

# “OVERLOOKED AND MISUSED CODES”

TODAY’S DENTAL CONSULTING

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“The best dental practice management tips from the best dental practice management consultants using the best dental practice management software!”



Linda Piccinini, RDA

[TodaysDentalConsulting.com](http://TodaysDentalConsulting.com)



Bruce Stephenson, DDS, FAGD

209-603-9944



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**209-603-9944**



Search

By Abbrev

By Descript

By Code

Sort Order

By Category

- Administrative
- Exams & Xrays
- Ortho
- Seminars and Consulting
- Hygiene & Prevention
- Perio
- Operative Dentistry
- Fixed Prosthetics
- Removable Prosthetics
- Cosmetic
- Implants
- Oral Surgery
- Misc
- No Fee
- Rarely Used
- Never Used
- Obsolete
- Cleanings
- Fillings
- Crown & Bridge
- Dentures
- Anesthesia

Show Hidden

Procedure Codes

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Hygiene & Prevention	Anti-cavity toothpaste (1.1% Sodium Fluoride)	Clinpro	Clinpro 5000	21.00	19.00	
	caries risk assessment and documentation, with a finding of low risk	CariesFindLow	D0601	55.00	6.00	33.00
	caries risk assessment and documentation, with a finding of moderate risk	CariesFindMod	D0602	55.00	6.00	33.00
	caries risk assessment and documentation, with a finding of high risk	CariesFindHigh	D0603	55.00	6.00	33.00
	prophylaxis - adult	ProAd	D1110	133.00	57.00	73.00
	topical application of fluoride varnish	Fl Varnish	D1206	63.00	21.00	21.00
	interim caries arresting medicament application	SDF	D1354			
	Flouride trays		d5986.1	341.00	303.00	360.00
	application of desensitizing medicament	desens	D9910	93.00	22.00	36.00
	fabrication of athletic mouthguard	FabAthMgd	D9941	401.00	122.00	153.00
	MI Paste Dispensed	MI-Paste	MIPaste	25.00	22.00	
	Pt declined fl varnish	pt declined fl varnish	NoFl			
	Chlorhexidine Rinse		periorins	24.00	21.00	
	PreviDent 5000 Plus		Previ	21.00	19.00	11.00
	Take Home Fluoride, 1.1 NaF gel		THF	18.00	16.00	

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

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Fee Colors

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Show Hidden

Procedure Codes

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Misc	inhalation of nitrous oxide/analgesia, anxiolysis	N2O	D9230	115.00	32.00	35.00



**“This may not be covered by your insurance”**

Compare Fee Schedules

Fee 1

Fee Schedule

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Fee 2

Fee Schedule

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Fee 3

Fee Schedule

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Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Hygiene & Prevention	caries risk assessment and documentation, with a finding of low risk	CariesFindLow	D0601	55.00	6.00	33.00
	caries risk assessment and documentation, with a finding of moderate risk	CariesFindMod	D0602	55.00	6.00	33.00
	caries risk assessment and documentation, with a finding of high risk	CariesFindHigh	D0603	55.00	6.00	33.00

Procedure Codes

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Hygiene & Prevention	caries risk assessment and documentation, with a finding of low risk	CariesFindLow	D0601	55.00	6.00	33.00
	caries risk assessment and documentation, with a finding of moderate risk	CariesFindMod	D0602	55.00	6.00	33.00
	caries risk assessment and documentation, with a finding of high	CariesFindHigh	D0603	55.00	6.00	33.00

### Caries Risk Assessment Form (Age >6)

**Patient Name:** Donald Duck

**Birth Date:** 03/19/1946      **Date:** 12/21/2017

**Age:** 71      **Initials:** Bruce A. Stephenson, DDS

	Low Risk	Moderate Risk	High Risk
Contributing Conditions      Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV. Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions      Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II. Chemo/Radiation Therapy	<input type="checkbox"/> No		Yes <input type="checkbox"/>
III. Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions      Check or Circle the conditions that apply			
I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II. Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII. Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII. Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX. Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes

**Overall assessment of dental caries risk:**       Low       Moderate       High

Compare Fee Schedules

**Fee 1**

Fee Schedule:

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Provider:

**Fee 2**

Fee Schedule:

Clinic:

Provider:

**Fee 3**

Fee Schedule:

Clinic:

Provider:

