2007 Fee Survey

by Tom Limoli, Jr.

It has been said time and again that there are only three rules needed to successfully profit in real estate: *location*, *location*, *location!* The same can be said for financial investing, only those three rules are: *diversify*, *diversify*, *diversify*. Similarly, the three rules of dental benefit plan interpretation are: *the contract*, *the contract*, *the contract*.

Dental benefit plans come in all different shapes, sizes, and flavors. The primary controlled variable in dental plan design is the amount of dollars invested to purchase and administer the plan — the higher the premium, the better the reimbursement generated by the plan. More costly benefit plans generally reimburse at the true 90th percentile of submitted fees, while more cost-effective plan designs may reimburse at 65 to 80 percent of the 75th percentile. Then there are nontraditional benefit plans, which reimburse based on time, not procedure.

So why is there continuing confusion concerning fees and fee scheduling? Do we think our fees are unreasonable? Do we fear giving away the store? Are we concerned that our patients will receive that dreaded letter from the insurance company informing them that our fees are too high? Or, do we simply want the most reasonable reimbursement for the service that we perform?

This issue of *DE*® is the annual fee survey. It is my honor to again be of service to both the reader and profession of dentistry by sharing our expertise as well as our data. After you study our fee data, you will be well armed with the information you need to create and update a specific fee schedule that is appropriate for your office and the patients you serve. Remember, we are not telling you how to practice or what your fees should be — we are simply telling you that properly interrelated fees will produce a fee schedule that is balanced, profitable, and acceptable to your patients.

Your fee schedule is the most important tool for generating income to offset the costs of doing business. The primary goal of any well-managed business is to show both profit and growth. Only the government needs simply to stay busy! The profit should be built into the fee to allow for ongoing practice growth and retirement for both doctors and team members.

What do the columns represent?

Closely examine the format of our fee survey. The most commonly reported procedure codes are listed vertically on the left side of the page. Following each procedure code are seven columns of numbers. The first five columns represent fee data based on "Lower," "Low," "Medium," "High" and "Higher." The data progress in value from the lower columns on the left to the higher columns on the right. Note that within some rows, the fee to the right of a given column may be lower than the fee to the left. *This is not a misprint;* it represents an average of the fee reported to us for that particular procedure code. This data is based on 100 percent of the 90th percentile.

Column 6 represents the national average of the fee charged for the procedure. This number is an average that is derived from our entire database, not simply from the previous five columns. The national relative value provided in column seven is similarly derived from our entire database, not the first five columns of data.

Each dental office should maintain its own template of Relative Value Units (RVU). RVUs are simply weighted values for professional services that represent the overall complexity of delivering the service. In dentistry, the basic factor used to measure differences among the values of coded procedures is time-supplemented by additional factors such as skill and overhead costs. The starting point for maintaining your system of RVUs is to assign a value of "1" to Code D0120 (periodic oral evaluation) because it is the most frequently performed and reported procedure code. All other fees then become related to this base RVU. If a procedure has a value of "2," its fee should be twice the value of "1," or twice the fee.

Unlike the federal government's Medicare reimbursement tables that utilize a conversion factor, modifier, or uncontrolled variable to establish a specific dollar amount of reimbursement, our system utilizes the value of the periodic exam as an interrelationship tool.

Establishing a fee schedule

Establishing a fee schedule is a painstaking process which requires thoughtful consideration of personal and profes-

sional needs. After the schedule has been established, however, it is a relatively simple task to periodically evaluate and update it.

Dentists use a variety of methods to establish their fee schedules. Some base their fees on what the dentist down the street charges, others use the tables of allowances of indemnity plans, and still others base their fees on the inherent costs of procedures. I believe, however, that it is more efficient to first determine the *length of time* required to perform a procedure then add lab fees, supply costs, and exposure to financial and professional risk factors into the equation to create the actual fee. As you will see in the information that follows, a relationship can be established among your individual fees. This relationship will make your task simpler in two ways:

- *It will facilitate periodic review and revision of your fee schedule.*
- *If a portion of your practice is involved in managed care — or if you are considering managed-care involvement at a later date — it will enable you to better evaluate contracts offered by managed-care organizations.*

How to charge

As you know, there is no code that provides separate reimbursement for federally mandated infection-control procedures. There is no need for you to add a separate charge. Sterility is not a separate procedure; it is part of the cost of doing business.

The interrelationship of fees is critical. For example, we stress the equal relative value of the two-surface amalgam (D2150) and the importance that it equals the fee of a one-surface composite (D2330). With this data, we're not telling you how to practice or what your fees should be. We are telling you that properly interrelated fees will produce a fee schedule that is both balanced and profitable.

