

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

**Medical Codes**

<u>Code</u>	<u>Description</u>
10060	Incision and drainage of abscess (simple or single)
10061	Incision and drainage of abscess (complicated or multiple)
10080	Incision and drainage of pilonidal cyst (simple)
10120	Incision and removal of foreign body, subcutaneous tissues (simple)
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
11000	Debridement of extensive excematous or infected skin; up to 10% of body surface
11040	Debridement; skin (partial thickness)
11041	Debridement; skin (full thickness)
11042	Debridement; skin and subcutaneous tissue
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	Paring or cutting of benign hyperkeratotic lesion (two to four lesions)
11057	Paring or cutting of benign hyperkeratotic lesion (more than four lesions)
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (incl: simple closure), unless otherwise listed; single lesion
11101	Biopsy of skin, each separate /additional lesion (list sep. in addition to code for primary procedure)
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags; each additional ten (10) lesions (list seperately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion; single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Lesion diameter; 0.6 to 1.0 cm
11302	Lesion diameter; 1.1 to 2.0 cm
11303	Lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp , neck, hands, feet, genitalia; lesion diameter 0.5 cm
11306	Lesion diameter; 0.6 to 1.0 cm
11307	Lesion diameter; 1.1 to 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Lesion diameter; 0.6 to 1.0 cm
11312	Lesion diameter; 1.1 to 2.0 cm
11400	Excision, benign lesion including margins, except skin tag, trunk, arms, or legs; excised diameter 0.5 cm or less
11401	Excised diameter 1.6 to 1.0 cm
11402	Excised diameter 1.1 to 2.0 cm
11403	Excised diameter 2.1 to 3.0 cm
11404	Excised diameter 3.1 to 4.0 cm
11420	Excision, benign lesion including margins, except skin tag,scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excised diameter 0.6 to 1.0 cm
11422	Excised diameter 1.1 to 2.0 cm
11423	Excised diameter 2.1 to 3.0 cm
11424	Excised diameter 3.1 to 4.0 cm
11440	Excision, other benign lesion including margins, face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excised diameter 0.6 to 1.0 cm
11442	Excised diameter 1.1 to 2.0 cm

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

11443	Excised diameter 2.1 to 3.0 cm
11444	Excised diameter 3.4 to 4.0 cm
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.5 or less
11601	Excised diameter 0.6 to 1.0 cm
11602	Excised diameter 1.1 to 2.0 cm
11603	Excised diameter 2.1 to 3.0 cm
11604	Excised diameter 3.1 to 4.0 cm
11620	Excised, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excised diameter 0.6 to 1.0 cm
11622	Excised diameter 1.1 to 2.0 cm
11623	Excised diameter 2.1 to 3.0 cm
11624	Excised diameter 3.1 to 4.0 cm
11640	Excised, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excised diameter 0.6 to 1.0 cm
11642	Excised diameter 1.1 to 2.0 cm
11643	Excised diameter 2.1 to 3.0 cm
11720	Debridement of nail(s) by any method(s); one to five
11721	Debridement of nail(s) by any method(s); six or more
11730	Avulsion of nail plate, partial or complete, simple; single
11740	Evacuation of subungual hematoma
11750	Excision of nail and nail matrix, partial or complete, (eg: ingrown or deformed nail) for permanent removal
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	Excision of pilonidal cyst or sinus; simple
11900	Injection, intralesional; up to and including seven lesions
11901	Injection, intralesional; more than seven (7) lesions
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet) 2.5 cm or less
12002	2.6 cm to 7.5 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	2.6 cm to 5.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12031	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	2.6 cm to 7.5 cm
12034	7.6 cm to 12.5 cm
12041	Layer closure of wounds of neck, feet, hands, feet and/or external genitalia; 2.5 cm or less
12042	2.6 cm to 7.5 cm
12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less
12052	2.6 cm to 5.0 cm
12053	5.1 cm to 7.5 cm
16000	Initial treatment, first degree burn, when no more than local treatment is required
16010	Dressings and/or debridement, initial or subsequent; under anesthesia, small
16020	without anesthesia, medium or large, or with major debridement
17000	Destruction (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions; first lesion
17003	second through 14 lesions, each (list seperatley in addition to code for first lesion)
17004	Destruction (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all bening or premalignant lesions; 15 or more lesions

