



American Association of Oral and Maxillofacial Surgeons
Coding for Oral Implants



2009

I. INTRODUCTION

This is one in a series of AAOMS coding papers designed to provide information on coding claims for oral and maxillofacial surgery (OMS). This paper discusses coding for oral implants. Although reconstruction of the jaws utilizing dental implants has enjoyed a rapid increase in both popularity and predictability over the past several years, third party reimbursement has remained somewhat inconsistent. It is important to clearly communicate to the carrier that the primary purpose of the implant procedure is to correct defective structures in order to restore function to the compromised patient. There are a variety of diagnostic codes available which help to “paint the clinical picture” for the third party. In choosing among available codes, remember to formulate an accurate appraisal that is based on the patient’s complaints, as well as the objective clinical and radiographic findings.

I. ICD-9-CM DIAGNOSTIC CODES

Available ICD-9-CM diagnostic codes, which may be appropriate for use in implant reconstruction cases, are as follows:

- 350.8 Other specified trigeminal nerve disorders (Neuralgia secondary to bony dehiscence of inferior alveolar nerve)

- 478.1 Other diseases of nasal cavity and sinuses
 - 478.11 Nasal mucositis (ulcerative)
 - 478.19 Other diseases of nasal cavity and sinuses (abscess, necrosis, ulcer of nose, (septum), cyst or mucocele of sinus (nasal), Rhinolith (Pneumatization of maxillary sinuses))

- 520.0 Anodontia-absence of teeth (complete, congenital, partial), hypodontia, oligodontia

- 525.0 Exfoliation of teeth due to systemic causes

- 525.1 Loss of teeth due to trauma, extraction or periodontal disease
 - 525.10 Acquired absence of teeth, unspecified
 - 525.11 Loss of teeth due to trauma
 - 525.12 Loss of teeth due to periodontal disease
 - 525.13 Loss of teeth due to caries
 - 525.19 Other loss of teeth

- 525.2 Atrophy of edentulous alveolar ridge
 - 525.20 Unspecified atrophy of edentulous alveolar ridge
 - 525.21 Minimal atrophy of the mandible
 - 525.22 Moderate atrophy of the mandible

- 525.23 Severe atrophy of the mandible
- 525.24 Minimal atrophy of the maxilla
- 525.25 Moderate atrophy of the maxilla
- 525.26 Severe atrophy of the maxilla

- 525.4 Complete edentulism
 - 525.40 Complete edentulism, unspecified
 - 525.41 Complete edentulism, class I
 - 525.42 Complete edentulism, class II
 - 525.43 Complete edentulism, class III
 - 525.44 Complete edentulism, class IV

- 525.5 Partial edentulism
 - 525.50 Partial edentulism, unspecified
 - 525.51 Complete edentulism, class I
 - 525.52 Complete edentulism, class II
 - 525.53 Complete edentulism, class III
 - 525.54 Complete edentulism, class IV

- 525.7 Endosseous dental implant failure
 - 525.71 Osseointegration failure of dental implant
 - 525.72 Post-osseointegration biological failure of dental implant
 - 525.73 Post-osseointegration mechanical failure of dental implant
 - 525.79 Other endosseous dental implant failure

- 528.0 Stomatitis-ulcerative, non-specific, vesicular stomatitis (secondary to ill-fitting denture)
 - 528.00 Stomatitis and mucositis (ulcerative)
 - 528.01 Mucositis (ulcerative) due to antineoplastic therapy
 - 528.02 Mucositis (ulcerative) due to other drugs
 - 528.09 Other stomatitis and mucositis (ulcerative)

- 733.0 Osteoporosis
 - 733.02 Idiopathic osteoporosis
 - 733.03 Disuse osteoporosis

II. CPT-4 PROCEDURAL CODES

The CPT procedural codes for use in implant reconstruction cases are relatively straightforward in terms of the primary procedure and include the following:

- 21244 Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
- 21245 Reconstruction of mandible or maxilla, subperiosteal implant; partial
- 21246 Reconstruction of mandible or maxilla, subperiosteal implant; complete

21248 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial

21249 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete

Some of the CPT codes that may be utilized for the more common concurrent procedures include:

21208 Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)

21210 Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
"sinus lift"

21215 Graft, bone; mandible (includes obtaining graft)

Note: In utilizing freeze-dried synthetic bone materials without surgical bone graft harvesting, the modifier "-52" should be added to codes 21210 and 21215 with a corresponding appropriate reduction in the fee.

The material cost of the freeze-dried or synthetic bone, if supplied by the surgeon, may be indicated by utilizing the CPT code 99070 (supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided))

IV. REPORTING THE REMOVAL OF IMPLANTS

Utilize CPT codes 20670 (removal of implant; superficial) or 20680 (removal of implant; deep) to code the removal of implants.

ICD-9-CM diagnostic codes used with implant failure are included within the code range 525.71 - 525.79 (see above).

V. SAMPLE CASE OF CODING FOR IMPLANTS-MEDICAL

A 61-year-old female patient who has been edentulous for 30 years is seen for complaint of pain and sores from a poor-fitting denture. The treatment plan includes reconstruction of the mandible with hydroxylapatite in the posterior regions and the implantation of two dental implant cylinders in the exterior to allow a bar/clip attachment. How would these procedures be submitted to the patient's medical carrier?

ICD-9-CM Diagnostic Codes:

1. 525.20 Atrophy of edentulous alveolar ridge
2. 528.00 Stomatitis-ulcerative, nos vesicular stomatitis

- 3. 350.8 Other specified trigeminal nerve disorders (may be appropriate if the inferior alveolar is dehiscing)
- 4. 733.02 Idiopathic osteoporosis (may be appropriate if osteoporosis is a complicating factor)

CPT Procedural Codes:

- 21248 Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
- 21215-52 Graft; bone, mandible (using synthetic bone)
- 99070 Hydroxylapatite bone graft material ____ grams at ____ per gram

VI. CODING FOR IMPLANTS FOR A DENTAL CARRIER

When filing for implants and related services on a dental claim form, ADA CDT 2007/2008 codes (Current Dental Terminology) should be used. CDT 2007/2008 codes for implants are:

- D6010 surgical placement of implant body; endosteal (endosseous) implant (includes 2nd stage surgery and healing cap)
- D6040 surgical placement; eosteal implant (subperiosteal)
- D6050 surgical placement; transosteal implant
- D6055 dental implant supported connecting bar
- D6080 implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6090 repair implant supported prosthesis, by report
- D6100 implant removal, by report
- D6199 unspecified implant procedure, by report

Possible CDT 2009/2010 codes for synthetic grafts to the mandible and maxilla are:

- D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla- autogenous or non-autogenous, by report
(use this code for ridge augmentation or reconstruction to increase the alveolar ridge height, width and/or volume, includes obtaining autograft and/or allograft material)

- D7951 sinus augmentation with bone or bone substitutes
(augmentation of the sinus cavity to increase the alveolar height, includes obtaining the bone and/or bone substitutes)

- D7953 bone replacement graft for ridge preservation - per site
(osseous autograft, allograft, or non- osseous graft is placed in an extraction site at the time of tooth extraction to preserve the alveolar ridge integrity)

Note: The latest edition of CDT went into effect January 2009 and is updated every two years. In order to ensure correct and proper coding, it is absolutely mandatory that every office practice use the most updated coding books. Additional codes relevant to your practice may be found in the CDT 2009/2010; please refer to it.

Note: This paper should not be utilized as the sole reference in coding. Both diagnosis and treatment codes change frequently, and insurance carriers may differ in their interpretations of the codes.

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Revised March 2009