$ _____ Surgical placement of implant body for
transitional prosthesis
D6013 \$ _____ Surgical placement of mini implant
D6040 \$ _____ Surgical placement: eposteal implant
D6050 \$ _____ Surgical placement: transosteal implant
D6052 \$ _____ Semi-precision attachment abutment
D6100 \$ _____ Implant removal, by report

- D6101 \$ _____ Debridement of a peri-implant defect and surface cleaning of exposed implant, including flap entry and closure
- D6102 \$ _____ Debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure
- D6103 \$ _____ Bone graft for repair of peri-implant defect-not including flap entry and closure, or when indicated, placement of barrier membrane or biologic materials to aid in osseous regeneration
- D6104 \$ _____ Bone graft at time of implant placement

Supporting Structures

- D6055 \$ _____ Dental implant supported connecting bar
- D6056 \$ _____ Prefabricated abutment-includes placement
- D6057 \$ _____ Custom abutment-includes placement

Single Crowns, Abutment Supported

- D6058 \$ _____ Abutment supported porcelain/ceramic crown
- D6059 \$ _____ Abutment supported porcelain fused to metal crown (noble metal)
- D6060 \$ _____ Abutment supported porcelain fused to metal crown
- 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)
- D6094 \$ _____ Abutment supported crown (titanium)

Single Crowns, Implant supported

- D6065 \$ _____ Implant supported porcelain/ceramic crown
- D6066 \$ _____ Implant supported porcelain fused to metal crown (titanium)
- D6067 \$ _____ Implant supported metal crown (titanium)
- D6085 \$ _____ Provisional implant crown

Fixed Partial Denture, Abutment Supported

- D6068 \$ _____ Abutment supported retainer for porcelain/ceramic FPD
- D6069 \$ _____ Abutment supported retainer for porcelain fused to metal FPD (high noble)
- D6070 \$ _____ Abutment supported retainer for porcelain fused to metal FPD (base metal)
- D6071 \$ _____ Abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 \$ _____ Abutment supported retainer for cast metal FPD (high noble metal)
- D6073 \$ _____ Abutment supported retainer for cast metal FPD (base metal)

- D6074 \$ _____ Abutment supported retainer for cast metal FPD (noble metal)
- D6194 \$ _____ Abutment supported retainer crown for FPD (titanium)

Fixed Partial Denture, Implant Supported

- D6075 \$ _____ Implant supported retainer for ceramic FPD
- D6076 \$ _____ Implant supported retainer for porcelain fused to metal FPD (titanium or high noble metal)
- D6077 \$ _____ Implant supported retainer for cast metal FPD (titanium or high noble metal)

Other Implant Services

- D6051 \$ _____ Interim abutment
- D6080 \$ _____ Implant maintenance procedures
- D6081 \$ _____ Scaling and debridement in the presence of inflammation or mucositis of a single implant
- D6090 \$ _____ Repair implant supported prosthesis, by report
- D6095 \$ _____ Repair implant abutment, by report
- D6091 \$ _____ Replacement of semi-precision or precision attachment
- D6092 \$ _____ Recement implant/abutment supported crown
- D6093 \$ _____ Recement implant/abutment supported fixed partial denture

Implant/Abutment Supported Removable Dentures

- D6110 \$ _____ Implant /abutment supported removable denture for edentulous arch – maxillary
- D6111 \$ _____ Implant /abutment supported removable denture for edentulous arch – mandibular
- D6112 \$ _____ Implant /abutment supported removable denture for partially edentulous arch – maxillary
- D6113 \$ _____ Implant /abutment supported removable denture for partially edentulous arch – mandibular

Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)

- D6114 \$ _____ Implant /abutment supported fixed denture for edentulous arch – maxillary
- D6115 \$ _____ Implant /abutment supported fixed denture for edentulous arch – mandibular
- D6116 \$ _____ Implant /abutment supported fixed denture for partially edentulous arch – maxillary
- D6117 \$ _____ implant /abutment supported fixed denture for partially edentulous arch – mandibular