**Fee Colors**

= Default       = Clinic

= Provider       = Provider+Clinic

Search

By Abbrev

By Description

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Sort Order

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Hygiene & Prevention	topical application of fluoride varnish	Fl Varnish	D1206	35.00	21.00	31.00
	topical application of fluoride - excluding varnish	Flo	D1208	35.00	21.00	28.00

Compare Fee Schedules

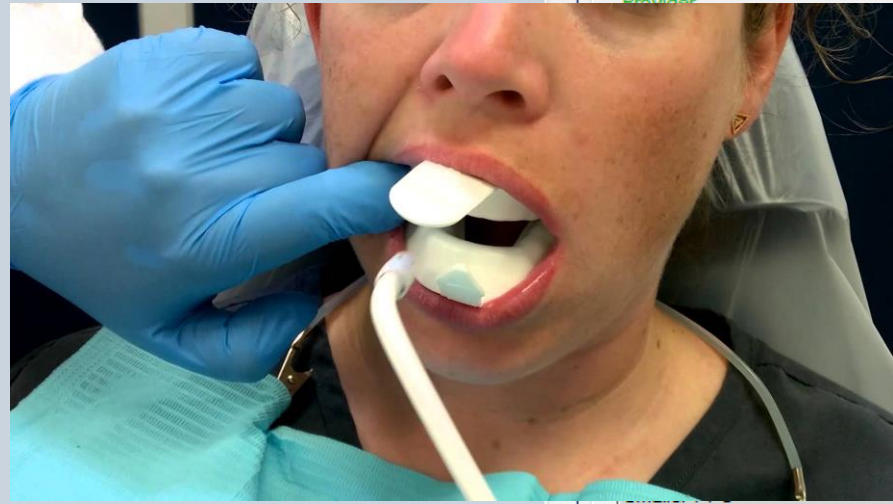
Fee 1

Fee Schedule

Clinic

Provider

- By Cat
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  - Ortho
  - Semir
  - Hygie**
  - Perio
  - Opera
  - Fixed
  - Remo
  - Cosm
  - Endo
  - Implai
  - Oral S
  - Misc
  - No Fe
  - Rarely
  - Neve
  - Obsol
  - Cleanings
  - Fillings
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  - Dentures
  - Anesthesia



Show Hidden

Procedure Codes

Clinic

Provider

Fee Colors

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Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Hygiene & Prevention	topical application of fluoride varnish	Fl Varnish	D1206	35.00	21.00	31.00
	topical application of fluoride - excluding varnish	Flo	D1208	35.00	21.00	28.00

Compare Fee Schedules

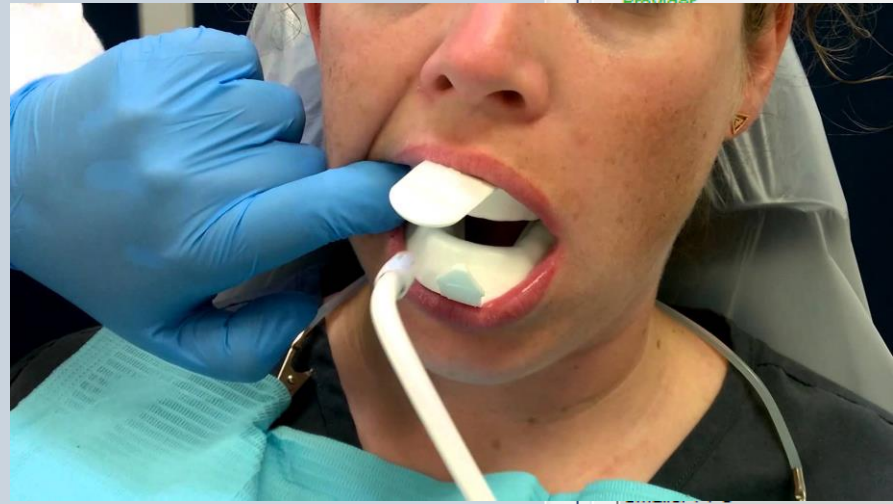
Fee 1

Fee Schedule

Clinic

Provider

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Show Hidden

Procedure Codes

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Search

By Abbrev

By Description

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Sort Order

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Hygiene & Prevention	topical application of fluoride varnish	Fl Varnish	D1206	35.00	21.00	31.00
	topical application of fluoride - excluding varnish	Flo	D1208	35.00	21.00	28.00