Your fees need to be reasonable. Once you have established a viable and realistic fee schedule, you shouldn't deviate from it unless an individual patient presents with unusual complications. Of course, it is always within the professional's domain to increase fees when the situation involves more than typical complications and/or problems.

Your fees need to be reasonable. Once you have established a viable and realistic fee schedule, you shouldn't deviate from it *unless* an individual patient presents with unusual complications. Of course, it is always within the professional's domain to increase fees when the situation involves more than typical complications and/or problems. Most benefit plan consultants are allowed to increase the appropriate reimbursement for any coded procedure up to a range of $100 or 25 percent when an acceptable narrative with a short description of the complication is submitted.

It is unacceptable for the dental office to have a *range of fees* for an individual procedure. A fee that ranges from $50 to $70 will most frequently be accepted at $50 and questioned at $70. It would be far more professional and appropriate to list $60 for the procedure and add 20 percent, 50 percent, or 100 percent when an unforeseen complication occurs. Of course, you must inform the patient about any such complication and describe it within both the clinical record and the benefit claim.

Define your terms

Both the legal profession and the dental community seem to have an infatuation regarding fees and fee schedules. To shed light on this very gray and confusing subject, let's address several standard definitions that you may or may not have in your working vocabulary.

Your office has only *one fee schedule* that lists the *usual fee* for each procedure that you perform. State dental boards and other regulatory authorities frown on doctors that have *multiple fee schedules* (i.e., one for insured and one for noninsured patients).

The usual fee is the fee that appears in your office fee schedule. The usual fee is defined as that amount of money which you charge in the open, free-market economy. It represents your full fee and has nothing to do with the amount of money contractually reimbursed by the patient's benefit plan. This is simply your *baseline standard*.

Benefit plan administrators statistically establish *customary fee levels*. These levels are established based upon the dollar amounts and frequencies of a specific dollar amount submitted on claims to the benefit plan or administrative entity. One hundred claims for $30 each has more weight than 10 claims for $40 each. The more times the event occurs, the more *customary* it becomes. Fee data are most often grouped into frequency percentiles.

In an insurance-free, fee-for-service environment, doctors charge whatever they feel is appropriate. When a dental office modifies its usual fee, it is most often identified as simply being a *reasonable fee*. Fees are and can be modified for any number of reasons — for example, charging more for a prophy due to a patient's previous neglect or charging less for a pediatric extraction.

It is not an unreasonable action when a benefit plan contractually does not honor the doctor's modified usual fee, just as it is not unreasonable to deny a child chocolate ice cream for breakfast.

Your office may participate in various benefit plans and have several different *tables of allowance*. These are based on contractually agreed-upon dental plans in which the practitioner is identified as a preferred or designated provider. The amounts identified in a table of allowance are not to be confused with fees. The dollar amounts identified in a table of allowance are nothing more than a representation of the total dollar obligation on the part of the plan. It has nothing to do with your usual fee or what you charge.

Both participatory and nonparticipatory benefit plans may reimburse for specific services based on a *maximum allowance*. These plans generally reimburse up to 100 percent of a predefined dollar amount. The dollar amount of reimbursement is based upon the financial strength of the plan as defined by the contract with the *purchaser* — not the insurance company. The difference between that predefined level of reimbursement and your usual fee is to be paid by the patient in a true fee-for-service environment.

Plan reimbursement based upon maximum allowances *should not* be confused with the surcharges paid by the patient under a maximum fee schedule plan. Surcharges apply only to those patients who are participating in specific — most frequently prepaid — benefit plans. The differences between maximum fee schedule and maximum allowance plans are primarily the levels of financial participation on the part of the patient. With both plans, your usual fee is not taken into consideration by the plan. With *maximum allowances*, the patient is responsible to your office for your full usual fee. Participating dentists cannot collect their full usual fee from patients covered by *maximum fee schedule plans*.

Remember the words of the great dental philosophers from Chicago: "The patient is responsible for the total cost of dental care."

Our average dentist in the USA

The sample fee survey represents 100 percent of the 90th percentile, calculated by distribution, using actual fees from across the country within a fee-for-service dentistry model. These data do not represent benefit plan reimbursement tables or schedules. The data was created from submitted benefit claims as well as fee schedules submitted to www.limoli.com for analysis.

Each coded procedure has been carefully evaluated, first by its ADA nomenclature category — i.e., examination codes with their fees, restorative codes with their fees, etc. The last column represents the relative values that my firm, Atlanta Dental Consultants, has created. These are provided to assist each private practice dentist in realizing the interrelated mathematical values of various codes and fees, taking into consideration the many factors discussed in this article.

I hope you now realize how important it is to understand the meaning of the word "fee." This is the first step in eliminating the confusion created by the various uses of terminology and the methods of calculating maximum allowable benefits and fixed surcharges. Only by comprehending this all-important facet of dental practice can dentists hope to protect as well as validate their individual office fees.