D6200-D6985 IX. Prosthodontics (fixed)

Fixed Partial Dentures Pontics

- D6205 \$ _____ Pontic-indirect resin based composite
- D6210 \$ _____ Pontic-cast high noble metal
- D6211 \$ _____ Pontic-cast predominantly base metal
- D6212 \$ _____ Pontic-cast noble metal

D6214 \$ _____ Pontic-titanium
 D6240 \$ _____ Pontic-porcelain fused to high noble metal
 D6241 \$ _____ Pontic-porcelain fused to predominantly base metal
 D6242 \$ _____ Pontic-porcelain fused to noble metal
 D6245 \$ _____ Pontic-porcelain/ceramic
 D6250 \$ _____ Pontic-resin with high noble metal
 D6251 \$ _____ Pontic-resin with predominantly base metal
 D6252 \$ _____ Pontic-resin with noble metal
 D6253 \$ _____ Provisional pontic

Fixed Partial Denture retainers-inlays/onlays

D6545 \$ _____ Retainer-cast metal for resin bonded fixed prosthesis
 D6548 \$ _____ Retainer-porcelain/ceramic for resin bonded fixed prosthesis
 D6549 \$ _____ Resin retainer – for resin bonded fixed prosthesis
 D6600 \$ _____ Retainer inlay-porcelain/ceramic, two surfaces
 D6601 \$ _____ Retainer inlay-porcelain/ceramic, three or more surfaces
 D6602 \$ _____ Retainer inlay-cast high noble metal, two surfaces
 D6603 \$ _____ Retainer inlay-cast high noble metal, three or more surfaces
 D6604 \$ _____ Retainer inlay-cast predominantly base metal, two surfaces
 D6605 \$ _____ Retainer inlay-cast predominantly base metal, three or more surfaces
 D6606 \$ _____ Retainer inlay-cast noble metal , two surfaces
 D6607 \$ _____ Retainer inlay-cast noble metal, three or more surfaces
 D6608 \$ _____ Retainer onlay-porcelain/ceramic, two surfaces
 D6609 \$ _____ Retainer onlay-porcelain/ceramic, three or more surfaces
 D6610 \$ _____ Retainer onlay-cast high noble metal, two surfaces
 D6611 \$ _____ Retainer onlay-cast high noble metal, three or more surfaces
 D6612 \$ _____ Retainer onlay-cast predominantly base metal, three or more surfaces
 D6613 \$ _____ Retainer onlay-cast predominantly base metal, three or more surfaces
 D6614 \$ _____ Retainer onlay-cast noble metal, two surfaces
 D6615 \$ _____ Retainer onlay-cast noble metal, three or more surfaces
 D6624 \$ _____ Retainer inlay-titanium
 D6634 \$ _____ Retainer onlay-titanium

Fixed Partial Denture Retainers-Crowns

D6710 \$ _____ Retainer crown-indirect resin based composite
 D6720 \$ _____ Retainer crown-resin with high noble metal
 D6721 \$ _____ Retainer crown-resin with predominantly base metal
 D6722 \$ _____ Retainer crown-resin with noble metal
 D6740 \$ _____ Retainer crown-porcelain/ceramic
 D6750 \$ _____ Crown-porcelain fused to high noble metal
 D6751 \$ _____ Retainer crown-porcelain fused to predominantly base metal

D6752 \$ _____ Retainer crown-porcelain fused to noble metal
 D6780 \$ _____ Retainer crown-3/4 cast high noble metal
 D6781 \$ _____ Retainer crown-3/4 cast predominantly base metal
 D6782 \$ _____ Retainer crown-3/4 cast noble metal
 D6783 \$ _____ Retainer crown-3/4 porcelain/ceramic
 D6790 \$ _____ Retainer crown-full cast high noble metal
 D6791 \$ _____ Retainer crown-full cast predominantly base metal
 D6792 \$ _____ Retainer crown-full cast noble metal
 D6794 \$ _____ Retainer crown-titanium
 D6793 \$ _____ Provisional retainer crown