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

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Procedure Codes

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By Code 120

Sort Order

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Hygiene & Prevention	topical application of fluoride varnish	Fl Varnish	D1206	35.00	21.00	31.00
	topical application of fluoride - excluding varnish	Flo	D1208	35.00	21.00	28.00

Compare Fee Schedules

Fee 1

Fee Schedule

UCR

Clinic

None

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12/18/2017		topical application of fluoride varnish	C	BAS	15.00	D1206		
Fluoride varnish applied due to increased caries risk; pt advised it will probably not be covered by their insurance and pt wished to have varnish applied								
12/27/2017		caries risk assessment and documentation, with a finding of moderate risk	C	BAS	12.00	D0602		
Moderate Caries Risk: Patient exhibits one or more CAMBRA risk factors for future dental caries; application of fluoride varnish is recommended.								
12/27/2017		topical application of fluoride varnish	C	BAS	25.00	D1206		
Fluoride varnish applied due to increased caries risk; pt advised it will probably not be covered by their insurance and pt wished to have varnish applied								
12/27/2017		Pt declined fl varnish	C	BAS	0.00	NoFI		
Fluoride varnish application recommended to help reduce future caries but declined by patient.								

**“This may not be covered by your insurance”**

Edit Categories

Show Hidden default

Procedure Codes

Import Export

Tools  New

None

Provider

None

Fee Colors

= Default  = Clinic

= Provider  = Provider+Clinic

Fee Schs Fee Tools

Close

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By Abbrev

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Sort Order

By Category

Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Misc	collection and preparation of genetic sample material for laboratory analysis and report	GenSamLabAnal	D0422	125.00		50.00
Never Used	collection of microorganisms for culture and sensitivity	BactStud	D0415	125.00	19.00	26.00
	collection and preparation of saliva sample for laboratory diagnostic testing	Prepsalv	D0417	125.00		58.00

Compare Fee Schedules

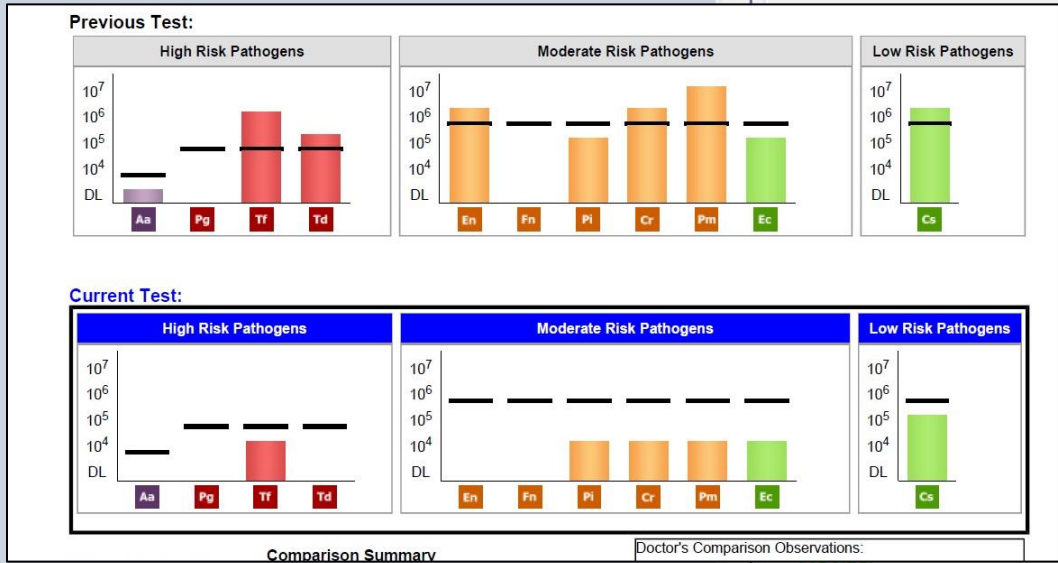
Fee 1

Fee Schedule

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Procedure Codes

Fee Colors

= Default  = Clinic

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Search

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Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Never Used	caries susceptibility tests	CarisTest	D0425	125.00	0.00	21.00

Compare Fee Schedules

Fee 1

Fee Schedule

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Provider

Fee Colors

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Procedure Codes

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Misc	Oral / Facial Photography		d0350c	36.00	32.00	20.00
Never Used	2D oral/facial photographic image obtained intra-orally or extra-orally	Orallmags	D0350	104.00	29.00	35.00

