KODAK SOFTDENT Practice Management Software v12.0

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ADA/TRANSACTION CODES REPORT

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
120.00	EX	Periodic Oral Evaluation	26.00	No
121.00		Fee to Duplicate Records	25.00	No
140.00	LEX	Limited Oral Evaluation - Prob Focused	50.00	No
145.00	Eval	Oral Evaluation For A Patient Under Three Yea	36.00	No
150.00	IN EX	Comp Oral Eval-New Or Estab Patient	80.00	No
160.00		Detailed Extensive Oral Examination	80.00	No
170.00	REEVAL	Re-Evaluation - Limited Problem Focused	30.00	No
180.00	PEREX	Comprehensive Perio Evaluation	130.00	No
210.00	FMX	Full Mouth X-rays	150.00	No
220.00	PA	Periapical X-ray - First Film	20.00	No
230.00	PAX	Periapical X-ray - Each Additional Film	15.00	No
240.00		Intraoral Occlusal Film	25.00	No
270.00	BW1	1 Bitewing X-ray	20.00	No
272.00	BW2	2 Bitewing X-rays	35.00	No
273.00	BW3	3 Bitewing X-Rays	45.00	No
274.00	BW4	4 Bitewing X-rays	55.00	No
277.00	BW7	Vertical Bitewings - 7 To 8 Films	80.00	No
330.00	PAN	Panoramic Film	85.00	No
350.00		Oral/Facial Images	40.00	No
431.00		Pre-Diag Screening For Mucosal Abnormalities	60.00	No
460.00	VIT	Pulp Vitality Tests	26.00	No
470.00	SM	Diagnostic Casts	55.00	No
715.00		Nite White Touch Up Kit	30.00	No
716.00	VisWit	Colgate Visible White	30.00	No
717.00		Nite White Starter Kit	65.00	No
718.00		Simply White	10.00	No
719.00	Strips	Crest White Strips	75.00	No
721.00	Viva	Vivastyle, Whitening	30.00	No
727.00		Oolitt [Tongue Scraper]	2.00	No
740.00	PERDX	Peridex/ Perio Guard	10.00	No
749.00	PGEL	Prevident Gel	8.00	No
750.00	P5K	Prevident 5,000 Toothpast	9.00	No
1110.00	PRO	Prophylaxis - Adult	88.00	No
1120.00	PROC	Prophylaxis-child	48.00	No
1203.00	FTX	Child Fluoride -	21.00	No
1204.00		Adult Fluoride	21.00	No
1331.00		Misc	6.00	No
1351.00	SL	Sealant-per tooth	45.00	No
1510.00		Space Maintainer-fixed-unilateral	310.00	No
1515.00		Space Maintainer-fixed-bilateral	310.00	No
1520.00		Space Maintainer-removable-unilateral	310.00	No
1525.00		Space Maintainer-removable-bilateral	310.00	No
1550.00		Recementation Of Space Maintainer	67.00	No
2140.00	A1	Amalgam - 1 Surface	118.00	No
2150.00	A2	Amalgam - 2 Surfaces	155.00	No
2160.00	A3	Amalgam - 3 Surfaces	185.00	No
2161.00	A4	Amalgam - 4+ Surfaces	206.00	No
2330.00	AC1	Composite 1 Surface	135.00	No
2331.00	AC2	Composite 2 Surfaces	160.00	No
2332.00	AC3	Composite 3 Surfaces	175.00	No
2335.00	AC4	Composite/incisal Angle/or 4 Surfaces	235.00	No
2391.00	PC1	Resin Composite-1 Surface, Posterior	165.00	No
2392.00	PC2	Resin Composite-2 Surfaces, Posterior	195.00	No