Other Fixed Partial Denture Services

D6920 \$ _____ Connector bar
 D6930 \$ _____ Recement fixed partial denture
 D6940 \$ _____ Stress breaker
 D6950 \$ _____ Precision attachment
 D6980 \$ _____ Fixed partial denture repair, by report
 D6985 \$ _____ Pediatric partial denture, fixed

D7000-D7998 X. Oral and Maxillofacial Surgery

Extractions

D7111 \$ _____ Extraction, coronal remnants-deciduous tooth
 D7140 \$ _____ Extraction, erupted tooth or exposed root

Surgical Extractions

D7210 \$ _____ Surgical removal of erupted tooth
 D7220 \$ _____ Removal of impacted tooth-soft tissue
 D7230 \$ _____ Removal of impacted tooth-partially bony
 D7240 \$ _____ Removal of impacted tooth-completely bony
 D7241 \$ _____ Removal of impacted tooth-completely bony, with unusual surgical complications
 D7250 \$ _____ Surgical removal of residual tooth roots
 D7251 \$ _____ Coronectomy – intentional partial tooth removal

Other Surgical Procedures

D7260 \$ _____ Oroantral fistula closure
 D7261 \$ _____ Primary closure of sinus perforation
 D7270 \$ _____ Tooth reimplantation and/or stabilization of accidentally evulsed tooth
 D7272 \$ _____ Tooth transplantation
 D7280 \$ _____ Surgical access of an unerupted tooth
 D7282 \$ _____ Mobilization of erupted or malpositioned tooth to aid eruption
 D7283 \$ _____ Placement of device to facilitate eruption of impacted tooth
 D7285 \$ _____ Biopsy of oral tissue-hard
 D7286 \$ _____ Biopsy of oral tissue-soft
 D7287 \$ _____ Exfoliative cytological sample collection
 D7288 \$ _____ Brush biopsy-transepithelial sample collection
 D7290 \$ _____ Surgical repositioning of teeth
 D7291 \$ _____ Transseptal fiberotomy/supra crestal fiberotomy, by report

- D7292 \$ _____ Surgical placement: temporary anchorage device
 D7293 \$ _____ Surgical placement: temporary anchorage device requiring surgical flap
 D7294 \$ _____ Surgical placement: temporary anchorage device without surgical flap
 D7295 \$ _____ Harvest of bone for use in autogenous grafting procedure

Alveoplasty-Surgical Preparation of Ridge

- D7310 \$ _____ Alveoplasty in conjunction with extractions-four or more teeth per quadrant
 D7311 \$ _____ Alveoplasty in conjunction with extractions-one to three teeth per quadrant
 D7320 \$ _____ Alveoplasty not in conjunction with extractions- four or more teeth per quadrant
 D7321 \$ _____ Alveoplasty not in conjunction with extractions-one to three teeth per quadrant

Vestibuloplasty

- D7340 \$ _____ Vestibuloplasty-ridge extension (secondary epithelialization)
 D7350 \$ _____ Vestibuloplasty-ridge extension (including soft tissue grafts)

Surgical Excision of Soft Tissue Lesions

- D7410 \$ _____ Excision of benign lesion up to 1.25 cm
 D7411 \$ _____ Excision of benign lesion greater than 1.25 cm
 D7412 \$ _____ Excision of benign lesion, complicated
 D7413 \$ _____ Excision of malignant lesion up to 1.25 cm
 D7414 \$ _____ Excision of malignant lesion greater than 1.25 cm
 D7415 \$ _____ Excision of malignant lesion, complicated
 D7465 \$ _____ Destruction of lesion(s) by physical or chemical method, by report

