



**Presented By**  
Kandra Sellers, RDH, BA  
Founder & CEO

Kandra Sellers, RDH, BA  
kandra@tipsmedicalbilling.com  
612.418.7870





# Emergency due to Pain, Osteomyelitis/Infection and Cystic Lesion

## Same-Day Surgery is Performed





# MANDIBLE-CYST REMOVAL & BONE GRAFT





# Mandible

## Cyst Removal & Bone Graft- Common CPT Codes

- 9920\_ Evaluation, New Patient
- 9921\_ Established Evaluation, Established Patient
- 70355 Screening Orthopantagram (Panorex)
- 70486 CT Scan Maxillofacial w/o contract
- 76100 Tomographic Study of CT
- 21215 Bone Graft, Mandible (Modifiers: 52 RT/LT)(Add info: Allograft)
- 21040 Cyst Removal, Mandible (Modifiers: 51 RT/LT)





# Mandible

## Cyst & Bone Graft-Common Diagnosis Codes

- R68.84      Jaw Pain
- G50.1      Atypical Facial Pain
- M27.2      Osteomyelitis/Infection
- K12.2      Cellulitis, Face
- R59.0      Lymphadenopathy
- R93.0      Abnormal Radiographic Finding
- M27.40      Unspecified Cystic Lesion
- K04.8      Radicular Cyst
- K08.22      Moderate Atrophy of the Mandible
- K08.23      Severe Atrophy of the Mandible





# SUPERBILL

(COMMUNICATION TOOL ONLY-NEVER GOES TO INSURANCE CARRIER)

## Evaluations – Emergency Infection



# MANDIBLE-CYST REMOVAL & BONE GRAFT



PT Name: \_\_\_\_\_

DOS: \_\_\_\_\_

Provider: XXXXXX

Prior  Claim  Emergency

## Evaluation and Management

New Pt	Time	MDM	Time	Est Pt
99202	15-29	Straightfwd	10-19	99212
99203	30-44	Low	20-29	99213
99204	45-59	Moderate	30-39	99214
99205	60-74	High	40-54	99215
Prolonged staff time (>45 min)				99415

Time Seated: \_\_\_\_\_  
Time Discharge: \_\_\_\_\_

## Imaging/Tomographic/CT

- 70355 Orthopantagram (Screening)
- 70486 CT scan, Maxillofacial w/o contrast
- 76380 CT scan, Limited Local (Repeat)
- 76100 Tomographic study  
(use this code if no prior auth on a CT)

## Surgery

- | RIGHT                    | LEFT                     | POSTERIOR                | ANTERIOR                 | JP                       | _____   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21210 Bone Graft, Maxilla   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21215 Bone Graft, Mandible  |
|                          |                          |                          |                          | <input type="checkbox"/> | Bone in a bottle? (Modifier: 52)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21248 Reconstruction of Max/Mand, partial<br>(1-3 bone stabilizers per Jaw) # of incisions _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21249 Reconstruction of Max/Mand, complete<br>(4-6 bone stabilizers per Jaw) # of incisions _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21085 Diagnostic/Surgical Stent   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21089 Interim/provisional/final prosthesis  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41899 Surgical Odontectomy  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41899 Misc. Dentoalveolar Procedure (crown,<br>endo, dental restorations...)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41870 Periodontal mucosal grafting  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41874 Alveoloplasty   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21030 Cyst removal (max)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21040 Cyst removal (mand)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30580 Repair Fistula oromaxillary   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40819 Excision of frenum, labial or buccal (lip)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41115 Excision of lingual frenum (tongue)   |

## DIAGNOSIS CODES TO JUSTIFIES THE PROCEDURES RENERED

### IMAGING

- 70355 Orthopantagram-Annual Screening
- Z12.89 Maxillo-facial cancer screening
- Z12.81 Oral cancer screening

### SURGERY/IMAGING

#### 21030/21040 CYST

- G50.0 Trigeminal neuralgia
- G50.1 Atypical facial pain
- R68.84 Jaw Pain
- J32.0 Chronic maxillary sinusitis
- M27.2 Inflammation/infection/osteomyelitis of the jaw (cyst)
- K12.2 Cellulitis, face
- R59.0 Lymphadenopathy
- R93.0 Abnormal radiographic finding
- M27.40 Cyst, unspecified of the Mand/Max
- K04.8 Radicular Cyst, Max/Mand
- J32.0 Oro-antral fistula sinus communication