How can you best utilize this data?

Take your existing office fee schedule and compare it with the five columns of fee data in the charts that follow. Identify which column most accurately represents your existing office fee schedule by identifying your individual, unrestricted office fee for each listed procedure. Your goal is to have all listed procedures fall within one or two consecu-

HELPFUL DEFINITIONS

Usual Fee — The fee that an individual dentist most frequently charges for a given dental service.

Fee Schedule — A list of the charges established or agreed to by a dentist for a specific dental service.

Reasonable Fee — The fee charged by a dentist for a specific dental procedure that has been modified by the nature and severity of the condition being treated and by any medical or dental complication or unusual circumstances, and therefore may differ from the dentist's "usual" fee or the benefit administrator's "customary" fee.

Customary Fee — The fee level determined by the administrator of a dental benefits plan from actual submitted fees for a specific dental procedure to establish the maximum benefit payable under a given plan for that procedure.

Table Of Allowances — A list of covered services with an assigned dollar amount that represents the total obligation of the plan with respect to payment for such services, but does not necessarily represent the dentist's full fee for that service.

Maximum Allowance — The maximum dollar amount a dental program will pay toward the cost of a dental service as specified in the program's provision.

Maximum Fee Schedule — A compensation arrangement in which a participating dentist agrees to accept a prescribed sum as the total fee for one or more covered services.

CODE	DESCRIPTION	LOWER	LOW	MEDIUM	HIGH	HIGHER	NAT'L AVG.	RELATIVE VALUE
	DIAGNOSTIC							
	Clinical Oral Evaluations							
D0120	Periodic oral evaluation	33	37	42	45	55	43.90	1.00
D0140	Limited oral evaluation - problem-focused	65	60	70	125	90	81.80	1.86
D0150	Comprehensive oral evaluation	53	55	74	88	99	72.80	1.66
D0160	Detailed and extensive oral evaluation - problem-focused, by report	85	90	165	160	175	135.00	3.08
D0170	Re-evaluation-limited - problem-focused	38	58	55	69	80	59.30	1.35
D0180	Comprehensive periodontal evaluation	63	93	95	135	140	100.90	2.30
	Radiographs / Diagnostic Imaging							
D0210	Intraoral - complete series (including bitewings)	97	95	105	140	165	119.40	2.72
D0220	Intraoral - periapical first film	21	23	24	34	35	26.50	0.60
D0230	Intraoral - periapical each additional film	19	20	19	34	30	23.20	0.53
D0270	Bitewing - single film	21	22	25	30	38	25.50	0.58
D0272	Bitewings - 2 films	34	35	38	47	50	40.30	0.92
D0274	Bitewings - 4 films	49	48	53	70	75	58.95	1.34
D0277	Vertical bitewings - 7 to 8 films	78	76	84	112	98	92.12	2.10
D0330	Panoramic film	81	80	88	118	160	102.44	2.33
D0350	Oral/facial photographic images	49	59	69	57	95	58.40	1.33
	Tests and Examinations							
D0460	Pulp vitality tests	44	40	62	60	50	48.30	1.10
D0470	Diagnostic casts	69	80	100	110	150	105.30	2.40
	PREVENTIVE							
	Dental Prophylaxis							
D1110	Prophylaxis - adult	58	62	75	93	105	78.30	1.78
D1120	Prophylaxis - child	45	48	59	72	80	61.00	1.39
	Topical Fluoride Treatment							
D1203	Topical application of fluoride - child	26	29	31	39	42	33.60	0.77
D1204	Topical application of fluoride - adult	26	29	31	39	42	33.60	0.77
	Other Preventive Services							
D1330	Oral hygiene instructions	38	25	30	65	50	43.40	0.99
D1351	Sealant - per tooth	40	38	50	52	70	49.90	1.14
	Space Maintenance							
D1510	Space maintainer - fixed - unilateral	215	250	290	420	450	308.60	7.03
D1515	Space maintainer - fixed - bilateral	325	350	480	550	695	473.70	10.79
D1550	Recementation of space maintainer	50	55	63	66	65	62.90	1.43
	RESTORATIVE							
	Amalgam Restorations							
D2140	Amalgam - 1 surface, primary or permanent	88	105	143	130	195	139.90	3.19
D2150	Amalgam - 2 surfaces, primary or permanent	108	125	165	159	225	163.40	3.72

