

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
120	Periodic Oral Evaluation	\$32.76
140	Limited Emergency Oral Evaluation – problem focused	56.16
145	Oral Evaluation for a patient under three years of age and counseling with the primary caregiver	46.80
160	Detailed and Extensive Oral Evaluation – problem focused	46.80
170	Re-Evaluation – limited , problem focused (<i>established patient; not post- operative visit</i>)	32.76
210	Intraoral - Complete Series (<i>at least 14 films, including bitewings</i>)	60.84
220	Intraoral - Periapical - first film	11.70
230	Intraoral - Periapical - each additional film (<i>three (3) per date of service</i>)	11.70
240	Intraoral - Occlusal film	11.70
250	Extraoral - first film	23.40
260	Extraoral - each additional film	18.72
270	Bitewing - single film	11.70
272	Bitewings - two films	23.40
273	Bitewings – three films	28.08
274	Bitewings - four films	28.08
277	Vertical Bitewings – 7 to 8 films	11.70
330	Panoramic Film	58.50
3220	Therapeutic Pulpotomy (<i>excluding final restoration</i>)	70.20
3221	Pulpal Debridement, primary & permanent tooth (<i>excluded with endodontic tx</i>)	70.20
3410	Apicoectomy / Periradicular Surgery – anterior	243.36
3421	Apicoectomy / Periradicular Surgery - bicuspid (<i>first root</i>)	280.80
3425	Apicoectomy / Periradicular Surgery - molar (<i>first root</i>)	351.00
3426	Apicoectomy / Periradicular Surgery (<i>each additional root</i>)	140.40

3430	Retrograde Filling - per root	46.80
3450	Root Amputation - per root	140.40
3470	Intentional Re-Implantation (<i>including necessary splinting</i>)	374.40
3920	Hemisection (<i>including any root removal</i>), not including root canal therapy	131.04
4249	Clinical crown lengthening – hard tissue	555.75
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
6999	Section bridge to enable extraction of abutment tooth	29.25
7111	Extraction, coronal remnants – deciduous tooth	70.20
7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	70.20
7210	Surgical Removal of Erupted Tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	93.60
7220	Removal of Impacted Tooth - soft tissue	140.40
7230	Removal of Impacted Tooth - partially bony	163.80
7240	Removal of Impacted Tooth - completely bony	245.70
7241	Removal of Impacted Tooth - completely bony, with unusual surgical complications	280.80
7250	Surgical Removal of Residual Tooth Roots (<i>cutting procedure</i>)	131.04
7260	Oroantral Fistula Closure	234.00
7261	Primary Closure of Sinus Perforation	234.00
7270	Tooth Reimplantation and/or Stabilization of accidentally avulsed or displaced tooth and/or alveolus	187.20
7280	Surgical Access of an unerupted tooth	205.92
7283	Placement of device to facilitate eruption of impacted tooth	102.96
7286	Biopsy of Oral Tissue – soft	168.48
7310	Alveoloplasty - in conjunction with extractions - per quadrant	93.60

7311	Alveoloplasty- in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	57.33
7320	Alveoloplasty - not in conjunction with extractions – per quadrant	133.38
7321	Alveoloplasty- not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	83.07
7340	Vestibuloplasty - ridge extension (<i>secondary epithelialization</i>)	807.30
7350	Vestibuloplasty – ridge extension (<i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i>)	BY REPORT
7471	Removal of Lateral Exostosis – maxilla or mandible	187.20
7472	Removal of Torus Palatinus	187.20
7473	Removal of Torus Mandibularis	187.20
7510	Incision and Drainage of Abscess - intraoral soft tissue	88.92
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
7511	Incision and Drainage of Abscess-intraoral soft tissue-complicated (<i>includes drainage of multiple fascial spaces</i>) (<i>not covered, refer to medical</i>)	0.00
7520	Incision and Drainage of Abscess - extraoral soft tissue	383.76
7521	Incision and Drainage of Abscess-extraoral soft tissue-complicated (<i>includes drainage of multiple fascial spaces</i>) (<i>not covered refer to medical</i>)	0.00
7530	Removal of Foreign Body from Skin, or Subcutaneous Alveolar Tissue	112.32
7540	Removal of Reaction-Producing Foreign Bodies – musculoskeletal system	93.60
7560	Maxillary Sinusotomy for removal of tooth fragment or foreign body	1404.00
7910	Suture of Recent Small Wounds up to 5 cm	52.65
7960	Frenulectomy (<i>frenectomy or frenotomy</i>)	224.64
7970	Excision of Hyperplastic Tissue - per arch	374.40

9120	Fixed Partial Denture Sectioning	29.25
9210	Local Anesthesia <i>(not in conjunction with operative or surgical procedures)</i>	28.08
9211	Regional Block Anesthesia	56.16
9223	Deep sedation/general anesthesia – each 15 minute increment	76.05
9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	79.56
9243	Intravenous moderate (conscious) sedation/analgesia – each 15 min increment	76.05
9248	Non-Intravenous Conscious Sedation	79.56
9310	Consultation <i>(diagnostic service provided by dentist or physician other than practitioner providing treatment)</i>	58.50
9420	Hospital Call	56.16
9430	Office Visit for Observation <i>(during regularly scheduled hours)</i> - no other services performed	37.44
9440	Office Visit – after regularly scheduled hours	58.50
9450	Case presentation, detailed and extensive treatment planning <i>(not covered; to be included with examination or consultation)</i>	0.00
9610	Therapeutic Drug Injection	32.76
9630	Other Drugs and/or Medicaments <i>(dispensing of oral antibiotics/oral analgesics in the office, does not apply to writing a prescription)</i>	18.72
9930	Treatment of Complication <i>(post surgical)</i> - unusual circumstances	38.61