

TINs: 463537630 and 812845588

Zip Codes: 63301 and 63368

(PERIO ONLY)

Reference - Table of Maximum Allowable Charges # 09827		
CODE	NOMENCLATURE	AMOUNT
DIAGNOSTIC		
140	Limited Oral Evaluation - problem focused	44
145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	28
150	Comprehensive oral evaluation - new or established patient	43
160	Detailed and extensive oral evaluation - problem focused, by report	54
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	41
171	Re-evaluation - post-operative office visit	41
180	Comprehensive periodontal evaluation - new or established patient	46
190	Screening of a patient - state and federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	10
191	Assessment of a patient - A limited clinical inspection that is performed to identify possible signs of oral or systemic, malformation, or injury, and the potential need for referral for diagnosis and treatment	10
601	Caries risk assessment and documentation, with a finding of low risk	10
602	Caries risk assessment and documentation, with a finding of moderate risk	10
603	Caries risk assessment and documentation, with a finding of high risk	10
ENDODONTICS		
3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periarticular surgery	178
3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periarticular surgery	281
3428	Bone graft in conjunction with periarticular surgery - per tooth, single site	289
3429	Bone graft in conjunction with periarticular surgery - each additional contiguous tooth in the same surgical site	216
PERIODONTICS		
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	367
4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	179
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	55
4230	Anatomical crown exposure - 4 or more teeth	607
4231	Anatomical crown exposure - 1 to 3 teeth	353
4240	Gingival Flap Procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	378
4241	Gingival Flap Procedure, including root planning - one to three contiguous teeth or bounded teeth spaces per quadrant	235
4245	Apically positioned flap	198
4249	Clinical crown lengthening - hard tissue	589
4260	Osseous surgery (incl. flap entry & closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	813
4261	Osseous surgery (incl. flap entry & closure) - one to three teeth per quadrant	515
4263	Bone replacement graft - retained natural tooth - first site in quadrant	289
4264	Bone replacement graft - retained natural tooth - each add'l tooth in quadrant	216

4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	184
4266	Guided Tissue Regeneration - resorbable barrier, per site	284
4267	Guided Tissue Regeneration - non-resorbable barrier, per site (includes membrane removal)	361
4268	Surgical Revision Procedure, per tooth	92
4270	Pedicle Soft Tissue Graft Procedure - per tooth	419
4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	713
4274	Distal or Proximal Wedge Procedure, when not performed in conjunction with surgical procedures in the same anatomical area - submit quadrant involved	227
4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.	679
4276	Combined Connective Tissue and Double Pedicle Graft - up to two contiguous teeth	697
4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in a graft	573
4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	294
4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	357
4285	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	339
4320	Provisional splinting - intracoronal	197
4321	Provisional splinting - extracoronal	155
4341	Periodontal scaling and root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	132
4342	Periodontal Scaling and Root Planning - one to three teeth, per quadrant	86
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	68
4381	Delivery of Antimicrobial Agents	67
4910	Periodontal maintenance	82
4920	Unscheduled dressing change other than treating dentist	40
4921	Gingival irrigation - per quadrant	16
PERIODONTICS		
7921	Collection and application of autologous blood concentrate product	177