\*\*\*Pick a Atrophy code(s), below if you need to graft\*\*\*

#### GRAFTING & IMPLANTS 21248/21249/41874

- J34.89 Pneumatization of max sinus
- M89.08 Disuse Atrophy, Single jaw/site
- M89.09 Disuse Atrophy, Multiple jaws/site
- K08.22 Moderate Atrophy of Mandible
- K08.23 Severe Atrophy of Mandible
- K08.25 Moderate Atrophy of Maxilla
- K08.26 Severe Atrophy of Maxilla
- M27.40 Cyst, unspecified of the Mand
- M26.79 Irregular alveolar process

#### IMPLANT FAILURE

- M27.61 Osseointegration failure
- M27.62 Post-osseointegration biological failure
- M27.63 Post-osseointegration mechanical failure
- M27.69 Other endosseous failure

#### COMPLICATIONS OF SURGERY

- T81.83 Persistent post procedural fistula
- T84.318 Breakdown (mechanical) of other bone devices, implants, grafts
- M27.3 Alveolitis of the jaw (Dry Socket)/inflammation

- 20670 Implant removal-superficial
- 20680 Implant removal-deep

### OTHER MISC

- M81.8 Disuse Osteoporosis
- T84.69XA Infected Implant
- K01.1 Impacted tooth
- M27.3 Alveolitis of the Jaw (Dry Socket)/inflammation
- K03.2 Erosion of the teeth
- K03.3 Pathological resorption
- K11.7 Disturbances of salivary secretion
- K13.70 Unspec lesions of oral mucosa
- M35.0 Sjogren's Disease
- T45.8X5A Side effect oral bisphosphonate
- Z48.814 Follow-up to surgery-oral cavity
- Z01.818 Other preprocedural examination
- Z92.21 Personal history of chemotherapy
- Z92.3 Personal history of irradiation
- Z87.891 Personal hx of nicotine dependence
- G89.18 Acute Post-op pain
- K05.22 Pericoronitis- Aggressive periodontitis, unspecified

### COMORBID CONDITIONS

- Z86.79 Personal history of hypertension
- Z86.39 Personal history of diabetes
- Z68. BMI index
- E78.5 Hyperlipidemia

### FRENUM DISORDERS

- R47.86 Speech disturbances
- M26.59 Other dentofacial functional abnormalities
- M27.0 Developmental disorders of jaw
- Q38.1 Ankyloglossia (tongue)
- F80.0 Phonological disorder (cannot articulate, speech, sounds)
- F80.89 Other dev. Disorders of speech and language
- K13.0 Frenum (lip)
- Q79.9 Abnormal muscle pull