Surgical Excision of Intra-osseous Lesions

- D7440 \$ _____ Excision of malignant tumor-lesion diameter up to 1.25 cm
 D7441 \$ _____ Excision of malignant tumor-lesion diameter greater than 1.25 cm
 D7450 \$ _____ Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm
 D7451 \$ _____ Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm
 D7460 \$ _____ Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm
 D7461 \$ _____ Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25

Excision of Bone Tissue

- D7471 \$ _____ Removal of lateral exostosis (maxilla or mandible)
 D7472 \$ _____ Removal of torus palatinus
 D7473 \$ _____ Removal of torus mandibularis
 D7485 \$ _____ Surgical reduction of osseous tuberosity

- D7490 \$ _____ Radical resection of maxilla or mandible

Surgical Incision

- D7510 \$ _____ Incision and drainage of abscess-intraoral soft tissue
 D7511 \$ _____ Incision and drainage of abscess-intraoral soft tissue-complicated
 D7520 \$ _____ Incision and drainage of abscess-extraoral soft tissue
 D7521 \$ _____ Incision and drainage of abscess-extraoral soft tissue-complicated
 D7530 \$ _____ Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
 D7540 \$ _____ Removal of reaction producing foreign bodies, musculoskeletal system
 D7550 \$ _____ Partial ostectomy/sequestrectomy for removal of non-vital bone
 D7560 \$ _____ Maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of Fractures-Simple

- D7610 \$ _____ Maxilla-open reduction
 D7620 \$ _____ Maxilla-closed reduction
 D7630 \$ _____ Mandible-open reduction
 D7640 \$ _____ Mandible-closed reduction
 D7650 \$ _____ Malar and/or zygomatic arch-open reduction
 D7660 \$ _____ Malar and/or zygomatic arch-closed reduction
 D7670 \$ _____ Alveolus-closed reduction, may include stabilization of teeth
 D7671 \$ _____ Alveolus-open reduction, may include stabilization of teeth
 D7680 \$ _____ Facial bones-complicated reduction with fixation and multiple surgical approaches

Treatment of Fractures-Compound

- D7710 \$ _____ Maxilla-open reduction
 D7720 \$ _____ Maxilla-closed reduction
 D7730 \$ _____ Mandible-open reduction
 D7740 \$ _____ Mandible-closed reduction
 D7750 \$ _____ Malar and/or zygomatic arch-open reduction
 D7760 \$ _____ Malar and/or zygomatic arch-closed reduction
 D7770 \$ _____ Alveolus-open reduction stabilization of teeth
 D7771 \$ _____ Alveolus, closed reduction stabilization of teeth
 D7780 \$ _____ Facial bones-complicated reduction

Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

- D7810 \$ _____ Open reduction of dislocation
 D7820 \$ _____ Closed reduction of dislocation
 D7830 \$ _____ Manipulation under anesthesia
 D7840 \$ _____ Condylectomy
 D7850 \$ _____ Surgical disectomy, with/without implant
 D7852 \$ _____ Disc Repair
 D7854 \$ _____ Synovectomy
 D7856 \$ _____ Myotomy
 D7858 \$ _____ Joint reconstruction
 D7860 \$ _____ Arthrotomy
 D7863 \$ _____ Arthroplasty
 D7870 \$ _____ Arthrocentesis

- D7871 \$ _____ Non-arthroscopic lysis and lavage
 D7872 \$ _____ Arthroscopy-diagnosis, with or without biopsy
 D7873 \$ _____ Arthroscopy-surgical: lavage and lysis of adhesions
 D7874 \$ _____ Arthroscopy-surgical: disc repositioning and stabilization
 D7875 \$ _____ Arthroscopy-surgical: synovectomy
 D7876 \$ _____ Arthroscopy-surgical: disectomy
 D7877 \$ _____ Arthroscopy-surgical: Debridement
 D7880 \$ _____ Occlusal orthotic device, by report
 D7881 \$ _____ Occlusal orthotic device adjustment

Repair of Traumatic Wounds

- D7910 \$ _____ Suture of recent small wounds up to 5 cm

Complicated Suturing

- D7911 \$ _____ Complicated suture-up to 5 cm
 D7912 \$ _____ Complicated suture- greater than 5 cm

