

Patient Name: _____

DOS _____

Acct #: _____

ICD9: Other 1	2	3	4
521.0 Caries	522.1 Necrosis	523.4 Chron Perio	
522.0 Pulpitis	523.3 Acute Perio	524.3 Impaction	
524.61 Adhesions/ankylosis		524.52 Arthralgia of TMJ	
524.53 Articular disc dis		528.9 Dis of oral soft tissue	
205.05 Arthocentisis		525.10 Loss of teeth aquire	
525.11 Loss of teeth due to trauma			

WALK-IN CLINIC Procedure	ADA	AxiUm ADA
Walk-In Visit	9110	D9110W
Walk-In Single Extraction # _____	7140	D7140W
Walk-In Panorex	0330	D0330W
Walk-In Periapical	0220	D0220W
Walk-In Refer to Urgent Care		WALKUC
Walk-In No Treatment		WINOTX
Walk-In Extra Extraction # _____	7140	D7140WX

MEDICAL TUMOR/BIOPSY Procedure	CPT	AxiUm CPT
Tumor / Cyst Mand simple	21040	21040
Tumor / Cyst facial maxil	21030	21030
Tumor / Cyst req osteotomy	21046	21046
Biopsy Lip	40490	40490
Biopsy Vestibule of Mouth	40808	40808
Biopsy Tongue Interior 2/3	41100	41100
Biopsy Tongue Posterior 1/3	41105	
Biopsy Floor Mouth	41108	

RADIOGRAPH Procedure	CPT	AxiUm CPT	ADA	AxiUm ADA
Radiographic single			0220	D0220A
Radiograph add film			0230	D0230A
Occlusal film	70300	70300D	0240	D0240A
Panorex/Orthopantogram	70355	70355	0330	D0330A

DENTAL BIOPSY Procedure	CDT	AxiUm CDT
Biopsy Oral Soft Tissue	7285	D7285
Biopsy Oral Hard Tissue	7285	D7285

EVAL/POST Op Procedure	CPT	AxiUm CPT	ADA	AxiUm ADA
E/M New minor	99201	99201	0140	D0140B
E/M Est-minor	99211	99211	0120	D0120A
Post Op (no charge)	99024	99024	9430	D9430

INCISION AND DRAINAGE	Site
I & D Intraoral (*) _____, _____, _____	_____
Extraoral _____	_____
(see CPT 40800; 40801; 41000-41009; 41800; 42000; 42300-42320; 42700-42725)	

SEDATION Procedure	CPT	AxiUm CPT	ADA	AxiUm ADA
N2O Sedation			9230	D9230

DENTAL IMPLANT Procedure	CDT	AxiUm CDT
Implant Placement	6060	D6010A
Placement Site(s) _____		

DENTAL PROCEDURES				
	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
	21	22	23	24
	25	26	27	28
	29	30	31	32
	UR	UL	LR	LL
Extraction		41899	41899A	7140
Surgical Ext X _____		41899	41899B	7210
Soft Tissue X _____		41899	41899C	7220
Partial Bony X _____		41899	D7230	7230
Full Bony X _____		41899	D7240	7240
Full Bony w/Comp _____		41899	D7241	7241
Root Exposed _____		41899	D7140A	7140
Root Residual _____		41899	D7250	7250
Alveolectomy quad teeth	41830	41830		7310
Alveoplasty with Ext	41874	41874		7320
Tuberosity reduce/soft	41822	41822		7972
Tuberosity red/bony	41823	41823		7485
Torus Palate	21032	21032		7472
Torus Mandible	21031	21031		7473

TREATMENT PLANNED: YES	NO
COMMENTS:	

Student Signature:	_____
Student Provider #	_____
Faculty Signature:	_____