

**ORTHO\_SNOR3\_HP\_N SHL**

<b>HMO/PPO CODE SCHEDULE</b>	<b>PROCEDURE NAME</b>	<b>FEE</b>
210	Intraoral - complete series ( <i>including bitewings</i> )	52.65
270	Bitewing – single film	5.85
272	Bitewings - two films	11.70
273	Bitewings – three films	23.40
274	Bitewings - four films	23.40
330	Panoramic film	40.95
340	Cephalometric film	52.65
350	Oral/Facial Photographic images	17.55
470	Diagnostic casts	23.40
1510	Space maintainer - fixed - unilateral	117.00
1515	Space maintainer - fixed - bilateral	175.50
1520	Space maintainer - removable - unilateral	117.00
1525	Space maintainer - removable - bilateral	175.50
8010*	Limited orthodontic treatment of the primary dentition	292.50
8020*	Limited orthodontic treatment of the transitional dentition	292.50
8030*	Limited orthodontic treatment of the adolescent dentition	292.50
8050	Interceptive orthodontic treatment of the primary dentition	1053.00
8060	Interceptive orthodontic treatment of the transitional dentition	1,170.00

8070	Comprehensive orthodontic treatment of the transitional dentition Full banding case**..... <u>\$3300 per case</u> <i>Bill</i> : ADA code 8070 - \$900 @ banding <i>Bill</i> : ADA code 8670 - \$100 per visit One arch banding case**..... <u>\$1900 per case</u> <i>Bill</i> : ADA code 8070 - \$600 @ banding <i>Bill</i> : ADA code 8670 - \$65 per visit	1053.00 Banding Charge 702.00 Banding Charge
8080	Comprehensive orthodontic treatment of the adolescent	
	dentition Full banding case**..... <u>\$3300 per case</u> <i>Bill</i> : ADA code 8080 - \$900 @ banding <i>Bill</i> : ADA code 8670 - \$100 per visit One arch banding case**..... <u>\$1900 per case</u> <i>Bill</i> : ADA code 8080 - \$600 @ banding <i>Bill</i> : ADA code 8670 - \$65 per visit	1053.00 Banding Charge 702.00 Banding Charge

8090	Comprehensive orthodontic treatment of the adult dentition Full banding case**..... <u>\$3300 per case</u> <i>Bill</i> : ADA code 8090 - \$900 @ banding <i>Bill</i> : ADA code 8670 - \$100 per visit One arch banding case**..... <u>\$1900 per case</u> <i>Bill</i> : ADA code 8090 - \$600 @ banding <i>Bill</i> : ADA code 8670 - \$65 per visit	1053.00 Banding Charge 702.00 Banding Charge
8210	Removable appliance therapy ( <i>harmful habit</i> )	117.00
8220	Fixed appliance therapy ( <i>harmful habit</i> )	175.50
8660	Pre-orthodontic treatment visit	11.70
8670	Periodic orthodontic treatment visit	117.00
8680	Orthodontic retention ( <i>included in the case allowable</i> )	70.20
8999	Balance of contracted rate; number of 24 mos left (8670) times \$100	Pend for Review
<p>*ADA CODES 8010, 8020, 8030 can be billed as an appliance, maxillary or mandibular.          Appliance examples: palatal expander, bite plate, Hawley, Herbst, etc.          **CASE ALLOWABLES INCLUDE RETAINERS AND FOLLOW-UP CARE.</p>		