Other Repair Procedures

- D7920 \$ _____ Skin Graft
 D7921 \$ _____ Collection and application of autologous blood concentrate product
 D7940 \$ _____ Osteoplasty-for orthognathic deformities
 D7941 \$ _____ Osteotomy-mandibular rami
 D7943 \$ _____ Osteotomy-mandibular rami with bone graft
 D7944 \$ _____ Osteotomy-segmented or subapical
 D7945 \$ _____ Osteotomy-body of mandible
 D7946 \$ _____ Lefort I (maxilla-total)
 D7947 \$ _____ Lefort I (maxilla-segmented)
 D7948 \$ _____ Lefort II or Lefort III-without bone graft
 D7949 \$ _____ Lefort II or Lefort III-with bone graft
 D7950 \$ _____ Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla
 D7951 \$ _____ Sinus augmentation with bone or bone substitutes
 D7952 \$ _____ Sinus augmentation via a vertical approach
 D7953 \$ _____ Bone replacement graft for ridge preservation-per site
 D7955 \$ _____ Repair of maxillofacial soft and/or hard tissue defect
 D7960 \$ _____ Frenulectomy-separate procedure
 D7963 \$ _____ Frenuloplasty
 D7970 \$ _____ Excision of hyperplastic tissue-per arch
 D7971 \$ _____ Excision of hyperplastic tissue-per arch
 D7972 \$ _____ Surgical reduction of fibrous tuberosity
 D7980 \$ _____ Sialolithotomy
 D7981 \$ _____ Excision of salivary gland, by report
 D7982 \$ _____ Sialodochoplasty
 D7983 \$ _____ Closure of salivary fistula
 D7990 \$ _____ Emergency tracheotomy
 D7991 \$ _____ Coronoidectomy
 D7995 \$ _____ Synthetic graft-mandible or facial bones, by report
 D7996 \$ _____ Implant-mandible for augmentation purposes
 D7997 \$ _____ Appliance removal
 D7998 \$ _____ Intraoral placement of a fixation device not in conjunction with a fracture

D8000-D8693 XI. Orthodontics

Limited Orthodontic Treatment

- D8010 \$ _____ Limited orthodontic treatment of the primary dentition
 D8020 \$ _____ Limited orthodontic treatment of the transitional dentition
 D8030 \$ _____ Limited orthodontic treatment of the adolescent dentition

Interceptive Orthodontic Treatment

- D8040 \$ _____ Limited orthodontic treatment of the adult dentition
 D8050 \$ _____ Interceptive orthodontic treatment of the primary dentition
 D8060 \$ _____ Interceptive orthodontic treatment of the transitional dentition

Comprehensive Orthodontic

- D8070 \$ _____ Comprehensive orthodontic treatment of the transitional dentition
 D8080 \$ _____ Comprehensive orthodontic treatment of the adolescent dentition
 D8090 \$ _____ Comprehensive orthodontic treatment of the adult dentition

Minor Treatment to Control Harmful Habits

- D8210 \$ _____ Removable appliance therapy
 D8220 \$ _____ Fixed appliance therapy

Other Orthodontic Services

- D8660 \$ _____ Pre-orthodontic treatment visit
 D8670 \$ _____ Periodic orthodontic treatment visit
 D8680 \$ _____ Orthodontic retention
 D8681 \$ _____ Removable orthodontic retainer adjustment
 D8690 \$ _____ Orthodontic treatment (alternative billing to a contract fee)
 D8691 \$ _____ Repair of Orthodontic appliance
 D8692 \$ _____ Replacement of lost or broken retainer
 D8693 \$ _____ Re-bonding or re-cementing; and/or repair, as required, of fixed retainers
 D8694 \$ _____ Repair of fixed retainers, includes reattachment