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

17110	Destruction (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14 lesions
17111	Destruction (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more lesions
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	Destruction, malignant lesion (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion 0.5 cm or less
17261	Lesion diameter 0.6 to 1.0 cm
17262	Lesion diameter 1.1 to 2.0 cm
17270	Destruction, malignant lesion (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	Lesion diameter 0.6 to 1.0 cm
17272	Lesion diameter 1.1 to 2.0 cm
17280	Destruction, malignant lesion (eg: laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, lips, nose, mucous membrane; lesion diameter 0.5 cm or less.
17281	Lesion diameter 0.6 to 1.0 cm
17282	Lesion diameter 1.1 to 2.0 cm
19000	Puncture aspiration of cyst of breast
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	Injection, theraputic (eg: local anesthetic, corticosteroid), carpal tunnel.
20550	Injection(s); single tendon sheath, or ligament, oponuerosis (eg: plantar "fascia")
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg: fingers, toes)
20605	Intermediate joint or bursa (eg: temporomandibular, acromioclavicular, wrist. Elbow or ankle, olecranon bursa)
20610	Major joint or bursa (eg: shoulder, hip, knee joint, subcromial bursa)
20612	Aspiration and/or injection of ganglion cyst(s) any location
20680	Removal of Implant; deep (eg: buried wire, pin, screw, metal band, nail, rod or plate)
21800	Closed treatment for rib fracture, uncomplicated, each
23500	Closed treatment of clavicular fracture; without manipulation
23600	Closed treatment for proximal humeral (surgical or anatomical neck) fracture; without manipulation
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
24500	Closed treatment of humeral shaft fracture; without manipulation
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24650	Closed treatment of radial head or neck fracture; without manipulation
24670	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
25500	Closed treatment of radial shaft fracture; without manipulation
25530	Closed treatment of ulnar shaft fracture; without manipulation
25560	Closed treatment of radial ulnar shaft fractures; without manipulation
25600	Closed treatment of distal radial fracture (eg: Colles or Smith type) or epiphyseal seperation, with or without fracture of ulnar sytloid; without manipulation
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation.
25630	Closed treatment of carpal scaphoid (navicular) fracture, with or wihout internal or external fixation
26010	Drainage of finger abscess; simple

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

26110	Interphalangeal joint, each
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26720	Closed treatment of phalangeal shaft structure, proximal or middle phalanx, finger or thumb; without manipulation, each
26750	Closed treatment of distal phalangeal fracture, finger or thumb, without manipulation, each
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27760	Closed treatment of medial malleolus fracture; without manipulation
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27808	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27816	Closed treatment of trimalleolar ankle fracture; without manipulation
28400	Closed treatment of calcaneal fracture; without manipulation
28430	Closed treatment of talus fracture; without manipulation
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28470	Closed treatment of metatarsal fracture; without manipulation, each
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
29065	Shoulder to hand (long arm)
29075	Elbow to finger (short arm)
29085	Hand and lower forearm (guntlet)
29086	Finger (eg: contracture)
29405	Application of short leg cast (below knee to toes)
29425	Walking or ambulatory type
29515	Application of short leg splint (calf to foot)
29540	Strapping: ankle and/or foot
29550	Strapping: toes
29580	Strapping: Unna boot
30300	Injection into turbinate(s), therapeutic
30901	Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); superficial
31500	Intubation, endotracheal, emergency procedure
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520	Laryngoscopy direct, diagnostic, newborn
32002	Thoracentesis with insertion of tube with or without water seal (eg: for pneumothorax) (separate procedure)
32020	Tube thoracostomy with or without water seal (eg: for abscess, hemothorax, empyema) (separate procedure)
36000	Introduction of needle or intracatheter, vein
36430	Transfusion, blood or blood components
36600	Arterial puncture, withdrawal of blood for diagnoses
36660	Catherization, umbilical artery, newborn, for diagnoses of therapy
38300	Drainage of lymph node abscess or lymphadenitis
38505	Biopsy or excision of lymph nodes; by needle, superficial (eg: cervical, inguinal, axillary)
39540	Repair, diaphragmatic hernia (other than neonatal) traumatic; acute
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (seperate procedure)
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (seperate procedure)
46083	Incision of thrombosed hemorrhoid, external
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	Anoscopy; with dilation (eg: balloon, guide wire, bougie)