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ADA/Code	Office Code	Description	Amount	Allow Discounting
2393.00	PC3	Resin Composite-3 Surfaces, Posterior	225.00	No
2394.00	PC4	Resin Composite-4+ Surfaces, Posterior	325.00	No
2510.00	INM1	Inlay Metallic 1 Surface	773.00	No
2520.00	INM2	Inlay Metallic 2 Surfaces	850.00	No
2530.00	INM3	Inlay Metallic 3+ Surfaces	875.00	No
2542.00	ONM2	Onlay Metallic - Two Surfaces	850.00	No
2543.00	ONM3	Onlay Metallic 3 Surfaces	900.00	No
2544.00	ONM4	Onlay Metallic 4+ Surfaces	980.00	No
2554.00		onlay	824.00	No
2610.00	INP1	Inlay-porcelain 1 Surface	775.00	No
2620.00	INP2	Inlay-porcelain 2 Surfaces	825.00	No
2630.00	INP3	Inlay-porcelain 3 Surfaces	875.00	No
2642.00	ONP2	Onlay Porcelain 2 Surfaces	955.00	No
2643.00	ONP3	Onlay Porcelain 3 Surfaces	980.00	No
2644.00	ONP4	Onlay Porcelain 4+ Surfaces	1055.00	No
2650.00	INR1	Inlay Comp\Resin - One Surface Lab	978.00	No
2651.00	INR2	Inlay Comp\Resin Two Surfaces Lab	850.00	No
2652.00	INR3	Inlay Comp\Resin Three+ Surfaces Lab	900.00	No
2662.00	ONR2	Onlay Comp\Resin Two Surfaces Lab	875.00	No
2663.00	ONR3	Onlay Comp\Resin Three Surfaces Lab	980.00	No
2663.01	RecOnl	Recement Onlay	105.00	No
2664.00	ONIR4	Onlay Comp\Resin Four+ Sufaces Lab	1025.00	No
2710.00		Crown - Resin (Indirect)	1055.00	No
2740.00	PCR	Crown-porcelain/ceramic	1055.00	No
2750.00	PFM	Crown-porcelain/gold	1100.00	No
2752.00	PFMn	Crown Porcelain Fused To Noble Metal	1100.00	No
2780.00		Crown - 3/4 Cast High Noble Metal	980.00	No
2782.00		Crown - 3/4 Cast Noble Metal	980.00	No
2783.00		Crown - 3/4 Porcelain/Ceramic	980.00	No
2790.00	GCR	Crown-full Cast Gold	1100.00	No
2792.00		Crown - Full Cast Noble Metal	1100.00	No
2799.00	PROV	Provision Crown/ Long Term Temporary	285.00	No
2910.00	RECIOV	Recement Inlay, Onlay Or Partial Coverage Res	90.00	No
2915.00		Recement Post	65.00	No
2920.00	REC	Recement Crown	105.00	No
2930.00		Prefab. Stainless Steel Crown - Primary	205.00	No
2940.00	SED	Sedative Filling	90.00	No
2950.00	CORE	Core Buildup, Including Any Pins	160.00	No
2951.00	PIN	Pin Retention	30.00	No
2952.00		Post And Core In Addition To Crown, Indirectl	360.00	No
2953.00		Each Additional Indirectly Fabricated Post - Sar	75.00	No
2954.00		Pre-formed Post	285.00	No
2955.00		Post Removal - Non-Endodontic	90.00	No
2957.00		Each Addition Prefab. Post - Same Tooth	35.00	No
2960.00		Composite Veneer	360.00	No
2962.00		Porcelain Veneer	1055.00	No
2970.00	Temp	Temporary Crown	285.00	No
2971.00		Construct Crown under Partial Denture	150.00	No
2975.00		Coping	360.00	No
3220.00	PULP	Therapeutic Pulpotomy (excl. final rest)	125.00	No
3221.00		Pulpal Debridement, Prim And Perm Teeth	160.00	No
3230.00		Pulpal Therapy - Anterior Primary Tooth	180.00	No
3240.00		Pulpal Therapy - Posterior Primary Tooth	205.00	No

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ADA/TRANSACTION CODES REPORT