CODE	DESCRIPTION	LOWER	LOW	MEDIUM	HIGH	HIGHER	NAT'L AVG.	RELATIVE VALUE
D2160	Amalgam - 3 surfaces, primary or permanent	129	144	196	200	295	205.00	4.67
D2161	Amalgam - 4 or more surfaces, primary or permanent	154	186	225	250	350	241.00	5.49
	Resin-Based Composite Restorations-Direct							
D2330	Resin-based composite - 1 surface, anterior	108	125	165	159	225	163.40	3.72
D2331	Resin-based composite - 2 surfaces, anterior	126	135	170	190	245	179.70	4.09
D2332	Resin-based composite - 3 surfaces, anterior	150	160	204	230	295	214.50	4.89
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	194	244	250	306	334	262.30	5.97
D2390	Resin-based composite crown, anterior	211	213	278	275	343	270.20	6.15
D2391	Resin-based composite - 1 surface, posterior	120	119	168	165	195	158.70	3.62
D2392	Resin-based composite - 2 surfaces, posterior	157	160	185	210	250	201.20	4.58
D2393	Resin-based composite - 3 surfaces, posterior	201	195	250	235	310	247.10	5.63
D2394	Resin-based composite - 4 or more surfaces	219	228	293	310	350	290.30	6.61
	Inlay/Onlay Restorations							
D2510	Inlay-metallic - 1 surface	255	455	555	705	900	606.30	13.81
D2520	Inlay-metallic - 2 surfaces	300	500	600	750	945	651.30	14.84
D2530	Inlay-metallic - 3 or more surfaces	400	600	700	850	1045	751.30	17.11
D2543	Onlay - metallic - 3 surfaces	550	750	850	1000	1195	901.30	20.53
D2544	Onlay - metallic - 4 or more surfaces	675	800	985	1200	1300	999.20	22.76
D2610	Inlay-porcelain/ceramic - 1 surface	255	455	555	705	900	606.30	13.81
D2620	Inlay-porcelain/ceramic - 2 surfaces	300	500	600	750	945	651.30	14.84
D2630	Inlay-porcelain/ceramic - 3 or more surfaces	400	600	700	850	1045	751.30	17.11
D2643	Onlay-porcelain/ceramic - 3 surfaces	550	750	850	1000	1195	901.30	20.53
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	675	800	985	1200	1300	999.20	22.76
D2650	Inlay - resin-based composite composite/resin - 1 surface	255	455	555	705	900	606.30	13.81
D2651	Inlay - resin-based composite composite/resin - 2 surfaces	300	500	600	750	945	651.30	14.84
D2652	Inlay - resin-based composite composite/resin - 3 or more surfaces	400	600	700	850	1045	751.30	17.11
D2663	Onlay - resin-based composite composite/resin - 3 surfaces	550	750	850	1000	1195	901.30	20.53
D2664	Onlay - resin-based composite - 4 or more surfaces	675	800	985	1200	1300	999.20	22.76
	Crowns-Single Restorations Only							
D2710	Crown - resin-based composite (indirect)	230	285	340	400	450	353.30	8.05
D2712	Crown - 3/4 resin-based composite (indirect)	**ND**	**ND**	**ND**	**ND**	**ND**		
D2740	Crown - porcelain/ceramic substrate	805	851	1010	1290	1540	1070.20	24.38
D2750	Crown - porcelain fused to high noble metal	760	806	940	1200	1450	1003.20	22.85
D2751	Crown - porcelain fused to predominantly base metal	680	775	868	1095	1300	927.60	21.13
D2752	Crown - porcelain fused to noble metal	740	800	895	1150	1370	969.90	22.09
D2780	Crown - 3/4 cast high noble metal	823	885	1021	1219	1484	1050.78	23.94
D2781	Crown - 3/4 cast predominately base metal	728	784	918	1055	1346	958.41	21.83
D2782	Crown - 3/4 cast noble metal	795	812	962	1113	1431	1004.98	22.89
D2783	Crown - 3/4 porcelain/ceramic	902	953	1091	1367	1632	1155.11	26.31
D2790	Crown - full-cast high noble metal	735	790	945	1150	1400	973.20	22.17
D2791	Crown - full-cast predominantly base metal	650	700	850	995	1270	887.60	20.22
D2792	Crown - full-cast noble metal	710	725	891	1050	1350	930.70	21.20
D2794	Crown - titanium	**ND**	**ND**	**ND**	**ND**	**ND**		
D2799	Provisional crown	483	511	606	774	924	642.12	14.63