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

46608	Anoscopy; with removal of foreign body
46900	Destruction of lesion(s), anus (eg: condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46924	Destruction of lesion(s), anus (eg: condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg: laser surgery, electrosurgery, cryosurgery, cryosurgery, chemosurgery)
54050	Destruction of lesion(s), penis (eg: condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56501	Destruction of lesion(s) vulva, simple (eg: laser surgery electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum: each separate additional lesion, (list separately in addition to code for primary procedure)
57061	Destruction of vaginal lesion(s): simple (eg: laser surgery, electrosurgery, cyrosurgery, chemosurgery)
57160	Fitting and insertion of pessary or other intravaginal support device
57170	Diaphragm or cervical cap fitting with instructions
57420	Colposcopy of the entire vagina, with cervix if present;
57421	with biopsy(s)
57452	Colposcopy of the cervix including upper/adjacent vagina;
57454	with biopsy(s) of the cervix and endocervical curettage
57460	with loop electrode biopsy(s) of the cervix
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57511	Cryocautery, initial or repeat
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), with or without cervical dilation any method (separate procedure)
58300	Insertion of intrauterin device (IUD)
58301	Removal of intrauterine device (IUD)
59025	Fetal non-stress test
59051	Fetal monitoring; interpretation only
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more vists
59430	Postpartum care only (separate procedure)
59812	Treatment of incomplete abortion, any trimester, completed surgically
62270	Spinal puncture, lumbar, diagnostic
62272	Spinal puncture, theraputic, for drainage of cerebrospinal fluid (by needle or catheter)
64430	Injection, anesthetic agent: pudendal nerve
64450	other peripheral nerve or branch
69000	Drainage external ear, abscess or hematoma; simple
69200	Removal foreign body from external auditory canal; without general anesthesia
69210	Removal of impacted cerumen (separate procedure), one or both ears
69424	Ventilating tube removal requiring general anesthesia
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks, 0 days), transabdominal approach; single or first gestation
76802	each additional gestation (list sepertely in addition to code for primary procedure)

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (>14 weeks, 0 days), transabdominal approach; single or first gestation
76810	each additional gestation (list separately in addition to code for primary procedure)
76831	Saline Infusion Sonohysterography, Including Color Flow Doppler
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular
90784	Therapeutic, prophylactic or diagnostic injection (specify material injected); intravenous
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using role play equipment, physical devices, language, interpreter, or other mechanisms of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with patient;
90805	with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90807	with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90809	with medical evaluation and management services
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;
90811	with medical evaluation and management services
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90813	with medical evaluation and management services
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;
90815	with medical evaluation and management services
90846	Family Medical Psychotherapy (Without The Patient Present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Comprehensive, new patient, one or more visits
92012	Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Comprehensive, established patient, one or more visits
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg:diurnal curve or medical treatment of acute elevation of intraocular pressure)
92499	Unlisted ophthalmological service or procedure
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
93922	Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg: ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

93971	unilateral or limited study
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94060	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostics purposes (eg: with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB device))
94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day
94657	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94799	Unlisted pulmonary service or procedure
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests.
95115	Professional services for allergen immunotherapy not including provision of allergic extracts; single injection
95117	Professional services for allergen immunotherapy not including provision of allergic extracts; two or more injections
97597	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg: high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s) wound assessment, and instruction(s) for ongoing care, total wound surface less than or equal to 20 sq cm
97598	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg: high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s) wound assessment, and instruction(s) for ongoing care, total wound surface greater than 20 sq cm
97602	non-selective debridement, without anesthesia (eg: wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
97803	re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
98925	Osteopathic manipulative treatment (OMT); one to two body regions involved
98926	three to four body regions involved
98927	five to six body regions involved
98928	seven to eight body regions involved
98929	nine to ten body regions involved
99201	Office visit-minor
99202	Office visit-moderate
99203	Office visit-moderate
99204	Office visit-high severity
99205	Office visit-moderate to high
99211	Office visit-minimal
99212	Office visit-minor
99213	Office visit-low
99214	Office or other outpatient
99215	Office or other outpatient
99241	Office consultation, minor
99242	Office consultation, low
99243	Office consultation, moderate

