

ADA PROCEDURE CODES	PROCEDURE DESCRIPTION (refer to the product to determine if procedures are covered)	New Fee Schedule
120	Periodic Oral Evaluation	70.20
140	Limited Emergency Oral Evaluation - problem focused	42.12
145	Oral Evaluation for a Patient under three years of age and counseling with primary caregiver	94.77
160	Detailed & Extensive Oral Evaluation – problem focused.	94.77
170	Re-Evaluation –limited, problem focused (established patient; not post- operative visit)	70.20
180	Comprehensive Periodontal Evaluation – new or established patient	94.77
210	Intraoral – Complete Series ( <i>refer to product regarding number of films</i> )	74.88
220	Intraoral - Periapical – first film	15.21
230	Intraoral – Periapical – each additional film ( <i>products allow three (3) per date of service</i> )	10.53
270	Bitewing – one film	10.53
272	Bitewings – two films	19.89
273	Bitewings – three films	39.78
274	Bitewings - four films	39.78
277	Vertical Bitewings – 7 to 8 films	10.53
330	Panoramic film	63.18
350	Oral / Facial Photographic Images	12.87
470	Diagnostic Casts	58.50
1110	Prophylaxis – Adult	60.84
1208	Topical application of fluoride	15.21
	HPN & SHL REQUIRE PERIO CHARTING FOR ALL SURGERIES & SRPs, PLEASE DO NOT SEND DUPLICATE X-RAYS UNLESS REQUESTED. PLEASE CHECK WITH THE TPAs IN REGARDS TO BILLING REQUIREMENST FOR SHO GROUPS	0

4210	Gingivectomy / Gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	448.11
4211	Gingivectomy / Gingivoplasty – one to three contiguous teeth or bounded teeth spaces, per quadrant	94.77
4240	Gingival Flap Procedure, including root planing – four or more contiguous teeth or bounded teeth spaces, per quadrant	596.70
4241	Gingival Flap Procedure, including root planing – one to three contiguous	596.70
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	teeth or bounded teeth spaces, per quadrant	0
4249	Clinical Crown Lengthening – hard tissue	555.75
4260	Osseous Surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces, per quadrant	819.00
4261	Osseous Surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces, per quadrant	819.00
4263	Bone Replacement Graft - first site in quadrant	149.76
4264	Bone Replacement Graft - each additional site in quadrant	249.21
4266	Guided Tissue Regeneration, resorbable barrier – per site	298.35
4267	Guided Tissue Regeneration, non resorbable barrier – per site	298.35
4268	Surgical Revision Procedure - per tooth	596.70
4270	Pedicle Soft Tissue Graft Procedure	596.70
4277	Free Soft Tissue Graft Procedure (including donor site surgery) * Previously code 4271	630.63
4273	Subepithelial Connective Tissue Graft (including donor site surgery)	630.63
4274	Distal or Proximal Wedge Procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	526.50
4320	Provisional Splinting – Intracoronal	134.55
4321	Provisional Splinting – Extracoronal	134.55
4341	Periodontal Scaling and Root Planing – four or more teeth, per quadrant	248.04

4342	Periodontal Scaling and Root Planing – one to three teeth, per quadrant	248.04
4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis <i>(when covered, limited to once per 36 months, refer to the product)</i>	105.30
4381	Localized Delivery of Chemotherapeutic Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report REVIEW PRODUCT AS THIS IS NOT TYPICALLY COVERED	219.96
4910	Periodontal Maintenance Prophylaxis <i>(requires evidence of prior periodontal treatment, i.e. 4341, 4260)</i>	99.45
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
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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
7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy	50.31
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
7511	Incision and Drainage of Abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) ( <i>not covered refer to medical</i> )	0.00
7520	Incision and Drainage of Abscess – extraoral soft tissue ( <i>not covered refer to medical</i> )	0.00
7521	Incision and Drainage of Abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) ( <i>not covered refer to medical</i> )	0.00
7530	Removal of Foreign Body from Skin, or Subcutaneous Alveolar Tissue	112.32
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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 5cm ( <i>not covered, refer to medical</i> )	249.21
7960	Frenulectomy (Frenectomy or Frenotomy) – separate procedure	224.64
7970	Excise of Hyperplastic Tissue - per arch	374.40
9110	Palliative (Emergency) Treatment of Dental Pain – minor procedure	74.88

9120	Fixed Partial Denture Sectioning	29.25
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 (diagnostic service provided by dentist or physician other than practitioner providing treatment)	85.41
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 (not covered, to be included with examination or consultation)	0.00
9610	Therapeutic Drug Injection	65.52
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
9910	Application of Desensitizing Medicaments	25.74
9911	Application of Desensitizing Resin for Cervical and/or Root Surface - per tooth	25.74
9930	Treatment of Complication ( <i>post surgical</i> ) - unusual circumstances	38.61
9940	Occlusal Guard, by report ( <i>refer to the product for coverage</i> )	292.50