

California Dental Network Patient Encounter Form

INSTRUCTIONS: A new Patient Encounter form should be completed at each patient visit. Information at the top of this form can be found on your monthly member list or by dialing 1-877-433-6825. **Please send completed form to California Dental Network, 23291 Mill Creek Dr. #100, Laguna Woods, CA 92653**

MEMBER I.D. NUMBER	SUBSCRIBER'S LAST NAME	PATIENT'S NAME (Last)	(First)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENCOUNTER FORM DATE	PROVIDER NUMBER	DR. LICENSE #	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month Day Year			

CHECK BOX IF APPOINTMENT WAS FOR: Child Second Opinion Emergency treatment by facility to which subscriber is NOT assigned

Services	# Done	Code	Services	# Done	Code
DIAGNOSTIC/PREVENTATIVE			RESTORATIVE (LAB)		
Oral Examinations		120-180	Inlays & Onlays, Metallic		2510-44
Oral Evaluations patient under age 3		145	Inlays and Onlays, Porcelain/Ceramic		2610-44
Intraoral Radiographs , complete series		210	Inlays & Onlays, Resin-based Composite		2650-64
Intraoral Radiographs (report <u>1 per visit</u> , regardless of # of films)		220-240, 270-77	Crown Resin, Laboratory		2710
Extraoral Radiographs (report <u>1 per visit</u> regardless of # of films)		240-260	3/4 Crown Resin, Laboratory		2712
Panoramic Film		330	Crown-Resin fused to any Metal		2720-22
Oral/Facial Photographic Images		350	Crown-Porcelain/Ceramic Substrate		2740
Pulp Vitality Tests		460	Crown-Porcelain fused to any Metal		2750-51
Diagnostic Casts		470	3/4 Crown- Cast, any Metal		2780-82
Prophylaxis, Adult		1110	3/4 Crown- Porcelain/Ceramic		2783
Prophylaxis, Child		1120	Crown-Full Cast, any Metal		2790-92
Topical. Fluoride (report prophy separately)		1203-06	Crown-Titanium, includes Porcelain or Resin fused to Titanium		2794
Nutritional or Tobacco Counseling		1310-20	Post and Core, indirectly fabricated		2952-53
Oral Hygiene Instruction		1330	Labial Veneers		2960-62
Sealant or Preventive Resin, Per Tooth		1351-52	ENDODONTICS		
Space Maintainer, Fixed		1510,15	Pulp Cap Direct/Indirect		3110-20
Space Maintainer, Removable		1520,25	Therapeutic Pulpotomy		3220
Recementation of Space Maintainer		1550	Pulpal Debridement-Pain Relief		3221
Removal of fixed space maintainer		1555	Pulpal Therapy		3230-40
RESTORATIVE (NON-LAB)			Root Canal-Anterior		3310
Amalgam-One or two surfaces		2140,50	Root Canal-Bicuspid		3320
Amalgam-Three or more surfaces		2160-61	Root Canal-Molar		3330
Composite-One, two or three surfaces, anterior		2330-32	Treatment of root canal obstruction		3331
Composite-Four or more surfaces, Anterior		2335	Incomplete Endo-tooth not save able		3332
Composite Crown-Anterior		2390	Retreatment-Anterior		3346
Composite Restoration-Posterior		2391-94	Retreatment-Bicuspid		3347
Recementation, Inlays, Onlays, Crowns, Posts, Veneers		2910-20	Retreatment-Molar		3348
Recement Cast or Prefab post & core		2915	Pulpal Apexification/ Regeneration		3351-54
Prefab Stainless Steel Crown, primary tooth		2930	Apicoectomy-First Root		3410-25
Prefab Stainless Steel Crown, permanent tooth		2931	Apicoectomy, Each Additional Root		3426
Prefab Resin Crown		2932	Retrograde Filling, per Root		3430
Prefab SSC w/Resin Window or Esthetic Coated		2933-34	Root Amputation, per Root		3450
Sedative Filling		2940	Hemisection, Incl. Root Removal		3920
Crown Build-up, incl. any Pins/Pin Retention		2950-51	Canal Preparation incl. fitting of preformed post not by provider placing post		3950
Prefabricated. Post & Core		2953-57			
Post Removal (Not in conj. with endodontic therapy)		2955			
Add Temporary Crown		2970			
Crown Repair, by Report		2980			

