

**SIERRA HEALTHCARE OPTIONS
DENTAL FEE SCHEDULE
(ORTHODONTICS SNOR4)**

ADA CODE	PROCEDURE	PPO ALLOWABLE
0210	Intraoral - complete series (<i>including bitewings</i>)	45.00
0270	Bitewing - single film	5.00
0272	Bitewings - two films	10.00
0274	Bitewings - four films	20.00
0330	Panoramic film	35.00
0340	Cephalometric film	45.00
0350	Oral/Facial Photographic images	15.00
0470	Diagnostic casts	20.00
1510	Space maintainer - fixed - unilateral	100.00
1515	Space maintainer - fixed - bilateral	150.00
1520	Space maintainer - removable - unilateral	100.00
1525	Space maintainer - removable - bilateral	150.00
8010*	Limited orthodontic treatment of the primary dentition	250.00
8020*	Limited orthodontic treatment of the transitional dentition	250.00
8030*	Limited orthodontic treatment of the adolescent dentition	250.00
8040*	Limited orthodontic treatment of the adult dentition	250.00
8050	Interceptive orthodontic treatment of the primary dentition	900.00
8060	Interceptive orthodontic treatment of the transitional dentition	1,000.00
8070	Comprehensive orthodontic treatment of the transitional dentition Full banding case** <u>\$3500 per case</u> <i>Bill:</i> ADA code 8070 - \$1,000 @ 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 for each visit	1,000.00 Banding Charge 600.00 Banding Charge

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8080	<p>Comprehensive orthodontic treatment of the adolescent dentition</p> <p>Full banding case**.....</p> <p><u>\$3500 per case</u></p> <p><i>Bill:</i> ADA code 8080 - \$1,000 @ banding</p> <p><i>Bill:</i> ADA code 8670 - \$100 per visit</p> <p>One arch banding case**.....</p> <p><u>\$1900 per case</u></p> <p><i>Bill:</i> ADA code 8080 - \$600 @ banding</p> <p><i>Bill:</i> ADA code 8670 - \$65 per visit</p>	<p>1,000.00</p> <p>Banding Charge</p> <p>600.00</p> <p>Banding Charge</p>
8090	<p>Comprehensive orthodontic treatment of the adult dentition</p> <p>Full banding case**.....</p> <p><u>\$3500 - \$3700 per case</u></p> <p><i>Bill:</i> ADA code 8090 - \$1,000 @ banding</p> <p><i>Bill:</i> ADA code 8670 - \$100 per visit</p> <p>One arch banding case**.....</p> <p><u>\$1900 per case</u></p> <p><i>Bill:</i> ADA code 8090 - \$600 @ banding</p> <p><i>Bill:</i> ADA code 8670 - \$65 per visit</p>	<p>1,000.00</p> <p>Banding Charge</p> <p>600.00</p> <p>Banding Charge</p>
8210	Removable appliance therapy (<i>harmful habit</i>)	100.00
8220	Fixed appliance therapy (<i>harmful habit</i>)	150.00
8660	Pre-orthodontic treatment visit	10.00
8670	Periodic orthodontic treatment visit	100.00
8680	Orthodontic retention (<i>included in the case allowable</i>)	60.00
<p>*CODES 8010, 8020, 8030, 8040 can be billed as an appliance, maxillary or mandibular.</p> <p>Appliance examples: palatal expander, bite plate, Hawley, Herbst, etc.</p> <p>**CASE ALLOWABLE INCLUDE RETAINERS AND FOLLOW-UP CARE</p>		