Other: \_\_\_\_\_



# MANDIBULAR CYST REMOVAL & BONE GRAFT



21. DIAGNOSIS OR NATURE OR ILLNESS OR INJURY Relate A-L to service line below (24E)*										ICD Ind.* 0 - ICD-10-CM ▾		22. RESUBMISSION PAYER CLAIM NO: <input type="text"/> <i>Not required if CLAIM FREQ</i>		
A.	<input type="text" value="R6884"/>	B.	<input type="text" value="G501"/>	C.	<input type="text" value="M272"/>	D.	<input type="text" value="R930"/>					23. PRIOR AUTHORIZATION		
E.	<input type="text" value="M2740"/>	F.	<input type="text" value="K0822"/>	G.	<input type="text"/>	H.	<input type="text"/>					<input type="text" value="G1"/> <input type="text"/>		
I.	<input type="text"/>	J.	<input type="text"/>	K.	<input type="text"/>	L.	<input type="text"/>							
24	A.* Date of Service Date or Date Range	B.* Place of Service	C. EMG	D.* CPT/HCPCS (View List)	D. Modifiers			E.* Diagnosis Pointer	F.* \$ Charges	G.* Minutes or Units				
1	<input type="text" value="Date"/> ▾ <input type="text" value="06/20/2023"/>	Note: <input type="text" value="Select"/> ▾	<input type="text" value="11"/>	<input type="text" value="Y"/>	<input type="text" value="99214"/>	<input type="text" value="57"/>	<input type="text"/>	<input type="text" value="A"/> ▾ <input type="text" value="B"/> ▾ <input type="text" value="C"/> ▾ <input type="text" value="D"/> ▾	<input type="text" value="250.00"/>	<input type="text" value="UN"/> ▾	<input type="text" value="1"/>			
2	<input type="text" value="Date"/> ▾ <input type="text" value="06/20/2023"/>	Note: <input type="text" value="Select"/> ▾	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="70355"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> ▾ <input type="text" value="E"/> ▾ <input type="text" value="F"/> ▾ <input type="text"/>	<input type="text" value="150.00"/>	<input type="text" value="UN"/> ▾	<input type="text" value="1"/>			
3	<input type="text" value="Date"/> ▾ <input type="text" value="06/20/2023"/>	Note: <input type="text" value="Select"/> ▾	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="70486"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> ▾ <input type="text" value="E"/> ▾ <input type="text" value="F"/> ▾ <input type="text"/>	<input type="text" value="200.00"/>	<input type="text" value="UN"/> ▾	<input type="text" value="1"/>			
4	<input type="text" value="Date"/> ▾ <input type="text" value="06/20/2023"/>	Note: <input type="text" value="Select"/> ▾	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="76100"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> ▾ <input type="text" value="E"/> ▾ <input type="text" value="F"/> ▾ <input type="text"/>	<input type="text" value="200.00"/>	<input type="text" value="UN"/> ▾	<input type="text" value="1"/>			
5	<input type="text" value="Date"/> ▾ <input type="text" value="06/20/2023"/>	Note: <input type="text" value="ADD - Additional Information"/> ▾	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="21215"/>	<input type="text" value="52"/>	<input type="text" value="RT"/>	<input type="text" value="ZZALLOGRAFT"/> <input type="text" value="C"/> ▾ <input type="text" value="E"/> ▾ <input type="text" value="F"/> ▾ <input type="text"/>	<input type="text" value="1500.00"/>	<input type="text" value="UN"/> ▾	<input type="text" value="1"/>			
6	<input type="text" value="Date"/> ▾ <input type="text" value="06/20/2023"/>	Note: <input type="text" value="Select"/> ▾	<input type="text"/>	<input type="text" value="Y"/>	<input type="text" value="21040"/>	<input type="text" value="51"/>	<input type="text" value="RT"/>	<input type="text" value="A"/> ▾ <input type="text" value="B"/> ▾ <input type="text" value="C"/> ▾ <input type="text" value="E"/> ▾	<input type="text" value="600.00"/>	<input type="text" value="UN"/> ▾	<input type="text" value="1"/>			
<input type="text" value="1"/> ▾ <input type="button" value="Add a Service Line(s)"/>														
25. FEDERAL TAX I.D. NUMBER*			SSN	EIN	26. PATIENT'S CONTROL NO.*			27. ACCEPT ASSIGNMENT*		28. TOTAL CHARGE	29. AMOUNT PAID			
<input type="text" value="123456789"/>			<input type="text"/>	<input type="text"/>	<input type="text" value="TOMMYTOOTH"/>			<input type="text" value="A - Assigned"/> ▾		<input type="text" value="2900.00"/>	<input type="text"/>			







# MAXILLA-CYST REMOVAL & BONE GRAFT





# Maxilla

## Cyst Removal & Bone Graft- Common CPT Codes

- 9920\_ Evaluation, New Patient
- 9921\_ Established Evaluation, Established Patient
- 70355 Screening Orthopantagram (Panorex)
- 70486 CT Scan Maxillofacial w/o contract
- 76100 Tomographic Study of CT
- 21210 Bone Graft, Maxilla (Modifiers: 52 RT/LT)(Add info: Allograft)
- 30580 Repair of Oroantral Fistula (Modifier: 51 RT/LT)
- 21030 Cyst Removal, Maxilla (Modifiers: 51 RT/LT)





# Maxilla

## Cyst & Bone Graft-Common Diagnosis Codes

- R68.84      Jaw Pain
- G50.1      Atypical Facial Pain
- M27.2      Osteomyelitis/Infection
- K12.2      Cellulitis, Face
- R93.0      Radiographic Finding
- M27.40      Unspecified Cystic Lesion
- K04.8      Radicular Cyst
- J32.0      Oro-Antral Fistula, Sinus Communication
- J34.89      Pneumatization of the Sinus
- K08.25      Moderate Atrophy of the Maxilla
- K08.26      Severe Atrophy of the Maxilla