CODE	DESCRIPTION	LOWER	LOW	MEDIUM	HIGH	HIGHER	NAT'L AVG.	RELATIVE VALUE
	Other Restorative Services							
D2910	Recement Inlay, onlay, or partial coverage restoration	69	80	96	110	170	98.60	2.25
D2920	Recement crown	65	89	90	120	125	96.50	2.20
D2930	Prefabricated stainless steel crown - primary tooth	175	191	209	247	284	239.80	5.46
D2931	Prefabricated stainless steel crown - permanent tooth	196	214	333	277	318	268.58	6.12
D2932	Prefabricated resin crown	165	240	325	125	329	248.90	5.67
D2940	Sedative filling	78	86	99	115	150	106.10	2.42
D2950	Core buildup, including any pins	179	201	225	325	375	253.70	5.78
D2951	Pin retention - per tooth, in addition to restoration	35	46	60	50	85	54.20	1.23
D2952	Post and core in addition to crown, indirectly fabricated	245	310	395	445	500	365.70	8.33
D2954	Prefabricated post and core in addition to crown	234	260	275	380	395	303.40	6.91
D2960	Labial veneer (resin laminate) - chairside	483	511	606	774	924	642.12	14.63
D2961	Labial veneer (resin laminate) - laboratory	537	567	673	860	1027	713.47	16.25
D2962	Labial veneer (porcelain laminate) - laboratory	725	766	909	1161	1386	963.18	21.94
D2970	Temporary crown (fractured tooth)	150	200	245	305	300	240.50	5.48
	ENDODONTICS							
D3110	Pulp cap - direct	56	51	70	65	80	66.40	1.51
D3120	Pulp cap - indirect	41	50	60	68	75	62.80	1.43
D3220	Therapeutic pulpotomy	110	190	191	160	275	179.90	4.10
D3310	Anterior (excluding final restoration)	550	610	725	950	1100	755.60	17.21
D3320	Bicuspid (excluding final restoration)	625	650	799	1122	1250	864.70	19.70
D3330	Molar (excluding final restoration)	780	790	925	1325	1485	1022.30	23.29
	Endodontic Retreatment							
D3346	Retreatment of previous root canal therapy - anterior	693	769	914	1197	1386	952.06	21.69
D3347	Retreatment of previous root canal therapy - bicuspid	769	800	983	1380	1538	1063.58	24.23
D3348	Retreatment of previous root canal therapy - molar	913	924	1082	1550	1737	1196.09	27.25
D3410	Apicoectomy/periradicular surgery - anterior	500	600	855	903	1600	867.70	19.77
	PERIODONTICS							
	Surgical Services							
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous, per quad.	350	415	415	625	650	574.00	13.08
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous, per quad.	151	182	200	360	281	239.90	5.46
D4240	Gingival flap procedure, including root planing - 4 or more contiguous, per quad.	406	476	620	1025	900	624.70	14.23
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous, per quad.	244	286	372	615	540	374.82	8.54
D4249	Clinical crown lengthening - hard tissue	475	750	850	1050	1350	845.20	19.25
D4260	Osseous surgery (including flap entry and closure) 4 or more contiguous, per quad.	650	937	1100	1350	1450	1070.20	24.38
D4261	Osseous surgery (including flap entry and closure) 1 to 3 contiguous, per quad.	390	562	660	810	870	642.12	14.63
D4263	Bone replacement graft - first site in quad.	300	472	475	550	600	474.10	10.80
D4264	Bone replacement graft - each additional site in quad.	125	200	182	195	325	225.20	5.13
D4266	Guided tissue regeneration - resorbable barrier, per site	300	310	499	600	500	467.10	10.64
D4267	Guided tissue regeneration - nonresorbable barrier, per site	325	403	450	550	750	487.75	11.11
D4270	Pedicle soft tissue graft procedure	406	525	875	775	1575	784.00	17.86
D4271	Free soft tissue graft procedure	650	900	925	1200	1250	977.20	22.26
D4273	Subepithelial connective tissue graft procedures, per tooth	644	869	1098	1205	1723	1074.33	24.47