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Procedure Codes

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Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Exams & Xrays	diagnostic casts	DiagCasts	D0470	169.00	51.00	64.00

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Show Hidden

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Procedure Codes


Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Operative Dentistry	sealant - per tooth	Seal	D1351	81.00	30.00	35.00

**Glass Ionomer:**  
 as an alternative to resin-based

1. fluoride-releasing
2. recharging ability
3. moisture toleration
4. easy application

**But** poor retention rates → the use of resin-based sealant usage:

- ART (high-viscosity sealants placed with "finger pressure")
- compromise sealant placement
- Preventin of caries = resin based sealant
- Retention = resin based sealant



Compare Fee Schedules

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Procedure Codes

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Rarely Used	prefabricated stainless steel crown - primary tooth	PrFbSSCPr	D2930	387.00	155.00	161.00
	prefabricated stainless steel crown - permanent tooth	PrFbSSCPe	D2931	456.00	187.00	195.00
	prefabricated esthetic coated stainless steel crown - primary tooth		D2934	526.00	187.00	213.00
	placement of temporary anchorage device requiring flap; includes device removal	PlcAcwPip	D7293	3,903.00	0.00	1,240.00
Never Used	prefabricated resin crown	PrFbRsCrn	D2932	502.00	182.00	192.00
	prefabricated stainless steel crown with resin window	PrFbSCRsW	D2933	519.00	187.00	214.00



Compare Fee Schedules

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Fee 3

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Search

By Abbrev

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By Code 2971

Sort Order Category

By Category All

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Rarely Used	additional procedures to construct new crown under existing partial denture framework	CrwnUnExD	D2971	225.00	100.00	169.00

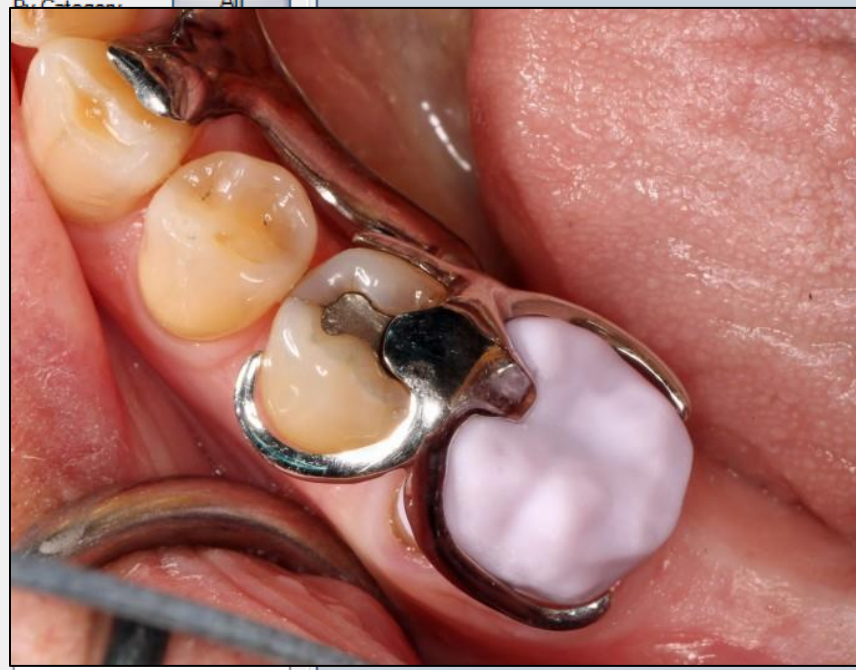
Compare Fee Schedules

Fee 1

Fee Schedule UCR

Clinic None

Provider



Edit Categories

Show Hidden default

Procedure Codes

Import Export

Tools + New

Fee Colors

= Default     = Clinic  
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Fee Schedules Fee Tools

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Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Fixed Prosthetics	crown - porcelain/ceramic substrate	PJC	D2740	1,659.00	672.00	768.00
	Porc Onlay/Crown initial placement	PJC IP	D2740i	1,544.00	1,372.00	
	Porc Onlay/ Crown not initial placement	PJC NIP	D2740ni P	1,544.00	1,372.00	
	crown - porcelain fused to high noble metal	PBM	D2750	1,642.00	618.00	745.00
	Cement Crown		D2750c			
	3/4 Gold Crown	PVC	D2780n	1,544.00	1,372.00	784.00
	crown - full cast high noble metal	FGC	D2790	1,709.00	609.00	744.00

