

PED_SNP2_03012013

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
120	PERIODIC ORAL EVALUATION	32.76
140	LIMITED EMERGENCY ORAL EVALUATION - PROBLEM FOCUSED	60.84
145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	42.12
150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	42.12
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	14.04
230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (<i>ALLOWABLE OF THREE (3) PER DATE OF SERVICE</i>)	12.87
240	INTRAORAL - OCCLUSAL FILM	23.40
250	EXTRAORAL - FIRST FILM	12.87
260	EXTRAORAL - EACH ADDITIONAL FILM	14.04
270	BITEWING - SINGLE FILM	14.04
272	BITEWINGS - TWO FILMS	28.08
273	BITEWINGS – THREE FILMS	46.80
274	BITEWINGS - FOUR FILMS	46.80
277	VERTICAL BITEWINGS – 7 to 8 FILMS	14.04
330	PANORAMIC FILM	74.88
350	ORAL / FACIAL PHOTOGRAPHIC IMAGES	12.87
460	PULP VITALITY TESTS	7.02
470	DIAGNOSTIC CASTS	25.74

1110	PROPHYLAXIS – ADULT	70.20
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
1120	PROPHYLAXIS – CHILD	32.76
1203	TOPICAL APPLICATION OF FLUORIDE – CHILD (<i>EXCLUDING PROPHYLAXIS</i>)	24.57
1204	TOPICAL APPLICATION OF FLUORIDE – ADULT (<i>EXCLUDING PROPHYLAXIS</i>)	24.57
1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	24.57
1208	TOPICAL APPLICATION OF FLUORIDE	24.57
1351	SEALANT - PER TOOTH	37.44
1510	SPACE MAINTAINER – FIXED - UNILATERAL	117.00
1515	SPACE MAINTAINER – FIXED - BILATERAL	234.00
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	313.56
1525	SPACE MAINTAINER - REMOVABLE – BILATERAL	353.34
1550	RECEMENTATION OF SPACE MAINTAINER	32.76
1555	REMOVAL OF FIXED SPACE MAINTAINER	32.76
1575	DISTAL SHOE SPACE MAINTAINER – FIXED – UNILATERAL	117.00
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	70.20
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	84.24
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	98.28
2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	112.32
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	79.56
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	93.60
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	117.00
2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	135.72

2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR (<i>NOT COVERED</i>)	0.00
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	98.28
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	107.64
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	121.68
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	145.08
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	553.41
2920	RECEMENT CROWN	37.44
2930	PREFABRICATED STAINLESS STEEL CROWN – PRIMARY	163.80
2931	PREFABRICATED STAINLESS STEEL CROWN – PERMANENT	238.68
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW – PRIMARY, ANTERIOR	267.93
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-	267.93
	PRIMARY TOOTH	0
2940	SEDATIVE FILLING	51.48
2950	CORE BUILDUP, INCLUDING ANY PINS	88.92
2951	PIN RETENTION – PER TOOTH, IN ADDITION TO RESTORATION	21.06
2952	CAST POST AND CORE, IN ADDITION TO CROWN	142.74
2954	PREFABRICATED POST AND CORE, IN ADDITION TO CROWN	124.02
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	124.02
2960	LABIAL VENEER (<i>RESIN LAMINATE</i>) – <i>CHAIRSIDE (REFER TO THE PRODUCT FOR COVERAGE)</i>	283.14
2962	LABIAL VENEER (<i>PORCELAIN LAMINATE</i>) – <i>LABORATORY (REFER TO THE PRODUCT FOR COVERAGE)</i>	547.56
3110	PULP CAP – DIRECT (<i>EXCLUDING FINAL RESTORATION</i>)	46.80
3120	PULP CAP – INDIRECT (<i>EXCLUDING FINAL RESTORATION</i>)	32.76

3220	THERAPEUTIC PULPOTOMY (<i>EXCLUDING FINAL RESTORATION</i>)	88.92
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TOOTH (<i>NOT TO BE BILLED BY PROVIDER COMPLETING ENDODONTIC TREATMENT</i>)	97.11
3230	PULPAL THERAPY (<i>RESORBABLE FILLING</i>) ANTERIOR, PRIMARY (<i>EXCLUDING FINAL RESTORATION</i>)	102.96
3240	PULPAL THERAPY (<i>RESORBABLE FILLING</i>) POSTERIOR, PRIMARY (<i>EXCLUDING FINAL RESTORATION</i>)	102.96
3310	ROOT CANAL THERAPY – ANTERIOR (<i>EXCLUDING FINAL RESTORATION</i>)	334.62
3320	ROOT CANAL THERAPY – BICUSPID (<i>EXCLUDING FINAL RESTORATION</i>)	386.10
3330	ROOT CANAL THERAPY – MOLAR (<i>EXCLUDING FINAL RESTORATION</i>)	560.43
3332	INCOMPLETE ENDODONTIC THERAPY, INOPERABLE OR FRACTURED TOOTH	64.35
5820	INTERIM PARTIAL DENTURE – MAXILLARY (<i>ALLOWED FOR ANTERIOR TEETH ONLY</i>)	280.80
5821	INTERIM PARTIAL DENTURE – MANDIBULAR (<i>ALLOWED FOR ANTERIOR TEETH ONLY</i>)	280.80
7111	EXTRACTION, CORONAL REMNANTS – DECIDUOUS TOOTH	65.52
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT - ELEVATION AND/OR FORCEPS REMOVAL	64.35
7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH	70.20
7510	INCISION AND DRAIN ABSCESS – INTRAORAL, SOFT TISSUE	42.12
7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	70.20
7960	FRENULECTOMY (<i>FRENECTOMY OR FRENOTOMY</i>) – SEPARATE PROCEDURE	163.80
8210	REMOVABLE APPLIANCE THERAPY – HARMFUL HABIT	304.20

8220	FIXED APPLIANCE THERAPY – HARMFUL HABIT	280.80
ADA PROCEDURE CODES	PROCEDURE DESCRIPTION	New Fee Schedule
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURE	70.20
9220	DEEP SEDATION / GENERAL ANESTHESIA – FIRST 30 MINUTES (<i>REFER TO THE PRODUCT FOR COVERAGE</i>)	128.70
9221	DEEP SEDATION / GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES (<i>REFER TO THE PRODUCT FOR COVERAGE</i>)	28.08
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE (<i>REFER TO THE PRODUCT FOR COVERAGE</i>)	23.40
9241	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – FIRST 30 MINUTES (<i>REFER TO THE PRODUCT FOR COVERAGE</i>)	87.75
9242	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – EACH ADDITIONAL 15 MINUTES (<i>REFER TO THE PRODUCT FOR COVERAGE</i>)	17.55
9248	NON-INTRAVENOUS CONSCIOUS SEDATION	70.20
9310	CONSULTATION (<i>DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT</i>)	51.48
9420	HOSPITAL CALL	234.00
9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	117.00
9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING (<i>NOT COVERED, TO BE INCLUDED WITH EXAMINATION OR CONSULTATION</i>)	0.00
9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT (<i>DISPENSING OF ORAL ANTIBIOTICS/ORAL ANALGESICS IN THE OFFICE, DOES NOT APPLY TO WRITING A PRESCRIPTION</i>)	18.72
9920	BEHAVIOR MANAGEMENT, BY REPORT	46.80