CODE	DESCRIPTION	LOWER	LOW	MEDIUM	HIGH	HIGHER	NAT'L AVG.	RELATIVE VALUE
	Non-Surgical Periodontal Service							
D4320	Provisional splinting - intracoronal	196	296	200	190	300	258.10	5.88
D4321	Provisional splinting - extracoronal	200	253	299	275	578	323.30	7.36
D4341	Periodontal scaling and root planing, 4 or more teeth, per quad.	181	200	220	290	310	233.10	5.31
D4342	Periodontal scaling and root planing - 1 to 3 teeth, per quad.	109	120	132	174	186	139.86	3.19
D4355	Full-mouth debridement to enable comprehensive evaluation & diagnosis	118	130	143	189	202	151.52	3.45
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle	101	60	65	85	95	78.30	1.78
D4910	Periodontal maintenance	90	102	108	129	175	122.20	2.78
	PROSTHODONTICS (removable)							
	Complete Dentures							
D5110	Complete denture - maxillary	850	1218	1400	1500	2200	1451.80	33.07
D5120	Complete denture - mandibular	850	1218	1400	1500	2200	1451.80	33.07
D5130	Immediate denture - maxillary	1041	1499	1545	1510	1499	1556.90	35.46
D5140	Immediate denture - mandibular	1041	1499	1545	1510	1499	1556.90	35.46
	Partial Dentures							
D5211	Maxillary partial denture-resin base (incl. any conventional clasps, rests, & teeth)	810	1070	1000	1050	1250	1149.70	26.19
D5212	Mandibular partial denture-resin base (incl. any conventional clasps, rests & teeth)	865	1142	1068	1121	1334	1227.30	27.96
D5213	Maxillary partial denture-cast metal framework with resin denture bases	1027	1250	1459	1650	1900	1507.90	34.35
D5214	Mandibular partial denture-cast metal framework with resin denture bases	1096	1334	1557	1761	2028	1609.68	36.67
D5225	Maxillary partial denture-flexible base (incl. any clasps, rests, and teeth)	900	1250	1300	1500	1500	1252.60	28.53
D5226	Mandibular partial denture-flexible base (incl. any clasps, rests, and teeth)	961	1334	1388	1548	1601	1337.15	30.46
	Repairs							
D5520	Replace missing or broken teeth - complete denture (each tooth)	79	134	138	135	181	141.50	3.22
D5640	Replace broken teeth - per tooth	85	120	135	175	200	152.00	3.46
D5650	Add tooth to existing partial denture	130	152	192	190	270	191.30	4.36
	Denture Reline Procedures							
D5730	Reline complete maxillary denture (chairside)	244	238	275	350	375	299.20	6.82
D5740	Reline maxillary partial denture (chairside)	244	238	275	350	375	299.20	6.82
D5750	Reline complete maxillary denture (laboratory)	310	372	408	405	450	402.20	9.16
D5760	Reline maxillary partial denture (laboratory)	310	372	408	405	450	402.20	9.16
	Other Removable Prosthetic Services							
D5850	Tissue conditioning, maxillary	70	105	132	95	195	130.40	2.97
D5862	Precision attachment, by report	175	300	400	500	650	444.70	10.13
	IMPLANT SERVICES							
D6010	Surgical placement of implant body: endosteal implant	1500	1800	2050	2075	2472	1959.30	44.63
	Abutment Supported Prosthetics							
D6056	Prefabricated abutment-includes placement	250	350	425	450	490	390.20	8.89
D6057	Custom abutment - includes placement	366	550	675	650	700	563.90	12.85
D6058	Abutment supported porcelain/ceramic crown	805	851	1010	1290	1540	1070.20	24.38
D6059	Abutment supported porcelain-fused-to-metal crown (high noble metal)	760	806	940	1200	1450	1003.20	22.85

CODE	DESCRIPTION	LOWER	LOW	MEDIUM	HIGH	HIGHER	NAT'L AVG.	RELATIVE VALUE
D6060	Abutment supported porcelain-fused-to-metal crown (predominately base metal)	680	775	868	1095	1300	927.60	21.13
D6061	Abutment supported porcelain-fused-to-metal crown (noble metal)	740	800	895	1150	1370	969.90	22.09
D6062	Abutmen supported cast metal crown (high noble metal)	735	790	945	1150	1400	973.20	22.17
D6063	Abutment supported cast metal crown (predominately base metal)	650	700	850	995	1270	887.60	20.22
D6064	Abutment supported cast metal crown (noble metal)	710	725	891	1050	1350	930.70	21.20
	Implant Supported Prosthetics							
D6065	Implant-supported porcelain/ceramic crown	805	851	1010	1290	1540	1070.20	24.38
D6066	Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	760	806	940	1200	1450	1003.20	22.85
D6067	Implant-supported metal crown (titanium, titanium alloy, high noble metal)	735	790	945	1150	1400	973.20	22.17
D6068	Abutment-supported retainer for porcelain/ceramic FPD	805	851	1010	1290	1540	1070.20	24.38
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)	760	806	940	1200	1450	1003.20	22.85
D6070	Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal)	680	775	868	1095	1300	927.60	21.13
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	740	800	895	1150	1370	969.90	22.09
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	735	790	945	1150	1400	973.20	22.17
D6073	Abutment-supported retainer for cast metal FPD (predominantly base metal)	650	700	850	995	1270	887.60	20.22
D6074	Abutment-supported retainer for cast metal FPD (noble metal)	710	725	891	1050	1350	930.70	21.20
D6075	Implant-supported retainer for ceramic FPD	805	851	1010	1290	1540	1070.20	24.38
D6076	Implant-supported retainer for porcelain-fused-to-metal FPD (titanium, titanium alloy, or high noble metal)	760	806	940	1200	1450	1003.20	22.85
D6077	Implant-supported retainer for cast-metal FPD (titanium, titanium alloy, or high noble metal)	735	790	945	1150	1400	973.20	22.17
D6080	Implant maintenance procedures	101	115	122	145	197	137.48	3.13
	PROSTHODONTICS, fixed							
	Fixed Partial Denture Pontics							
D6210	Pontic - cast high noble metal	735	790	945	1150	1400	973.20	22.17
D6211	Pontic - cast predominantly base metal	650	700	850	995	1270	887.60	20.22
D6212	Pontic - cast noble metal	710	725	891	1050	1350	930.70	21.20
D6214	Pontic - titanium	**ND**	**ND**	**ND**	**ND**	**ND**		
D6240	Pontic - porcelain fused to high noble metal	760	806	940	1200	1450	1003.20	22.85
D6241	Pontic - porcelain fused to predominantly base metal	680	775	868	1095	1300	927.60	21.13
D6242	Pontic - porcelain fused to noble metal	740	800	895	1150	1370	969.90	22.09
D6545	Retainer - cast metal for resin bonded fixed prosthesis	270	312	454	413	670	441.80	10.06
	Fixed Partial Denture Retainers - Crowns							
D6740	Crown - porcelain/ceramic	805	851	1010	1290	1540	1070.20	24.38
D6750	Crown - porcelain fused to high noble metal	760	806	940	1200	1450	1003.20	22.85
D6751	Crown - porcelain fused to predominantly base metal	680	775	868	1095	1300	927.60	21.13
D6752	Crown - porcelain fused to noble metal	740	800	895	1150	1370	969.90	22.09
D6780	Crown - 3/4 cast high noble metal	823	885	1021	1219	1484	1050.78	23.94
D6781	Crown - 3/4 cast predominantly base metal	728	784	918	1055	1346	958.41	21.83
D6782	Crown - 3/4 cast noble metal	795	812	962	1113	1431	1004.98	22.89
D6783	Crown - 3/4 porcelain/ceramic	902	953	1091	1367	1632	1155.11	26.31
D6790	Crown - full cast high noble metal	735	790	945	1150	1400	973.20	22.17
D6791	Crown - full cast predominantly base metal	650	700	850	995	1270	887.60	20.22