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

99244	Office consultation, high
99245	Office consultation
99271	Confirmatory consultation
99272	Confirmatory consultation
99273	Confirmatory consultation
99274	Confirmatory consultation
99275	Confirmatory consultation
99301	Evaluation and Management
99302	Evaluation and Management
99303	Evaluation and Management
99311	Nursing Facility Care, Subsequent
99312	Subsequent Nursing Facility Care, Per Day
99313	Subsequent Nursing Facility Care, Per Day
99315	Nursing Facility Discharge Day Management; 30 Minutes Or Less
99341	Home Visit
99342	Home Visit
99343	Home Visit
99347	Home Visit For The Evaluation And Management Of An Established Patient, presenting problems are self limited or minor
99348	Home Visit For The Evaluation And Management Of An Established Patient, presenting problems are of low to moderate severity
99349	Home Visit For The Evaluation And Management Of An Established Patient, presenting problems are moderate to high severity
99350	Home Visit For The Evaluation And Management Of An Established Patient, presenting problems are moderate to high severity
99354	Prolonged Physician Service In The Office Or Other Outpatient Setting Requiring Direct (Face To Face) Patient Contact
99355	Prolonged Physician Service In The Office Or Other Outpatient Setting Requiring Direct (Face To Face) Patient Contact
99356	Prolonged Physician Service In The Inpatient Setting, Requiring Direct (Face To Face) Patient Contact
99357	Prolonged Physician Service In The Inpatient Setting, Requiring Direct (Face To Face) Patient Contact
99381	Initial Evaluation/Management Of A Healthy Individual Age Less Than 1 Year
99382	Initial Evaluation/Management Of A Healthy Individual Age 1 Through 4 Years
99383	Initial Evaluation/Management Of A Healthy Individual Age 5 Through 11 Years
99384	Initial Evaluation/Management Of A Healthy Individual Age 12 Through 17 Years
99385	Initial Evaluation/Management Of A Healthy Individual Age 18-39 Years
99386	Initial Evaluation/Management Of A Healthy Individual Age 40-64 Years
99387	Initial Evaluation/Management Of A Healthy Individual 65 Years And Over
99391	Periodic Reevaluation/Management Of A Healthy Individual Age Under 1 Year
99392	Periodic Reevaluation/Management Of A Healthy Individual Age 1 Through 4 Years
99393	Periodic Reevaluation/Management Of A Healthy Individual Age 5 Through 11 Years
99394	Periodic Reevaluation/Management Of A Healthy Individual Age 12 Through 17 Years
99395	Periodic Reevaluation/Management Of A Healthy Individual 18-39 Years
99396	Periodic Reevaluation/Management Of A Healthy Individual 40-64 Years
99397	Periodic Reevaluation/Management Of A Healthy Individual 65 Years And Over
99432	Normal newborn care in OT
99499	Unlisted evaluation
<b>Dental Codes</b>	
D0120	Periodic oral examination

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

D0140	Limited oral examination-problem focused
D0150	Comprehension oral examination-new or established patient
D0160	Detailed and extensive oral evaluation-problem focused by report
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)
D1110	Prophylaxis-adult
D1120	Prophylaxis-child
D1201	Topical Application Of Fluoride (Including Prophylaxis)-Child
D1203	Topical Application Of Fluoride (Excluding Prophylaxis)-Child
D1205	Topical Application Of Fluoride (Including Prophylaxis)-Adult
D1351	Sealant-per tooth
D1510	Space maintainer-fixed-unilateral
D1515	Space maintainer-fixed-bilateral
D1520	Space maintainer-removeable-unilateral
D1525	Space maintainer-removeable-bilateral
D1550	Recementation of space maintainer
D2140	Amalgam-one surface, primary or permanent
D2150	Amalgam-two surfaces, primary or permanent
D2160	Amalgam-three surfaces, primary or permanent
D2161	Amalgam-four or more surface-primary or permanent
D2330	Resin-based composite-one surface, anterior
D2331	Resin-based composite-two surfaces, anterior
D2332	Resin-based composite-three surfaces, anterior
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)
D2390	Resin-Based Composite Crown, Anterior (Replacement Code For D2336)
D2391	Resin-Based Composite - One Surface, Posterior-Permanent (Replaces D2380 And D2385)
D2392	Resin-Based Composite-Two Surfaces, Posterior-Permanent
D2393	Resin-Based Composite-Three Surfaces, Posterior-Permanent
D2394	Resin-Based Composite-Four Or More Surfaces, Posterior, Permanent
D2910	Recement inlay
D2920	Recement crown
D2930	Prefabricated stainless steel crown-primary tooth
D2931	Prefabricated stainless steel crown-permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2940	Sedative filling
D2980	Crown repair-by report
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)
D3310	Anterior (excluding final restoration)
D3320	Bicuspid (excluding final restoration)
D3330	Molar (excluding final restoration)
D3346	Retreatment of previous root canal therapy-anterior
D3348	Retreatment of previous root canal therapy-molar
D3351	Apexification/recalcification-initial vist (apical closure/calcfic repair of perforations, root resorption, etc.)
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcfic repair of perforations, root resorption, etc.)
D3353	Apexification/recalcification-final vist (includes completed root canal therapy-apical closure/calcfic repair of perforations, root resorption, etc.)
D3410	Apicoectomy/periradicular surgery-anterior
D3425	Apicoectomy/periradicular surgery-molar (first root)