Compare Fee Schedules

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Fee 3

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Before & After

**BruxZir<sup>®</sup>**  
Solid Zirconia



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Edit Category

Show H

Procedure C

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Exams & Xrays	office visit for observation (during regularly scheduled hours) - no other services performed	OffVisit	D9430	119.00	41.00	50.00
Perio	provisional splinting - extracoronal	ProvSplEx	D4321	688.00	219.00	207.00
	periodontal scaling and root planing - four or more teeth per quadrant	SRP	D4341	373.00	141.00	177.00
	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	ScaleInflamFull	D4346			
	full mouth debridement to enable comprehensive evaluation and diagnosis	FullDebrd	D4355	263.00	57.00	93.00
Endo	biologic materials to aid in soft and	BioMacAidFr Sul	D3431	772.00		119.00

Compare Fee Schedules

Fee 1

Fee Schedule

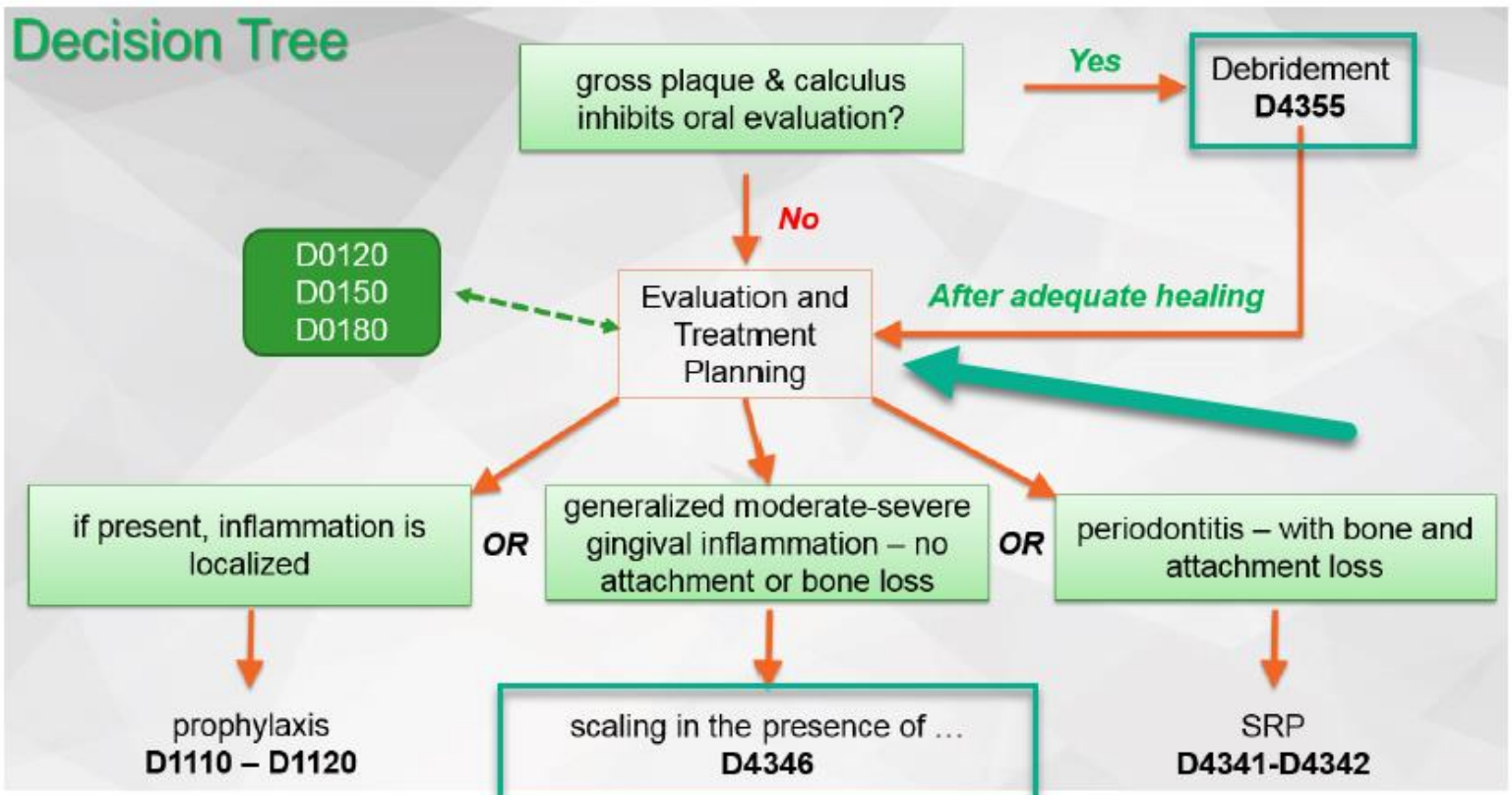
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Fee 2

