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| Dr. Holmes – Walk In Clinic | |
| Procedure | Description |
| D0140 | Limited Evaluation |
| D0150 | Comprehensive Oral Evaluation |
| D0160 | Extensive Oral Evaluation-Specialty Consult |
| D0220 | Intraoral Periapical First Film |
| D0230 | Intraoral Periapical, Each Additional Film |
| D0330 | Panoramic Film |
| D2740 | Crown-Porcelain/Ceramic |
| D2950 | Core Build • Including Pins |
| D3330 | Molar-Root Canal Thera. |
| D7140 | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) |
| D7210 | Surgical Removal of Erupted Tooth |
| D7220 | Removal of Impacted Tooth-Soft Tissue |
| D7230 | Removal of Impacted Tooth-Partially Bony |
| D7240 | Removal of Impacted Tooth-Completely Bony |
| D7241 | Removal of Impacted Tooth-Completely Bony, With Corn , lications |
| D7250 | Surgical Removal of Residual Tooth Roots |
| D7260 | Oroantral Fistula Closure |
| D7261 | Primary Closure of a Sinus Perforation |
| D7280 | Surgical Exposure Unerupted Tooth |
| D7283 | Placement of Device to Aid Eruption |
| D7285 | Biopsy of Hard Oral Tissue |
| D7286 | Biopsy of Soft Oral Tissue |
| D7310 | Alveoloplasty with Extractions-Per Quadrant |
| D7311 | Alveoloplasty in Conjunction with Extractions-One to Three Teeth or Tooth Spaces, Per Quadrant |
| D7320 | Alveoloplasty without Extractions-Four or More Teeth or Tooth Spaces, Per Quadrant |
| D7321 | Alveoloplasty without Extractions-One to Three Teeth or Tooth Spaces, Per Quadrant |
| D7410 | Excise Benign Lesion up to 1.25 cm |
| D7411 | Excise Benign Lesion over 1.25 cm |
| D7450 | Remove Benign Odontogenic Cyst up to 1.25 cm |
| D7451 | Remove Benign Odontogenic Cyst over 1.25 cm |
| D7471 | Exostosis-Maxilla or Mandible |
| D7472 | Removal Torus Palatines |
| D7473 | Removal Torus Mandibularis |
| D7485 | Surgical Reduction Osseous Tuberosity |
| D7510 | Incision and Drainage Abscess-hitraoral Soft Tissue |
| D7550 | Partial Ostectomy/Sequestrectomy for Removal of Non-Vital Bone |
| D7961 | Buccal Frenectomy |
| D7962 | Lingual Frenectomy |
| D7970 | Excision-Hyperplastic Tissue, Right or Lef |
| D79991 | Infection/Biohazard Control |
| D79992 | Surgical Tray Set-Up |
| D9330 | Molar-Root Canal Therapy |
| D9610 | Therapeutic Parenteral Drug, Single Administration |
| D9630 | Antibiotics/Pre-Med |
| D9930 | Dry Socket Treatment |
| D70486 | CT Scan |
| D99301 | Debridement (Post-Surgical) |