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
3310.00	RC1	Root Canal Therapy 1 Canal	680.00	No
3320.00	RC2	Root Canal Therapy-2 Canals	775.00	No
3330.00	RC3	Root Canal Therapy-3 Canals	975.00	No
3331.00		Non-Surgical Root Canal - Obstruction	155.00	No
3332.00		Incomplete Endodontic Therapy	155.00	No
3340.00		Endodontic Prodedure	875.00	No
3341.00		Endodontic Procedure	232.00	No
3346.00		Retreatment Of Root Canal - Anterior	700.00	No
3347.00		Retreatment Of Root Canal - Bicuspid	800.00	No
3348.00		Retreatment Of Root Canal - Molar	1025.00	No
3350.00		Endodontic Procedure	82.00	No
3351.00		Apexification\recalcification - Initial	130.00	No
3352.00		Apexification\recalcification - Interim	85.00	No
3353.00		Apexification\recalcification - Final	85.00	No
3450.00		Root Amp Per Root	130.00	No
3920.00		Hemisection	130.00	No
3950.00		Canal Prep & Fitting Of Pref. Dowel/Post	93.00	No
3961.00		Bleaching Procedure	230.00	No
3962.00		Bleaching Procedure	360.00	No
3963.00		Bleaching Procedure	260.00	No
4210.00		Gingivectomy Or Gingivoplasty-4+ Teeth	900.00	No
4211.00		Gingivectomy Or Gingivoplasty-1-3 Teeth	300.00	No
4213.00		Periodontal Surgery	500.00	No
4230.00		Anatomical Crown Exposure - Four Or More Te	350.00	No
4231.00		Anatomical Crown Exposure - One To Three Te	250.00	No
4249.00	CRNL	Clinical Crown Lengthening - Hard Tissue	800.00	No
4259.00		Periodontal Surgery	600.00	No
4260.00	OSS4	Oss Surg Inc Flap Entry/Clos 4+ Th/Spac	1200.00	No
4261.00	OSS3	Osseous Surg, Inc.Flap Entry/Close, quad	1000.00	No
4263.00	BNG	Bone Replacement Graft - 1st Site Quad	1200.00	No
4264.00	BNGX	Bone Replacement Graft - Each Additional	200.00	No
4266.00		Guided Tissue Regeneration Per Tooth	350.00	No
4267.00		Guided Tiss.Regeneration W/membrane Remo	350.00	No
4268.00		Surgical Revision Procedure, Per Tooth	350.00	No
4270.00		Pedicle Soft Tissue Graft Procedure	550.00	No
4271.00	FGG	Free Soft Tissue Graft Procedure	900.00	No
4273.00	SUBEP	Subepithelial Conn Tiss Graft Proc	1100.00	No
4274.00		Distal\Proximal Wedge Procedure	500.00	No
4320.00		Provisional Splinting - Intracoronal	75.00	No
4321.00		Provisional Splinting - Extracoronal	75.00	No
4340.00		Periodontal Scalings	600.00	No
4341.00	SC/RP	Perio S/RP - 4+ Teeth per Quadrant	325.00	No
4342.00	SC/RP1	Perio S/RP - 1-3 Teeth per Quadrant	220.00	No
4355.00		Full Mouth Debridement	80.00	No
4380.00		Periodontal Re-evaluation	35.00	No
4381.00	AREST	Localized Deliv.Of Antimicrobial Agent	35.00	No
4510.00		Perio. Emerg. Treatment	51.00	No
4910.00	PERPRO	Periodontal Maintenance	98.00	No
5110.00	FU	Denture Maxillary	1550.00	No
5120.00	FL	Denture Mandibular	1550.00	No
5130.00	FUIMM	Denture/immed Upper	1700.00	No
5140.00	FLIMM	Denture/immed Lower	1700.00	No
5211.00	PUACR	Partial-acrylic Upper W/clasps	1235.00	No

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ADA/TRANSACTION CODES REPORT