D9000-D9974 XII Adjunctive General Services

Unclassified Treatment

- D9110 \$ _____ Palliative (emergency) treatment of dental pain-minor procedure
 D9120 \$ _____ Fixed partial denture sectioning

Anesthesia

- D9210 \$ _____ Local Anesthesia not in conjunction with operative or surgical procedures
 D9211 \$ _____ Regional block anesthesia
 D9212 \$ _____ Trigeminal division block anesthesia
 D9215 \$ _____ Local anesthesia
 D9219 \$ _____ Evaluation for deep sedation or general anesthesia
 D9223 \$ _____ Deep sedation/general anesthesia-each 15 minute increment

D9230 \$ _____ Analgesia, anxiolysis, inhalation of nitrous oxide
D9243 \$ _____ Intravenous moderate (conscious) sedation/analgesia-each 15 minute increment
D9248 \$ _____ Non-intravenous conscious sedation

Professional Consultation

D9310 \$ _____ Consultation-Diagnostic service provided by dentist
D9311 \$ _____ Consultation with a medical health care professional

Professional Visits

D9410 \$ _____ House/Extended care facility call
D9420 \$ _____ Hospital Call
D9430 \$ _____ Office visit for observation
D9440 \$ _____ Office visit-after regularly scheduled hours
D9450 \$ _____ Case presentation, detailed and extensive treatment planning

Drugs

D9610 \$ _____ Therapeutic parenteral drug, single administration
D9612 \$ _____ Therapeutic parenteral drugs, two or more administrations
D9630 \$ _____ Other drugs and/or medicaments, by report

Miscellaneous Services

D9910 \$ _____ Application of desensitizing medicament
D9911 \$ _____ Application of desensitizing resin for cervical and/or root surface, per tooth
D9920 \$ _____ Behavior Management, by report
D9930 \$ _____ Treatment of complications (post surgical)-unusual circumstances, by report
D9932 \$ _____ Cleaning and inspection and removable complete denture, maxillary
D9933 \$ _____ Cleaning and inspection of removable complete denture, mandibular
D9934 \$ _____ Cleaning and inspection of removable partial denture, maxillary
D9935 \$ _____ Cleaning and inspection of removable partial denture, mandibular
D9940 \$ _____ Occlusal guard, by report
D9941 \$ _____ Fabrication of athletic mouthguard
D9942 \$ _____ Repair and/or relines of occlusal guard
D9943 \$ _____ Occlusal guard adjustment
D9950 \$ _____ Occlusion analysis- mounted case
D9951 \$ _____ Occlusal adjustment- limited
D9952 \$ _____ Occlusal adjustment- complete
D9970 \$ _____ Enamel microabrasion
D9971 \$ _____ Odontoplasty 1-2 teeth, includes removal of enamel projections
D9972 \$ _____ External bleaching-per arch
D9973 \$ _____ External bleaching-per tooth
D9974 \$ _____ Internal bleaching-per tooth
D9975 \$ _____ External bleaching for home application, per arch; includes materials and fabrication of custom trays
D9985 \$ _____ Sales Tax
D9986 \$ _____ Missed appointment
D9987 \$ _____ Cancelled appointment

D9991 \$ _____ Dental case management – addressing appointment compliance barriers
D9992 \$ _____ Dental case management – care coordination
D9993 \$ _____ Dental case management – motivational interviewing
D9994 \$ _____ Dental case management – patient education to improve oral health literacy

*** If you have multiple locations with separate TIN/EIN numbers you must submit separate fee filings for each***

Please print or type

Name _____ License Number _____

Office Address _____ City _____ Zip _____

TIN/EIN # _____ Telephone _____

Fax _____ e-Mail _____

I hereby certify that these are the fees that I intend to charge my patients. I agree that these fees (including any future fees) will not be used on treatment forms until I have received confirmation/notification from ODS of the acceptance of ALL fees listed on this form.

Signature: _____ Date: _____ Specialty _____

Please return completed Survey of Charges to dpr@modahealth.com or fax to 503-243-3965



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