

Objective: To ensure every patient call—new, returning, or symptomatic—is scheduled for the correct appointment type, diagnostic intent, and record protocol, creating clarity and scalability across all offices.

Appointment Type	When to Use	Billing	Goal	X-Rays	Records
No-Charge Consult FLDC	<p>The patient already knows or believes they know what specific treatment they want and is “shopping” for a provider.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Told by another dentist they need an implant • Already has dentures and wants new dentures • Has dentures and wants implants or screw-retained bridgework • Interested in Invisalign or clear aligner treatment • Has existing x-rays/treatment plan and is seeking second opinion 	\$0	Build trust and relationship; educate patients; convert to treatment; schedule comprehensive exam later if they commit to ongoing care.	Panoramic or CBCT	<ul style="list-style-type: none"> • Full-face photo (full smile) • Full-side profile • Up-close smile photo • Up-close lip-at-rest photo • Up-close retracted, teeth slightly apart
Comprehensive (D0150) FLDC	<p>The patient is seeking full diagnostic evaluation, ongoing care, or hasn’t been seen in 3 years or more.</p> <p>Examples:</p> <ul style="list-style-type: none"> • “My teeth are a mess and I need to develop a plan.” • “I just need a check-up or cleaning.” (<i>Try to schedule with hygienist</i>) • “I’ve stayed away from the dentist due to fear and anxiety, but now realize I need a plan.” • Hasn’t been seen in ≥ 3 years and wants to get back on track (generalized needs). • Thinks they might need dentures or implants but hasn’t been told so. 	Bill insurance or patient. If insurance limits comp exams to one per lifetime, still code D0150 to reflect the service performed. Allow insurance to down-code to D0120 and adjust the \$15-\$20 difference internally.	Diagnose comprehensive oral conditions, develop a full treatment plan, and re-establish long-term relationships.	4 bitewings + panoramic or FMX	<ul style="list-style-type: none"> • Full periodontal charting • Full series of clinical photographs (see above) • iTero digital scans

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Periodic (D0120) FLDC	Active patient of record seen within the last 3 years for routine recall care or hygiene visit.	Bill insurance or patient.	Monitor oral health, update periodontal and restorative status, reinforce maintenance and preventive care.	4 bitewings (if due) + indicated	<ul style="list-style-type: none"> • Updated periodontal charting (if changes noted) • Updated intraoral photos (if changes since last visit) • Update iTero scan (if >12 months old)
Limited (D0140) FLDC	The patient has a <i>specific concern or symptom</i> other than seeking overall care. Examples: <ul style="list-style-type: none"> • Tooth pain, swelling, chipped or broken tooth • Lost crown or filling • Suspected wisdom-tooth issue 	Bill insurance or patient.	Address immediate concern, provide relief or stabilization, and determine next steps.	As indicated (panoramic, PA + BW, or PA only)	<ul style="list-style-type: none"> • Intraoral photo(s) of affected area • Charting of localized findings • Vitality or percussion testing notes (as indicated)

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Bracci Consult (D9310.1)	When a detailed Bracci referral slip is sent from the patient's general dentist.	\$175.00 fee to be paid – will bill to insurance after payment & consult has been completed	Build trust and relationship; educate patients; convert to treatment; schedule treatment, if they commit to the treatment plan	Panoramic	<ul style="list-style-type: none"> • Charting of localized findings

Peds/Ortho

Appointment Type	When to Use	Billing	Goal	X-Rays	Records
Ortho Consult (D8900) <i>Dr. Leah @ VS/ ASTGW/ CA</i>	The patient is interested in or was told they need orthodontic treatment The patient must be 7 years or older Referral required for existing FLDC adult patients (18+)	Complimentary (\$0)	Build trust and relationship; educate patients; convert to treatment	No Charge Pan Ceph	<ul style="list-style-type: none"> ● Full facial photos (front no smile, front with smile and right side profile with no smile) ● Intra-Oral Photos ● iTero Scan
Peds Consult (D9310.2) <i>VS/ ASTGW</i>	The patient has been referred to a pediatric provider by another provider for dental treatment OR The patient was referred for a lip or tongue tie evaluation by another providers (Dr. Mapes ONLY) Referral required	\$150- collected at time of scheduling but billed out to the insurance day of service	Build trust and relationship; develop a full treatment plan; determine level of sedation (if applicable)	No Charge 2BWX If caries are present on anterior teeth, 2 occlusals (X-Rays are not required for frenectomy consults)	As indicated
Comprehensive (D0150) <i>VS/ ASTGW</i>	The patient is seeking full diagnostic evaluation without a referral, seeking ongoing care or hasn't been seen in 3 or more years at VS	Bill insurance or patient	Diagnose comprehensive oral conditions, develop a full treatment plan and establish long term relationships	Age 4-6: 2BWX, 2 occlusals (E, P) Age 7+: 4BWX, Pan	Age 7+: iTero Scan
Limited (D0140) <i>VS/ ASTGW</i>	The patient has a specific concern or symptom other than seeking overall care	Bill insurance or patient	Address immediate concern, provide relief or stabilization and	Age dependant, as indicated.	As indicated

			determine next steps		
Periodic (D0120) <i>VS/ASTGW</i>	Active patient of record seen within the last 3 years for routine recall care or hygiene visit.	Bill insurance or patient	Monitor oral health, update oral health status, reinforce maintenance and preventive care.	Age 4-6: 2BWX, 2 occlusals (E, P) if due, as indicated. Age 7+: 4BWX, Pan if due, as indicated.	Update iTero scan (if >12 months old)