Services	# Done	Code	Services	# Done	Code
PERIODONTICS			PROSTHODONTICS (Fixed)		
Gingivectomy or Gingivoplasty		4210-11	Retainer 3/4 Crown-Cast metal, non titanium		6780-82
Gingival Flap Proc., Incl. Root Planing		4240-41	Retainer Crown, 3/4 Porcelain Ceramic		6783
Clinical Crown Lengthening		4249	Retainer Crown, Cast Metal, non-titanium		6790-92
Osseous Surgery		4260-61	Retainer Crown-Titanium		6794
Bone Replacement Grafts		4263-64	Interim Retainer Crown		6795
Root Planing, Per Quadrant		4341-42	Recement Bridge		6930
Full Mouth Debridement		4355	Indirectly Fabricated Post & Core for FPD Retainer		6970, 76
Delivery of Chemotherapeutic Agents		4381	Prefab. Post & Core for FPD Retainer		6972, 77
Periodontal Maintenance		4910	Core Build Up for FPD Retainer		6973
Unscheduled Dressing Change		4920	Bridge Repair, by Report		6980
PROSTHODONTICS (Removable)			Pediatric Fixed partial Denture/"Kiddie Bridge"		6985
Complete Denture-Upper or Lower		5110-20	ORAL SURGERY		
Immediate Denture-Upper or Lower		5130-40	Extraction - Coronal Remnants Of Deciduous Tooth		7111
Partial Denture-Upper or Lower, Resin Base		5211-12	Extraction-Erupted Tooth Or Exposed Root		7140
Partial Denture-Upper or Lower, Metal Base w/ Acrylic Saddles		5213-14	Surgical Extraction-Erupted Tooth		7210
Partial Denture-Upper or Lower, Flexible Base		5225-26	Extraction-soft tissue impacted		7220
Adjust Complete Denture -Upper or Lower		5410-11	Extraction-Partially bony impacted		7230
Adjust Partial Denture-Upper or Lower		5421-22	Extraction-Full bony impacted		7240
Repair Broken Complete Base		5510	Extraction-Full bony impacted, complicated		7241
Repair Missing or Broken Teeth		5520	Surgical Removal of Tooth Roots		7250
Repair Acrylic Saddle or Base		5610	Coronectomy-intentional partial tooth removal		7251
Repair Cast Framework		5620	Tooth reimplantation		7270
Repair or Replace Broken Clasp		5630	Alveoplasty-In conj. w/ extractions		7310, 11
Replace Broken Teeth, Per Tooth		5640	Alveoplasty-Not in conj. w/ extractions		7320, 21
Add Tooth to Existing Partial		5650	Incision and Drainage-Intraoral Soft Tissue		7510
Add Clasp to Existing Partial		5660	ORTHODONTIC PROCEDURES 8000-8999		
Replace all Teeth and Acrylic on Partial Denture		5670-71	MISCELLANEOUS		
Rebase Complete Denture		5710-11	Palliative (Emergency) Treatment Of Pain		9110
Rebase Partial Denture		5720-21	Local And Regional Block Anesthesia Procedures		9210, 9215
Reline Complete Denture-Upper or Lower, Chairside		5730-31	Deep Sedation/ General Anesthesia, first 1/2 hour		9220
Reline Upper or Lower Partial Denture, Chairside		5740-41	Each additional 15 min		9221
Reline Complete Denture-Upper or Lower, Lab		5750-51	Analgesia, Anxiolysis, Nitrous Oxide		9230
Reline Upper or Lower Partial Denture, Lab		5760-61	IV Conscious Sedation, first ½ hour		9241
Interim Partial Denture, Upper or Lower		5820-21	Each Additional 15 min		9242
Tissue Conditioning		5850-51	Consult & Second Opinion		9310
PROSTHODONTICS (Fixed)			Office Visit For Observation		9430
Pontic-Cast Metal		6210-12	Office Visit - After Hours		9440
Pontic-Titanium-includes Porcelain or Resin fused to Titanium.		6214	Case Presentation, Detailed and Extensive Treatment Planning		9450
Pontic-Porcelain fused to any non-titanium Metal		6240-42	Case Presentation, Detailed and Extensive Treatment Planning		9950
Pontic-Porcelain / Ceramic		6245	Drugs/ Medicaments / Irrigation		9630
Pontic-Resin with any non-titanium metal		6250-52	Application Desensitizing medication / Resin		9910-11
Interim Pontic		6254	Tx. Of Complications (Post-Surg.) - Unusual Circumstances		9930
Inlay or Onlay, Porcelain Ceramic		6600-01 6608-09	Soft Nightguard		9940
Retainer-Inlay or Onlay, Metallic, non-Titanium		6602-07, 6610-15	Repair / Reline Nightguard		9942
Retainer-Inlay or Onlay, Titanium		6624, 34	Occlusal Adjustment - Limited		9951
Retainer Crown- Resin Fused to any non-titanium Metal		6720-22	External Bleaching, per Arch		9972
Retainer Crown- Porcelain / Ceramic		6740	External Bleaching, per Tooth		9973
Retainer Crown-Porcelain fused to any non-titanium metal		6750-52			