Fee Schedule No. 0

ADA/Code	Office Code	Description	Amount	Allow Discounting
5212.00	PLACR	Partial-acrylic Lower W/clasps	1235.00	No
5213.00	PU	Partial/metal Upper	1750.00	No
5214.00	PL	Partial/metal Lower	1750.00	No
5226.00		MandibularPartial denture	1442.00	No
5280.00		Partial Denture	824.00	No
5281.00	NESB	Removable Unilateral Partial Denture	875.00	No
5409.00		Denture Adjustment	67.00	No
5410.00	ADJ FU	Adjust Denture Upper	67.00	No
5411.00	ADJ FL	Adjust Denture Lower	67.00	No
5421.00	ADJ PU	Adjust Partial Upper	67.00	No
5422.00	ADJ PL	Adjust Partial Lower	67.00	No
5510.00		Repair Broken Complete Denture Base	180.00	No
5520.00		Replace Missing Or Broken Teeth-denture	130.00	No
5610.00		Repair Acrylic Saddle Or Base	180.00	No
5620.00		Repair Cast Framework	206.00	No
5630.00		Repair Or Replace Broken Clasp	154.00	No
5640.00		Replace Broken Teeth - Per Tooth	128.00	No
5650.00		Add Tooth/existing Partial	128.00	No
5660.00		Add Clasp/existing Partial	155.00	No
5710.00		Rebase Complete Maxillary Denture	310.00	No
5711.00		Rebase Complete Mandibular Denture	310.00	No
5720.00		Rebase Maxillary Partial Denture	258.00	No
5721.00		Rebase Mandibular Partial Denture	258.00	No
5730.00	RELFU	Reline Comp. Max. Denture Chairside	258.00	No
5731.00	RELFL	Reline Comp. Mand. Denture Chairside	258.00	No
5740.00		Reline Max. Partial Denture - Chairside	258.00	No
5741.00		Reline Mand. Partial Denture Chairside	258.00	No
5750.00		Full Upper Reline-(lab)	412.00	No
5751.00		Lower Denture Reline-(lab)	412.00	No
5760.00		Reline Partial Upper Denture (lab)	412.00	No
5761.00		Reline Partial Denture Lower (lab)	412.00	No
5810.00	INT FU	Temporary Complete Denture Upper	1133.00	No
5811.00	INT FL	Temporary Complete Denture Lower	1133.00	No
5820.00	INT PU	Temporary Partial Denture Upper	720.00	No
5821.00	INT PL	Temporary Partial Denture Lower	720.00	No
5850.00		Tissue Conditioning, Maxillary	120.00	No
5851.00		Tissue Conditioning, Mandibuler	120.00	No
5860.00		Overdenture Complete, By Report	1442.00	No
5861.00		Overdenture Partial, By Report	1442.00	No
5862.00		Precision Attachment By Report	360.00	No
5867.00		Replace Semi-Precision/Precision Attach.	88.00	No
5875.00		Modification Of Denture Following Implant Sur	130.00	No
5982.00		Surgical Stent	130.00	No
5986.00		Flouride Gel Carrier	130.00	No
6010.00	IMP	Surgical Placement Of Implant Body	1850.00	No
6056.00	ABUT	Prefabricated Abutment	400.00	No
6057.00	CUST	Custom Abutment	618.00	No
6058.00	ABPCR	Implant Crown Porcelain/Ceramic Crown Separ	1287.00	No
6059.00	ABPRM	Implant Crown Porcelain-High Noble Metal Crc	1287.00	No
6061.00		Implant Crown Porcelain To Noble Metal Crow	1287.00	No
6062.00		Implant Crown. Cast High Noble Metal Separate	1287.00	No
6064.00		Implant Crown Cast Noble Metal Separate Abu	1287.00	No
6065.00	IMPCR	Implant Crown - Porcelain/Ceramic	1905.00	No

