

NC Farmworker Health Program Dental Services Encounter Form

Patient Name: _____ Service Date: ____/____/____

Address: _____

Patient DOB: ____/____/____ Age: ____ Sex: Male Female Latino/ Hispanic Yes No

Race: White American Indian Asian Native Hawaiian/Other Pac. Islander Unknown

Does Patient need an Interpreter? Yes No

Provider Name: _____ Provider Type: DDS Hygienist

DIAGNOSTIC AND PREVENTIVE

- D0120 PERIODIC ORAL EVALUATION
- D0140 LIMITED EVALUATION - Problem-Focused
- D0150 COMP. EVALUATION - New or Established
- D0210 INTRAORAL - Complete Series
- D0220 INTRAORAL PA (First)
- D0230 INTRAORAL PA (Each Additional)
- D0240 INTRAORAL - Occlusal Film
- D0270 BITEWING - Single Film
- D0272 BITEWINGS - Two Films
- D0274 BITEWINGS - Four Films
- D0330 PANORAMIC FILM
- D0473 ACCESSION OF TISSUE -Examination & transmission of report
- D1110 PROPHYLAXIS - Adult
- D1120 PROPHYLAXIS - Child
- D1201 FLUORIDE APP. (w/ Prophylaxis) - Child
- D1203 FLUORIDE APP. (w/out Prophylaxis) - Child
- D1204 FLUORIDE APP. (w/out Prophylaxis) - Adult
- D1205 FLUORIDE APP. (w/ Prophylaxis) - Adult
- D1330 ORAL HYGIENE INSTRUCTIONS
- D1351 SEALANT - Per tooth

RESTORATIVE

- D2140 AMALGAM -1 Surface, primary or permanent
- D2150 AMALGAM - 2 Surfaces, primary or permanent
- D2160 AMALGAM - 3 Surfaces, primary or permanent
- D2161 AMALGAM - 4+ Surfaces, primary or permanent
- D2330 RESIN COMPOSITE - 1 Surface, Anterior
- D2331 RESIN COMPOSITE - 2 Surfaces, Anterior
- D2332 RESIN COMPOSITE - 3 Surfaces, Anterior
- D2335 RESIN COMPOSITE - 4+ Surfaces, Anterior
- D2391 RESIN COMPOSITE - 1 Surface, Posterior
- D2392 RESIN COMPOSITE - 2 Surfaces, Posterior
- D2393 RESIN COMPOSITE - 3 Surfaces, Posterior
- D2394 RESIN COMPOSITE - 4+ Surfaces, Posterior
- D2920 RECEMENT CROWN
- D2930 STAINLESS STEEL CROWN - Primary Tooth
- D2931 STAINLESS STEEL CROWN - Permanent Tooth
- D2932 RESIN CROWN - Prefabricated
- D2940 SEDATIVE FILLING
- D2950 CORE BUILDUP - including any pins
- D2951 PIN RETENTION - Per tooth, in addition to restoration

RESTORATIVE (cont.)

- D3110 PULP CAP - Direct (excl. final restoration)
- D3120 PULP CAP - Indirect (excl. final restoration)
- D3220 THERAPEUTIC PULPOTOMY (excl. final restoration)

EXTRACTIONS

- D7111 CORONAL REMNANTS - Deciduous tooth
- D7140 EXTRACTION-Erupted tooth or exposed root
- D7210 SURG REMOVAL OF ERUPTED TOOTH - (req.elev. of flap, bone rem., and/or part of tooth)
- D7220 REMOVAL OF IMPACTED TOOTH - soft tissue
- D7230 REM. OF IMPACTED TOOTH - partially bony
- D7240 REM. OF IMPACTED TOOTH - comp. bony
- D7241 REM. OF IMPACTED TOOTH - completely bony, w/ surgical complications

PERIODONTAL

- D4210 GINGIVAL CURETTAGE PER QUADRANT
- D4341 PERIODONTAL SCALING & ROOT PLANING - 4+ contiguous or bounded teeth spaces per quadrant
- D4342 PERIODONTAL SCALING & ROOT PLANING - 1 to 3 teeth, per quadrant
- D4355 FULL MOUTH DEBRIDEMENT
- D4999 UNSPEC. PERIODONTAL PROC.

ADDITIONAL SURGICAL

- D7285 BIOPSY OF ORAL TISSUE - Hard (bone, tooth)
- D7286 BIOPSY OF ORAL TISSUE - Soft (all others)
- D7310 ALVEOPLASTY IN CONJUNCTION W/EXTRACTIONS - per quadrant
- D7451 REMOVAL OF BENIGN CYST OR TUMOR - lesion greater than 1.25 cm
- D7510 INCISION AND DRAINAGE OF ABSCESS - Intraoral soft tissue
- D7520 INCISION AND DRAINAGE OF ABSCESS - Extraoral soft tissue
- D7910 SUTURE OF SMALL WOUNDS -UP TO 5 CM
- D7960 FRENULECTOMY - separate procedure
- D9110 PALLIATIVE TREATMENT - dental pain, minor
- D9210 LOCAL ANESTHESIA-w/o other operative proc.
- D9220 GENERAL ANESTHESIA - first 30 min.
- D9221 GENERAL ANESTHESIA - each add. 15 min.
- D9230 ANALGESIA - Inhalation of Nitrous Oxide

Instructions: Please fill out the encounter information for each migrant farmworker patient seen for dental services. Please submit all forms monthly (by fifth of every month) to: Elizabeth Freeman Lambar, NC Farmworker Health Program, 2009 Mail Service Center, Raleigh, NC 27699-2009, FAX: 919-733-2981 or send them electronically to shauna.ortiz@ncmail.net