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

D3426	Apicoectomy/periradicular surgery-(each additional root)
D3430	Retrograde filling-per root
D4210	Gingivectomy or ginivoplasty-four or more contiguous teeth or bounded teeth spaces, per quadrant
D4211	Gingivectomy or ginivoplasty-one to three teeth per quadrant
D4240	Gingival flap procedure, including root planning- four or more contiguous teeth or bounded teeth spaces, per quadrant
D4341	Periodontal splinting-intracoronal
D4342	Periodontal Scaling And Root Planing - One To Three Teeth, Per Quadrant
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation And Diagnosis
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth- complete denture (each tooth)
D5610	Repair resin denture base
D5620	Repair cast framework
D5630	Repair or replace broken clasp
D5640	Replace broken teeth-per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5740	Reline maxillary partial denture (chairside)
D5741	Reline mandibular partial denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5760	Reline maxillary partial denture (laboratory)
D5761	Reline mandibular partia denture (laboratory)
D5951	Feeding aid
D5952	Speech aid prosthesis, pediatric
D6930	Recement fixed partial denture
D7111	Coronal Remnants - Deciduous Tooth
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	Removal of impacted tooth-soft tissue
D7230	Removal of impacted tooth-partially bony
D7240	Removal of impacted tooth-completely bony
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Orolantral fistula closure
D7270	Tooth replacement and/or stabilization of accidentally evulsed or displaced tooth
D7280	Surgical Access Of An Unerupted Tooth
D7285	Biopsy of oral tissue- hard (bone, tooth)
D7286	Biopsy of oral tissue- soft (all others)
D7310	Alveoplasty in conjunction with extractions-per quadrant
D7320	Alveoplasty not in conjunction with extractions-per quadrant
D7441	Excision of malignant tumor- lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm
D7471	Removal of lateral exostosis (mailla or mandible)
D7510	Incision and drainage of abscess- intraoral soft tissue
D7520	Incision and drainage of abscess- extraoral soft tissue

**FQHC/RHC Valid Encounter Code Listing  
FOR PERIOD OF JANUARY 1 - DECEMBER 31, 2005**

D7610	Maxilla- open reduction (teeth immobilized, if present)
D7620	Maxilla- closed reduction (teeth immobilized, if present)
D7630	Mandible- open reduction (teeth immobilized, if present)
D7640	Mandible- closed reduction (teeth immobilized, if present)
D7660	Malar and/or zygomatic arch-closed reduction
D7670	Alveolus- closed reduction, may include stabilization of teeth
D7680	Facial bones- complicated reduction with fixation and multiple surgical approaches
D7710	Maxilla- open reduction
D7730	Mandible- open reduction
D7740	Mandible- closed reduction
D7750	Malar and/or zygomatic arch-open reduction
D7770	Alveolus- open reduction stabilization of teeth
D7820	Closed reduction of dislocation
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture- up to 5 cm
D7912	Complicated suture- greater than 5 cm
D7980	Sialolithotomy
D8010	Limited orthodontic treatment of the primary dentition
D8020	Limited orthodontic treatment of the transitional dentition
D8030	Limited orthodontic treatment of the adolescent dentition
D8040	Limited orthodontic treatment of the adult dentition
D8050	Interceptive orthodontic treatment of the primary dentition
D8060	Interceptive orthodontic treatment of the transitional dentition
D8070	Comprehensive orthodontic treatment of the transitional dentition
D8080	Comprehensive orthodontic treatment of the adolescent dentition
D8090	Comprehensive orthodontic treatment of the adult dentition
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D9221	Deep sedation/general anesthesia- each additional 15 minutes
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	Intravenous conscious sedation/analgesia-first 30 minutes
D9242	Intravenous conscious sedation/analgesia-each additional 15 minutes
D9920	Behavior management, by report