Fee Schedule

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  - Perio
  - Operative Dentistry
  - Fixed Prosthetics
  - Removable Prosthetics
  - Cosmetic
  - Endo
  - Implants
  - Oral Surgery
  - Misc
  - No Fee
  - Rarely Used
  - Never Used
  - Obsolete
  - Cleanings
  - Fillings
  - Crown & Bridge
  - Dentures
  - Anesthesia

Show Hidden

Procedure Codes

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Perio	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	GingivAccess	D4212	411.00	210.00	58.00
	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	FrSFTsGrFirst	D4277	1,386.00	532.00	417.00
	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	FrSFTsGrAdd	D4278	1,084.00	399.00	211.00
	provisional splinting - extracoronal	ProvSplEx	D4321	688.00	219.00	207.00
	periodontal scaling and root planing - four or more teeth per quadrant	SRP	D4341	373.00	141.00	177.00
	periodontal scaling and root planing - one to three teeth per quadrant	PerSc1-3	D4342	282.00	88.00	92.00
	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	ScaleInflam-full	D4346			
	full mouth debridement to enable comprehensive evaluation and diagnosis	FullDebrd	D4355	263.00	57.00	93.00
	periodontal maintenance	PerioMain	D4910	198.00	76.00	88.00
	gingival irrigation - per quadrant	GingivIrrQuad	D4921	125.00		35.00
	referral to pedodontist	pedoref	pedoref			