CODE	DESCRIPTION	LOWER	LOW	MEDIUM	HIGH	HIGHER	NAT'L AVG.	RELATIVE VALUE
D6792	Crown-full cast noble metal	710	725	891	1050	1350	930.70	21.20
	Other Fixed Partial Denture Services							
D6930	Recement fixed partial denture	95	119	135	150	190	139.00	3.17
D6950	Precision attachment	195	250	415	500	575	397.20	9.05
	ORAL AND MAXILLOFACIAL SURGERY							
	Extractions							
D7111	Extraction, coronal remnants - deciduous tooth	45	55	67	90	85	66.70	1.52
D7140	Extraction, erupted tooth or exposed roots	94	104	150	190	215	145.40	3.31
	Surgical Extractions							
D7210	Surgical removal of erupted tooth	185	190	248	350	345	253.80	5.78
D7220	Removal of impacted tooth-soft tissue	235	225	314	405	392	306.80	6.99
D7230	Removal of impacted tooth-partially bony	280	265	325	450	462	348.20	7.93
D7240	Removal of impacted tooth-completely bony	323	330	395	505	562	410.20	9.34
D7250	Surgical removal of residual tooth roots (cutting procedure)	200	195	256	324	375	265.80	6.05
	Other Surgical Procedures							
D7280	Surgical access of an unerupted tooth	475	350	550	630	550	496.80	11.32
D7310	Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quad.	200	186	260	300	325	252.10	5.74
D7320	Alveoloplasty not in conjunction with extractions - 4 or more tooth spaces, per quad.	207	250	375	350	450	317.90	7.24
D7510	Incision and drainage of abscess-intraoral soft tissue	150	175	225	324	250	221.60	5.05
D7880	Occlusal orthotic device, by report	500	400	600	510	690	618.90	14.10
D7960	Frenulectomy (frenectomy or frenotomy)	273	265	370	495	500	366.40	8.35
	ADJUNCTIVE GENERAL SERVICES							
D9110	Palliative (emergency) treatment of dental pain - minor procedure	77	95	95	115	175	112.80	2.57
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	44	61	69	85	100	68.90	1.57
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	240	280	350	322	403	320.10	7.29
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	133	105	100	210	185	132.50	3.02
D9310	Consultation	75	55	95	93	125	99.90	2.28
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	45	55	67	90	85	66.70	1.52
D9440	Office visit - after regularly scheduled hours	100	129	100	125	200	132.60	3.02
D9610	Therapeutic parenteral drug, single administration	50	35	40	45	120	57.40	1.31
D9630	Other drugs and/or medicaments, by report	26	32	43	50	47	36.70	0.84
D9910	Application of desensitizing medicaments	28	48	35	52	97	43.90	1.00
D9940	Occlusal guards, by report	275	340	395	440	638	421.30	9.60
D9950	Occlusion analysis - mounted case	141	140	300	125	303	247.16	5.63
D9951	Occlusal adjustment - limited	94	104	150	190	215	145.40	3.31
D9952	Occlusal adjustment - complete	330	368	525	665	753	509.70	11.61
D9972	External bleaching - per arch	250	250	375	275	500	310.70	7.08
D9973	External bleaching - per tooth	70	88	105	93	175	98.46	2.24
D9974	Internal bleaching - per tooth	140	265	289	260	350	224.80	5.12

