CAROLINA FAMILY DENTAL CENTER

DENTAL ENCOUNTER

Date: _____ Provider: _____

DIAGNOSTIC	Code	Fee
Periodic Oral Evaluation	D0120	
Limited Oral Evaluation	D0140	
Eval/Pt under 3 years old	D0145	
Comprehensive Oral Eval	D0150	
Re-Evaluation - Limited	D0170	
Post-Op	D0171	
Comprehensive Perio Eval	D0180	
Oral Cancer Screening	D0431	
Diagnostic Casts	D0470	
Caries Risk - Low	D0601	
Caries Risk - Moderate	D0602	
Caries Risk - High	D0603	
X-RAYS	**Code**	**Fee**
Intraoral - Complete Series	D0210	
Periapical - 1st	D0220	
Periapical - Ea. Addl.	D0230	
Occlusal	D0240	
Bitewing - Single	D0270	
Bitewing - Two	D0272	
Bitewing - Three	D0273	
Bitewing - Four	D0274	
Vertical Bitewings	D0277	
Panoramic Image	D0330	
PREVENTIVE	**Code**	**Fee**
Prophy-Adult	D1110	
Prophy-Child	D1120	
Topical Fluoride Varnish	D1206	
Topical Fluoride	D1208	
Sealant-per tooth	D1351	
Diabetes Counseling	D1121	
Nutritional Counseling	D1310	
Tobacco Counseling	D1320	
Oral Hygiene Instructions	D1330	
CASE MANAGEMENT	**Code**	**Fee**
Missed Appointment	D9986	
Cancelled Appointment	D9981	
≤15 minutes late	D9982	
Appt Compliance	D9991	
Care Coordination	D9992	
Motivational Interviewing	D9993	
Oral Health Education	D9994	
MISCELLANEOUS	**Code**	**Fee**
Occlusal Guard Fabrication	D9940	
Occlusal Guard Adjustment	D9943	
Occlusal Adj. - Limited	D9951	
Occlusal Adj. - Complete	D9952	
Tooth Bleaching, per arch	D9972	
Tooth Bleaching - per tooth	D9973	
Local Anesthesia	D9215	
Desensitizer, per tooth	D9910	
Cervical Desensitizer, per tth	D9911	
Unspec Preventive Procedure	D1999	
Unspec Endo Procedure	D3999	
Unspec Fixed Prosths	D6999	
Unspec Misc Procedure	D9999	

PERIODONTICS	Code	Tth	Fee
SRP (4+ teeth per quad)	D4341		
SRP (1 to 3 teeth per quad)	D4342		
Scaling for Gingivitis	D4346		
Full Mouth Debridement	D4355		
Local Antimicrobial, per tooth	D4381		
Perio Maintainance	D4910		
Gingivectomy (4+ teeth)	D4210		
Gingivectomy (1-3 teeth)	D4211		
Crown Legthening	D4249		
ORAL SURGERY	**Code**	**Tth**	**Fee**
Ext. Coronal Remnants - Deciduous	D7111		
Ext. Erupted Tth/Exposed Root	D7140		
Surgical Ext. - Erupted Tth	D7210		
Ext. Impacted Tth - Soft Tissue	D7220		
Ext. of Impacted Tth - Partially Bony	D7230		
Surgical Ext. - Residual Roots	D7250		
Biopsy Oral Tissue - Soft	D7286		
Alveoloplasty w/ ext (4+)	D7310		
Alveoloplasty w/ ext (1-3)	D7311		
Alveoloplasty w/o ext (4+)	D7320		
Alveoloplast w/o ext (1-3)	D7321		
Removal of Exostosis	D7471		
I & D Abcess - Intraoral	D7510		
Excision of Pericoronal Gingiva	D7910		
Dry Socket Treatment	D9930		
ENDODONTICS	**Code**	**Tth**	**Fee**
Pulpotomy	D3220		
Anterior	D3310		
Premolar	D3320		
Molar	D3330		
Pulp Vitality Testing	D0460		
Root Canal -Start	RCTS		
Tooth Bleaching Internal per tooth	D9974		
CROWN	**Code**	**Tth**	**Fee**
Crown Prep	CPREP		
Crown - Porcelain/Ceramic	D2740		
Crown - PFM	D2752		
Crown - High Noble Metal (Gold)	D2790		
Recement Crown	D2920		
Prefab S.S Crown - Primary	D2930		
Prefab S.S Crown - Permanent	D2931		
Core Buildup, w/ Pins	D2950		
Pin retention - per tooth	D2951		
Cast Post & Core	D2952		
Prefab Post & Core	D2954		
Labial Veneer, Resin - Chairside	D2960		
Labial Veneer, Lab - Porcelain	D2962		
Temporary Crown - Lab made	D2799		
Crown repair by	D2980		
Gold for Crown	D2999		
BRIDGE	**Code**	**Tth**	**Fee**
Pontic - High Noble Metal (Full Gold)	D6210		
Pontic - PFM	D6242		
Pontic - Porcelain/Ceramic	D6245		
Retainer Crown - Porcleain/Ceramic	D6740		
Retainer Crown - PFM	D6752		
Retainer Crown - Hi Noble(Gold)	D6790		
Recement or Rebond Bridge	D6930		
Sectioning Bridge	D9215		