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

Provider

Fee 2

Fee Schedule

Clinic

Provider

Fee 3

Fee Schedule

Clinic

Provider

Fee Colors

= Default

= Clinic

= Provider

= Provider+

Perio Chart

Exams

- 02/17/2012 JST
- 02/21/2013 NCR
- 11/24/2014 JCC
- 02/06/2017 NCR
- 02/13/2018 BN

Show current exam only

- 
- 
- 



	1	2	3	4	5i	6	7	8	9	10	11	12	13	14	15	16
02/13/2018				2 2 3		3 3 3	3 2 3	3 2 3	3 2 3	4 3 4	3 3 3		3 3 4	5 3 4		
02/06/2017				2 2 3		3 3 4	4 2 3	3 2 3	3 2 3	3 3 4	3 3 3		3 3 4	5 3 4		
11/24/2014				3 3 3		3 3 3	3 3 3	3 3 3	4 3 4	4 3 4	4 3 4		4 3 4	4 3 4		
02/21/2013	3 3 3			3 2 3		3 2 3	3 2 2	2 2 3	4 2 3	3 2 3	3 3 4		4 3 3	5 3 4		
02/17/2012	7 3 6			3 3 5		4 3 3	3 2 3	3 2 3	3 2 2	2 2 2	3 3 3		3 3 3	3 3 6	6 3 6	
MGJ																
Ging Marg	3															
auto CAL																
Furc																
Mobility																
	1	2	3	4	5i	6	7	8	9	10	11	12	13	14	15	16
Furc				4												
auto CAL																
Ging Marg	4			2												
02/17/2012	6 3 7			5 3 6		3 3 3	3 3 3	2 2 2	2 2 2	2 2 2	2 2 3		3 3 3	5 4 4	6 4 6	
02/21/2013	4 3 3			3 2 3		3 3 3	3 2 3	3 2 3	4 2 3	3 2 3	3 3 4		4 3 4	7 3 4		
11/24/2014				3 3 3		3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3		4 3 4	4 3 4		
02/06/2017				3 2 3		4 3 4	3 2 3	3 2 3	3 2 3	3 2 3	3 3 3		4 3 4	6 3 4		
02/13/2018				3 2 3		4 3 4	3 2 3	3 2 3	3 2 3	3 2 3	3 3 3		4 3 4	5 3 4		
02/13/2018	4 4 4			3 3 4	3 3 3	3 2 3	3 2 3	3 2 2	2 2 3	3 2 2	2 2 3	3 2 3	3 3 3	3 3 4	4 3 4	4 4 4
02/06/2017	4 4 4			3 3 4	3 3 3	3 2 3	3 2 3	3 2 2	2 2 3	3 2 2	2 2 3	3 2 3	3 3 3	3 3 4	4 3 4	4 4 4
11/24/2014	3 3 3			3 3 3	3 3 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4
02/21/2013	4 3 6			4 3 4	3 2 3	3 2 3	3 2 3	3 2 2	2 2 2	3 2 2	2 3 3	3 2 3	3 3 3	4 3 3	4 3 6	5 4 4
02/17/2012	4 3 5			3 3 4	4 3 3	3 3 3	3 3 3	3 3 3	3 2 3	3 2 3	3 3 3	3 3 3	3 3 3	3 3 3	4 3 4	4 3 4
MGJ																
Ging Marg				2	3	2	2	3	4	4	3		2	3	3	
auto CAL				5	6	4	4	5	6	6	5		5	6		
Furc																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mobility																
Furc																
auto CAL				5	4	4	5	6	5							
Ging Marg				2	2	2	3	4	3							
MGJ																
02/17/2012	4 5 7			4 3 3	3 3 3	3 3 3	3 3 3	4 3 4	3 3 3	4 3 4	4 3 4	4 3 4	4 3 4	4 3 6	5 4 5	4 3 4
02/21/2013	4 5 6			4 3 4	3 2 3	3 3 3	3 3 3	3 3 3	3 3 3	4 3 4	3 3 4	4 3 3	3 3 4	4 4 4	4 3 5	5 4 5
11/24/2014	4 3 4			4 3 4	4 3 4	4 3 4	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
02/06/2017	4 3 4			4 3 3	3 3 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 3 3	3 3 4	3 3 4	4 3 4
02/13/2018	4 3 4			4 3 3	3 3 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 2 3	3 3 3	3 3 3	3 3 4	3 3 4	4 3 4

Auto Advance  
 Right  Left

Triplets  Ging Marg +

7	8	9
4	5	6
1	2	3
0	10	

Calc Index %

Plaque	0
Calculus	0
Bleeding	8
Suppuration	0

Numbers in red

Count Teeth

	Red if >=	# Teeth
Probing	5	1
MGJ (<=)	2	0
Ging Marg	3	6
CAL	10	0
Furc	3	0
Mobility	3	0

(All exams are saved automatically)

Select Auto Note

- Adult Prophy
- Comprehensive Oral Exam
- Crown exam
- Insurance Notes
- Invisalign
- Root Planing

Text

Root Planing

Plaque: Moderate  
 Calculus: Moderate  
 Inflammation: Moderate  
 Bleeding on probing: Localized bleeding on probing  
 Periodontal Diagnosis: [Prompt:"Periodontal diagnosis"]  
 Areas anesthetized: [Prompt:"Areas Anesthetized"]  
 Anesthetic used: [Prompt:"Anesthetic"]  
 Total amount of anesthetic used: [Prompt:"Carpules"]  
 Scaling: [Prompt:"Scaling"]  
 Areas of concern:

Oral hygiene instruction reinforced using brushing and flossing; discussed caries control and need for reare; full mouth coronal polish with fluoridated prophy paste; dispensed new soft toothbrush and floss.

covered



**Prompt One Response**

Periodontal diagnosis

Back

Type I; Gingivitis; No loss of attachment  
 Type II; Early Periodontitis; Pocket depth or attachment loss: 3-4mm; Possible gr  
 Type III; Moderate Periodontitis; Pocket depths or attachment loss 4-6 mm; Grad  
 Type IV; Advanced Periodontitis; Pocket depths or attachment loss >6 mm; Grad  
 Type V; Refractory & Juvenile Periodontitis; Periodontitis not responding to conv

OK Skip Preview Cancel

OK Cancel

OK Cancel

delete

Search

By Abbrev

By Description

By Code

Sort Order

- By Category
- Administrative
  - Exams & Xrays
  - Ortho
  - Seminars and Consulting
  - Hygiene & Prevention
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Show Hidden