# SUPERBILL

(COMMUNICATION TOOL ONLY-NEVER GOES TO INSURANCE CARRIER)

## Evaluations – Emergency Infection



# MAXILLA-CYST REMOVAL & BONE GRAFT



PT Name: \_\_\_\_\_

DOS: \_\_\_\_\_

Provider: XXXXXX

Prior  Claim  Emergency

## Evaluation and Management

New Pt	Time	MDM	Time	Est Pt
99202	15-29	Straightfwd	10-19	99212
99203	30-44	Low	20-29	99213
99204	45-59	Moderate	30-39	99214
99205	60-74	High	40-54	99215

Prolonged staff time (>45 min) 99415

Time Seated: \_\_\_\_\_

Time Discharge: \_\_\_\_\_

## Imaging/Tomographic/CT

- 70355 Orthopantagram (Screening)
- 70486 CT scan, Maxillofacial w/o contrast
- 76380 CT scan, Limited Local (Repeat)
- 76100 Tomographic study  
(use this code if no prior auth on a CT)

## Surgery

- | RIGHT                    | LEFT                     | POSTERIOR                | ANTERIOR                 | JP                       | _____   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21210 Bone Graft, Maxilla   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21215 Bone Graft, Mandible<br><input type="checkbox"/> Bone in a bottle? (Modifier: 52)           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21248 Reconstruction of Max/Mand, partial<br>(1-3 bone stabilizers per Jaw) # of incisions _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21249 Reconstruction of Max/Mand, complete<br>(4-6 bone stabilizers per Jaw) # of incisions _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21085 Diagnostic/Surgical Stent   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21089 Interim/provisional/final prosthesis  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41899 Surgical Odontectomy  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41899 Misc. Dentoalveolar Procedure (crown,<br>endo, dental restorations...)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41870 Periodontal mucosal grafting  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41874 Alveoloplasty   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21030 Cyst removal (max)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21040 Cyst removal (mand)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30580 Repair Fistula oromaxillary   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40819 Excision of frenum, labial or buccal (lip)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41115 Excision of lingual frenum (tongue)   |

## DIAGNOSIS CODES TO JUSTIFIES THE PROCEDURES RENERED

### IMAGING

- 70355 Orthopantagram-Annual Screening**
- Z12.89 Maxillo-facial cancer screening
  - Z12.81 Oral cancer screening

### SURGERY/IMAGING

#### 21030/21040 CYST

- G50.0 Trigeminal neuralgia
- G50.1 Atypical facial pain
- R68.84 Jaw Pain
- J32.0 Chronic maxillary sinusitis
- M27.2 Inflammation/infection/osteomyelitis of the jaw (cyst)
- K12.2 Cellulitis, face
- R59.0 Lymphadenopathy
- R93.0 Abnormal radiographic finding
- M27.40 Cyst, unspecified of the Mand/Max
- K04.8 Radicular Cyst, Max/Mand
- J32.0 Oro-antral fistula sinus communication

\*\*\*Pick a Atrophy code(s), below if you need to graft\*\*\*

### GRAFTING & IMPLANTS 21248/21249/41874

- J34.89 Pneumatization of max sinus
- M89.08 Disuse Atrophy, Single jaw/site
- M89.09 Disuse Atrophy, Multiple jaws/site
- K08.22 Moderate Atrophy of Mandible
- K08.23 Severe Atrophy of Mandible
- K08.25 Moderate Atrophy of Maxilla
- K08.26 Severe Atrophy of Maxilla
- M27.40 Cyst, unspecified of the Mand
- M26.79 Irregular alveolar process

### IMPLANT FAILURE

- M27.61 Osseointegration failure
- M27.62 Post-osseointegration biological failure
- M27.63 Post-osseointegration mechanical failure
- M27.69 Other endosseous failure

### COMPLICATIONS OF SURGERY

- T81.83 Persistent post procedural fistula
- T84.318 Breakdown (mechanical) of other bone devices, implants, grafts
- M27.3 Alveolitis of the Jaw (Dry Socket)/inflammation