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ADA/Code	Office Code	Description	Amount	Allow Discounting
6066.00	IMPPFM	Implant Crown - Porcelain Fused To Metal	1905.00	No
6067.00		Implant Crown Supported Metal	1905.00	No
6068.00		Implant Crown Abutment-Retained Porcelain/C	1287.00	No
6069.00		Implant Crown Abutment Retainer Porcelain Hi	1287.00	No
6070.00		Implant Crown Abutment Retainer Porcelain Pr	1287.00	Yes
6071.00		Implant Crown Abutment Retainer Procelain Nc	1287.00	No
6072.00		Implant Crown Abutment Retainer Cast High N	1287.00	No
6074.00		Implant Crown Abutment Retainer Cast Noble M	1955.00	No
6075.00		Implant Crown Supported Retainer Ceramic FPI	1955.00	No
6076.00		Implant Crown Retainer Porcelain Fused Metal	1955.00	No
6077.00		Implant Crown Retainer Cast Metal FPD	1955.00	No
6090.00		Implant Maintenance Visit	98.00	No
6091.00		Denture Attachment For Implant/ Abutment Sup	360.00	No
6092.00	RCMIC	Recement Implant/ Abutment Supported Crown	105.00	No
6093.00	RCMIB	Recement Implant/ Abutment Supported Bridge	110.00	No
6210.00		Pontic-cast Gold	1107.00	No
6211.00	MARYPO	Bridge Pontic-Maryland Metal	1100.00	Yes
6212.00		Pontic - Cast Noble Metal	1107.00	No
6240.00		Bridge Pontic-Porc/Gold	1107.00	No
6242.00	BR-P	Pontic-porc. Fused To Noble Metal	1110.00	No
6245.00		Pontic - Porcelain/Ceramic	1107.00	No
6253.00	TEMPBR	Provisional Bridge	280.00	No
6545.00		Retainer-maryland Bridge	438.00	No
6548.00		Retainer-Porcelain-Fixed Prosthesis	438.00	No
6740.00		Crown - Porcelain/Ceramic	1200.00	No
6750.00	BR1	Bridge Crown-Porcelain/Gold Abutment	1200.00	No
6752.00	BR-1	Bridge Crown - Procelain Fused To Noble Meta	1200.00	No
6790.00		Crown-full Cast Gold Abutment	1107.00	No
6792.00		Crown - Full Cast Noble Metal	1107.00	No
6793.00		Provisional Retainer Crown	285.00	No
6930.00	RECBR	Recement Bridge	155.00	No
6950.00		Precision Attachment	360.00	No
6970.00		Cast Post And Core - Bridge Retainer	360.00	No
6972.00		Pre-formed Post & Core --bridge Retainer	360.00	No
6973.00		Core Build Up For Retainer	155.00	No
6975.00		Coping - Metal	360.00	No
7111.00	DEXT	Coronal Remnants - Deciduous Tooth	110.00	No
7140.00	EXT	Ext. Erupted Tooth Or Exposed Root	145.00	No
7210.00	EXTSUR	Surgical Extraction	250.00	No
7220.00		Removal Of Impacted Tooth-Soft Tissue	232.00	No
7250.00	ROOT	Root Extraction	130.00	No
7286.00	BIOP	Biopsy Of Oral Tissue - Soft	155.00	No
7288.00	BRUSH	Brush biopsy	67.00	No
7310.00		Alveoloplasty In Conj. With Extractions	98.00	No
7510.00		Incision And Drainage-Soft Tissue	82.00	No
7910.00		Suture Of Recent Small Wounds Up To 5cm	92.00	No
7953.00	GBR	Bone Graft For Ridge Preservation At The Time	980.00	No
7960.00	FREN	Frenulectomy	415.00	No
9110.00	PALTX	Emergency-palliative Treatment	75.00	No
9120.00	BRSECT	Fixed Partial Denture/ Bridge Sectioning	130.00	No
9210.00		Local Anesthesia Non Operative/Surgical	46.00	No
9215.00		Local Anesthesia	41.00	No
9230.00	N2O2	Analgesia	41.00	No

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ADA/Code	Office Code	Description	Amount	Allow Discounting
9310.00	CONS	Consultation	77.00	No
9440.00		Office Visit After Hours	62.00	No
9630.00		Other Drugs Or Medicaments By Report	10.00	No
9911.00		Application Of Desensitizing Resin	41.00	No
9920.00		Behavior Mangagement, By Report	26.00	No
9930.00		Treatment Of Complications-post Surgical	37.00	No
9940.00	NG	Occlusal Guard	450.00	No
9940.03	NGADJ	Night Guard Adjustment	45.00	No
9941.00		Fabrication Of Athletic Mouthguard	283.00	No
9942.00		Occlusal Guard Repair/ And Or Reline	98.00	No
9951.00	OCCADJ	Occlusal Adjustment - Limited	46.00	No
9952.00		Occlusal Adjustment - Complete	155.00	No
9961.00		Duplication of X-rays	26.00	No
9970.00		Enamel Microabrasion	75.00	No
9971.00		Odontoplasty 1-2 Teeth	52.00	No
9972.00	BLU1	Bleach Upper Arch	200.00	No
9972.03	ZOOM	Zoom Whitening	618.00	No
9972.04	BLL1	Lower Arch @ Discount When Done In Conjun	100.00	No

End of Report

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