Procedure Codes

Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Oral Surgery	bone replacement graft - retained natural tooth - first site in quadrant	separate bone graft	D4263	995.00	225.00	241.00
	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	AutoTissGraft	D4283		372.00	399.00
	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	NonAutoTissGr aft	D4285		183.00	239.00
	implant removal, by report	ImpltRemv	D6100	1,080.00	450.00	0.00
	Extraction - Refer to Oral Surg		D7115	0.00	0.00	0.00
	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Ext1	D7140	263.00	79.00	91.00
	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Surgical Extraction	D7210	407.00	123.00	142.00
	coronectomy - intentional partial tooth removal	Coron	D7251	611.00	345.00	130.00
	biopsy of soft tissue	bx	D7286-a	101.00	90.00	
	brush biopsy - transepithelial sample collection	Brush Bx	D7288	150.00	115.00	70.00
	harvest of bone for use in autogenous grafting procedure	HarvBone	D7293	1,309.00		377.00
	collection and application of autologous blood concentrate product	AutoBldCon	D7921	586.00		245.00
	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	OsCrtGrMn	D7950	4,132.00	1,148.00	0.00
	sinus augmentation via a vertical approach	SinAugVert	D7952	2,949.00	675.00	

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

Provider

Fee 2

Fee Schedule

Clinic

Provider

Fee 3

Fee Schedule

Clinic

Provider

Fee Colors

= Default     = Clinic

= Provider     = Provider+C

Search

By Abbrev

By Descript

By Code

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By Category

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- Dentures
- Anesthesia

Show Hidden

Procedure Codes

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Administrative	Second Collection Letter Sent		2 collect			
Fixed Prosthetics	Section Bridge		d9120	198.00	175.00	
Oral Surgery	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Surgical Extraction	D7210	407.00	123.00	142.00
Misc	Second Opinion		2nd			
	Second Try-In		2ndtry			
	fixed partial denture sectioning		D9120	332.00	105.00	73.00
Rarely Used	hemisection (including any root removal), not including root canal therapy	HemiNRtCn	D3920	683.00	208.00	232.00
	second stage implant surgery	SurgImpSec	D6011	1,107.00		
Never Used	facial moulage (sectional)	FacMoulSc	D5911	749.00	0.00	0.00
	mandibular resection prosthesis with guide flange	ManResFla	D5934	0.00	0.00	0.00
	mandibular resection prosthesis without guide flange	ManRes	D5935	0.00	0.00	0.00
	vestibuloplasty - ridge extension (secondary epithelialization)	Vstbply2	D7340	1,806.00	368.00	992.00
	radical resection of maxilla or mandible	RdRsMnBng	D7490	10,702.00	0.00	0.00
Obsolete	Second Collection Letter Sent	SecCollection	2CL			
	Second Failed Appt		2FA			

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

Provider

Fee 2

Fee Schedule

Clinic

Provider

Fee 3

Fee Schedule

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Show Hidden

Procedure Codes

Procedures

Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Misc	collection and preparation of genetic sample material for laboratory analysis and report	GenSamLabAnal	D0422	125.00		50.00
Never Used	collection of microorganisms for culture and sensitivity	BactStud	D0415	125.00	19.00	26.00
	collection and preparation of saliva sample for laboratory diagnostic testing	PrepSalv	D0417	125.00		58.00

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

Provider

Fee 2

Fee Schedule

Clinic

Provider

Fee 3

Fee Schedule

Clinic

Provider

Fee Colors

= Default  = Clinic

= Provider  = Provider+

Search

By Abbrev

By Descript

By Code 2990

Sort Order  Category

Procedures						
Category	Description	Abbr	Code	Fee 1	Fee 2	Fee 3
Crown & Bridge	resin infiltration of incipient smooth surface lesions	ResinInfiltr	D2990	249.00		78.00

Compare Fee Schedules

Fee 1

Fee Schedule

Clinic

### Problem: Incipient Caries

Cross-section of proximal caries lesion

Smooth surface caries lesion

- Misc
- No Fee
- Rarely Used
- Never Used
- Obsolete
- Cleanings
- Fillings
- Crown & Bridge
- Dentures
- Anesthesia

Edit Categories

Show Hidden default

Procedure Codes

Import Export

Tools  New

**DRILLING?  
NO THANKS!**

**DMG AMERICA**

**Introducing Icon®**  
The revolutionary treatment for incipient caries and white spots. . .without drilling!

= Provider  = Provider+Clinic

Fee Schedules Fee Tools

Close

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