RESTORATIVE	Code	Tth	Sf	Fee
Amalgam - 1 Surface	D2140			
Amalgam - 2 Surfaces	D2150			
Amalgam - 3 Surfaces	D2160			
Amalgam - 4+ Surfaces	D2161			
Resin - 1 Surface, Anterior	D2330			
Resin - 2 Surfaces, Anterior	D2331			
Resin - 3 Surfaces, Anterior	D2332			
Resin - 4+ Surfaces Anterior	D2335			
Resin - 1 Surface, Posterior	D2391			
Resin - 2 Surfaces, Posterior	D2392			
Resin - 3 Surfaces, Posterior	D2393			
Resin - 4+ Surfaces, Posterior	D2394			
Sedative Filling (Protective Restoration)	D2940			
REMOVABLE	**Code**	**Tth**	**Arch**	**Fee**
Complete Upper Denture	D5110			
Complete Lower Denture	D5120			
Inmediate Complete Upper Denture	D5130			
Inmediate Complete Lower Denture	D5140			
Partial Upper Denture - Resin	D5211			
Partial Lower Denture - Resin	D5212			
Partial Upper Denture- Cast Metal	D5213			
Partial Lower Denture - Cast Metal	D5214			
Immediate Partial Upper - Resin	D5221			
Immediate Partial Lower - Resin	D5222			
Partial Upper Denture - Flexible	D5225			
Partial Lower Denture - Flexible	D5226			
Interim Partial Upper Denture	D5820			
Interim Partial Lower Denture	D5821			
Adjust Complete Upper Denture	D5410			
Adjust Complete Lower Denture	D5411			
Adjust Partial Upper Denture	D5421			
Adjust Partial Lower Denture	D5422			
Gold/Silver Cowns (Dentures) - Lab fee	D5899			
DENTURE STEP CODES	**Code**	**Tth**	**Arch**	**Fee**
Preliminary Impressions	D9500			
Final Impressions	D9510			
Max/mand relations	D9520			
Try-In	D9530			
Delivery	D9540			
DENTURE REPAIRS/RELINE	**Code**	**Tth**	**Arch**	**Fee**
Repair Broken Complete Denture base	D5510			
Replace missing/broken tth - Complete	D5520			
Repair Resin Denture Base - Partial	D5610			
Repair Cast Framework - Partial	D5620			
Repair/Replace broken clasp - Partial	D5630			
Replace missing/broken tth - Partial	D5640			
Add tooth to Partial	D5650			
Add clasp to Partial	D5660			
Reline Upper Complete - Chairside	D5730			
Reline Lower Complete - Chairside	D5731			
Reline Upper Partial - Chairside	D5740			
Reline Lower Partial - Chairside	D5741			
Reline Upper Complete - Lab	D5750			
Reline Lower Complete - Lab	D5751			
Reline Upper Partial - Lab	D5760			
Reline Lower Partial - Lab	D5761			

Name (Last, First): _____ DOB: _____ MR#: _____

Address: _____ Phone # _____

Next Visit: _____