- 20670 Implant removal-superficial
- 20680 Implant removal-deep

### OTHER MISC

- M81.8 Disuse Osteoporosis
- T84.69XA Infected Implant
- K01.1 Impacted teeth
- M27.3 Alveolitis of the Jaw (Dry Socket)/inflammation
- K03.2 Erosion of the teeth
- K03.3 Pathological resorption
- K11.7 Disturbances of salivary secretion
- K13.70 Unspec lesions of oral mucosa
- M35.0 Sjogren's Disease
- T45.8X5A Side effect oral bisphosphonate
- Z48.814 Follow-up to surgery-oral cavity
- Z01.818 Other preprocedural examination
- Z92.21 Personal history of chemotherapy
- Z92.3 Personal history of irradiation
- Z87.891 Personal hx of nicotine dependence
- G89.18 Acute Post-op pain
- K05.22 Pericoronitis- Aggressive periodontitis, unspecified

### COMORBID CONDITIONS

- Z86.79 Personal history of hypertension
- Z86.39 Personal history of diabetes
- Z68. \_\_\_\_\_ BMI index
- E78.5 Hyperlipidemia

### FRENUM DISORDERS

- R47.86 Speech disturbances
- M26.59 Other dentofacial functional abnormalities
- M27.0 Developmental disorders of jaw
- Q38.1 Ankyloglossia (tongue)
- F80.0 Phonological disorder (cannot articulate, speech, sounds)
- F80.89 Other dev. Disorders of speech and language
- K13.0 Frenum (lip)
- Q79.9 Abnormal muscle pull

Other: \_\_\_\_\_



# MAXILLA-CYST REMOVAL & BONE GRAFT



21. DIAGNOSIS OR NATURE OR ILLNESS OR INJURY Relate A-L to service line below (24E)*				ICD Ind.* 0 - ICD-10-CM ▼		22. RESUBMISSION PAYER CLAIM NO:		
A. R6884	B. G501	C. M272	D. R930	23. PRIOR AUTHORIZATION				
E. M2740	F. J320	G. K0825	H. [ ]	G1 ▼ [ ]				
I. [ ]	J. [ ]	K. [ ]	L. [ ]	Not required if CLAIM FREQ				
24	A.* Date of Service Date or Date Range ?	B.* Place of Service	C. EMG	D.* CPT/HCPCS (View List)	D. Modifiers	E.* Diagnosis Pointer	F.* \$ Charges	G.* Minutes or Units ?
1	Date ▼ 06/20/2023	Note: ? Select 11	Y	99214 57	A ▼ B ▼ C ▼ D ▼	250.00	UN ▼ 1	
2	Date ▼ 06/20/2023	Note: Select	Y	70355	D ▼ E ▼ F ▼ G ▼	150.00	UN ▼ 1	
3	Date ▼ 06/20/2023	Note: Select	Y	70486	D ▼ E ▼ F ▼ G ▼	200.00	UN ▼ 1	
4	Date ▼ 06/20/2023	Note: Select	Y	76100	D ▼ E ▼ F ▼ G ▼	200.00	UN ▼ 1	
5	Date ▼ 06/20/2023	Note: ADD - Additional Information	Y	21210 52 RT	C ▼ E ▼ F ▼ G ▼	1500.00	UN ▼ 1	
6	Date ▼ 06/20/2023	Note: Select	Y	30580 51 RT	C ▼ E ▼ F ▼ G ▼	800.00	UN ▼ 1	
7	Date ▼ 06/20/2023	Note: Select	Y	21030 51 RT	A ▼ B ▼ C ▼ E ▼	600.00	UN ▼ 1	
1 ▼	+ Add a Service Line(s)							
25. FEDERAL TAX I.D. NUMBER* SSN EIN			26. PATIENT'S CONTROL NO.*		27. ACCEPT ASSIGNMENT* ?		28. TOTAL CHARGE	29. AM
123456789			TOMMYTOOTH		A - Assigned ▼		3700.00	





# Thank you!

**Kandra Sellers, RDH, BA**

Medical Billing Specialist

[kandra@tipsmedicalbilling.com](mailto:kandra@tipsmedicalbilling.com)

[TIPSMedicalBilling.com](http://TIPSMedicalBilling.com)



TANDEM IN-PRACTICE SOLUTIONS  
FOR DENTAL MEDICAL BILLING