ORTHODONTIC SAMPLE SUPERBILL CDT-7

TO FILE INSURANCE: Complete the personal information on your insurance claim form.
ATTACH THE WHITE COPY and mail it to your insurance company.

Attending Dentist's Statement/CDT- 7 (ADA) Dental Procedures and Nomenclature

	CODE	FEE
DIAGNOSTIC PROCEDURES		
❑ Diagnostic Casts	D0470	
❑ Full Mouth Series (FMX)	D0210	
❑ Lateral Skull	D0290	
❑ PA Skull	D0290	
❑ Arthrogram, TMJ	D0320	
❑ Other TMJ films, (Transcranial) w/report	D0321	
❑ Tomographic	D0322	
❑ Panoramic	D0330	
❑ Cephalometric	D0340	
❑ Oral/Facial Images (Intraoral/Extraoral)	D0350	
❑ Other Diagnostic Services	D0999	
CLINICAL ORAL EXAMINATION		
❑ Periodic Oral Examination	D0120	
❑ Limited Oral Evaluation	D0140	
❑ Comprehensive Oral Evaluation	D0150	
❑ Detailed/Extensive Oral Evaluation	D0160	
❑ Re-evaluation – Limited, prob. Focused	D0170	
❑ Professional Consultation	D9310	
❑ Office Visit (Observation)	D9430	
ANESTHESIA		
❑ Local, Not in Conjunction with Operative	D9210	
❑ Regional Block Anesthesia	D9211	
❑ Trigeminal Division Block Anesthesia	D9212	
❑ Local Anesthesia	D9215	
❑ Analgesia, Nitrous Oxide	D9230	
❑ Therapeutic Drug Injection, by Report	D9610	
❑ Other Medicaments, by Report	D9630	
OCCLUSAL		
❑ Occlusal Analysis – Mounted Case	D9950	
❑ Occlusal Adjustment - Limited	D9951	
❑ Occlusal Adjustment - Complete	D9952	
MINOR TREATMENT TO CONTROL HARMFUL HABITS		
❑ Removable Appliance Therapy	D8210	
❑ Fixed Appliance Therapy	D8220	
SPACE MAINTAINERS		
❑ Fixed Unilateral	D1510	
❑ Fixed Bilateral	D1515	
❑ Removable Unilateral	D1520	
❑ Removable Bilateral	D1525	
❑ Recementation	D1550	
❑ _____	_____	

	CODE	FEE
LIMITED ORTHODONTIC TREATMENT		
❑ Primary Dentition	D8010	
❑ Transitional Dentition	D8020	
❑ Adolescent Dentition	D8030	
❑ Adult Dentition	D8040	
INTERCEPTIVE ORTHODONTIC TREATMENT		
❑ Primary Dentition	D8050	
❑ Transitional Dentition	D8060	
COMPREHENSIVE ORTHODONTIC TREATMENT		
❑ Transitional Dentition	D8070	
❑ Adolescent Dentition	D8080	
❑ Adult Dentition	D8090	
OTHER ORTHODONTIC SERVICES		
❑ Pre-Orthodontic Treatment Visit	D8660	
❑ Periodic Orthodontic Treatment Visit (as part of contract)	D8670	
❑ Orthodontic Retention	D8680	
❑ Orthodontic Treatment (alternative billing to a contract fee, other provider)	D8690	
❑ Appliance Repair	D8691	
❑ Replacement of Lost/Broken Retainer	D8692	
❑ Rebonding or recementing; and/or repair, as required, of fixed retainers	D8693	
❑ Unspecified Orthodontic Procedure by Report	D8999	
MANAGEMENT OF TMJ DYSFUNCTIONS		
❑ Occlusal Orthotic Device	D7880	
❑ Closed Reduction of Dislocation	D7820	
❑ Manipulation Under Anesthesia	D7830	
❑ Other TMD Treatment	D7899	
OTHER		
❑ Failed Appointment	D9999	
❑ Supplies and Materials	D9999	
❑ Operative Report	D0999	
❑ Trismus Appliance	D5937	
❑ Athletic Mouthguard Fabrication	D9941	
❑ Occlusal Guard, By Report	D9940	
❑ Office Visit After Hours	D9440	
❑ Emergency Care/Palliative Treatment	D9110	
❑ Behavior Management by Report	D9920	
❑ Nutritional Counseling/Control Dental Disease	D1310	
❑ Oral Hygiene Instruction	D1330	
❑ _____	_____	
❑ _____	_____	

PATIENT: _____
INSURED'S NAME: _____
INSURED SS#: _____
DENTAL PROGRAM: _____
STARTING DATE OF TREATMENT: _____
MONTHS TREATMENT REMAINING: _____

INITIAL PAYMENT: $_____
MONTHLY/QUARTERLY: $_____
OTHER_____: $_____
MAX. ALLOWABLE: $_____
DEDUCTABLE: $_____
CARRIER %: $_____
CARRIER PAYS: $_____
PATIENT PAYS: $_____

o PRETREATMENT ESTIMATE
o STATEMENT OF ACTUAL SERVICES
o BENEFITS ASSIGNED TO PHYSICIAN Y N

Remarks or instructions: _____

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Dr.'s Signature