ND - No Data
New or Revised

The abbreviated descriptors of our selected codes are not intended to be comprehensive. See full description as provided by *CDT 2007*, copyright American Dental Association.

The data in our survey offers every dental office a reasonable foundation to measure the appropriateness of a fee for a coded procedure. The third-party carrier may be willing to participate in such payments, but all patients must be willing to accept fair fees, regardless of any or no third-party coverage.

tive columns. At Atlanta Dental Consultants, I have compiled and copyrighted this fee-data analysis process, along with our system of relative value. It is for your individual office use and is not to be shared with others in an anti-competitive manner.

The data in our survey offers every dental office a reasonable foundation to measure the appropriateness of a fee for a coded procedure. The third-party carrier may be willing to participate in such payments, but all patients must be willing to accept fair fees, regardless of any or no third-party coverage. They also must be willing to be responsible for the full amount per coded procedure.

Please take careful note of the various columns and be prepared to use them in a vertical, as well as a horizontal, direction. If you feel that your crown and bridge single or multiple units are not quoted high enough because of the peculiarities of your office, laboratory bill, or costs of operation, please do not hesitate to consider the next progressive column(s). If you find your preventive care is not adequately compensated for in a column that otherwise meets your upcoming fee criteria, then do not hesitate to move laterally and use a less expensive fee for a prophylaxis, radiography, etc. These guidelines are for your use. Once you establish that the specific data furnished is comfortable for your practice, then it may be fine-tuned to become your office fee schedule.

Why relative value rather than geographic region?

Let me tell you a story about fees and individual dentists here in Atlanta. My father, Tom Limoli, DDS (1924-2006), had his multi-specialty dental office located in the high-rent district of Atlanta in a section known locally as Buckhead. Some of the finest shopping and dining establishments in the entire Southeast are to this day located within walking distance of Dad's former waiting room. As a very young child, I wondered why my parents took lunches with them to the office. It wasn't until years later that I learned the reality of my parents' action. You see, the most reasonably priced ham and cheese sandwich within walking distance of the office cost $13 and was served with imported potato chips.

Saks Fifth Avenue and Neiman Marcus were all within walking distance. The regional offices of Blue Cross / Blue Shield were right around the corner.

Less than four miles from my father's former practice is the office of one of America's most famous dentists. He is a successful and well-respected clinician whose client base includes politicians, heads of state, and foreign dignitaries, as well as famous actors.

Legend has it that four incisor jacket crowns (D2740) may cost $3,500 each in this most famous of dental offices. Dad's fee for this same service was $1,200 each, while my father's younger associate charged as little as $750 per unit.

If you were to walk a line connecting the two offices I just mentioned, you would surely pass the parking lot of one of the largest denture mills in the Southeast. On the second Tuesday of every month, a patient can get a full upper or lower denture with up to five simple extractions for the whopping low price of $450. If it's not the second Tuesday of the month, simple extractions are an additional $20 each, with or without coupons.

I share this story with you because these offices are all within the same zip code area.

Most third-party payers would profile the offices and fees separately; some would not. Sometimes specialists are reimbursed more than general dentists; sometimes they are not. Dental reimbursement plans are as different and unique as the patients treated in the above-mentioned three dental offices.

My point is this: *A fee is a fee because it's a fee.* It becomes *your fee* when your patient is willing and able to pay it and you accept it as payment in full for your professional services and time. Your patients must understand that they are expected to financially participate in the cost of their dental care.

Please do not trap yourself by attempting to establish your office fee schedule based on what some third-party payer reimburses at 65 percent of the 85th percentile. And don't establish your fees based on the dentist down the hall or across the street. Your fees should be based on your overhead, expenses, patient base, and individual level of professional expertise. **DE**

Tom Limoli Jr. is the president of Atlanta Dental Consultants and the author of "Dental Insurance and Reimbursement Coding and Claim Submission." A Comprehensive Fee Schedule Analysis is available for individuals as well as group practices from Atlanta Dental Consultants / Limoli and Associates. Visit www.limoli.com or call (800) 344-2633 for more information.