I. INTRODUCTION
Recent coding changes and the dynamically changing health care delivery system demand concise and accurate coding to ensure fair and reasonable reimbursement from third parties. As managed care networks gain greater acceptance and market penetration, use of medical ICD-9-CM, and CPT coding will become increasingly important in this traditionally “dental” area. The following outline is presented to assist in appropriate coding for dentoalveolar surgical procedures.

REQUIRED CODING MATERIALS
Before attempting to code any claims for services, it is necessary to have a current copy of the American Medical Association CPT (Current Procedural Terminology), the two-volume set of ICD-9-CM and the American Dental Association CDT 2013 (Current Dental Terminology). Volumes 1 and 2 of the ICD-9-CM cover diagnostic coding which is mandatory in filing claims with Medicare and other medical third party payers. Volume 1 represents a tabular listing of conditions, diseases, and symptoms; while volume 2 is the alphabetical listing. Volume 3 of the ICD-9-CM is only for hospitals, and is not necessary for the OMS office.

CPT, CDT and ICD-9-CM are revised annually. Beginning with CDT 2013, the CDT coding manual will be updated annually just as the CPT and ICD-9-CM manuals. The new edition of CPT becomes available in mid-November for the following year. ICD-9-CM has previously been revised twice a year, in April and October. However, with ICD-10-CM implementation approaching, the government has placed a freeze on ICD-9-CM changes. It is unclear at this time how often ICD-10-CM will be updated once it takes effect. Thus, reporting a current procedure or diagnosis using a previous year’s edition may be inaccurate and adversely affect reimbursement.

II. ICD-9-CM DIAGNOSIS CODES
Available ICD-9-CM diagnosis codes that may be appropriate for use in dentoalveolar surgical cases are codes in the range of:

- 520 Disorders of tooth development
- 521 Diseases of hard tissues of teeth
- 522 Diseases of pulp and periapical tissues
- 523 Gingival and periodontal diseases
- 524 Dentofacial Anomalies, including malocclusion
- 525 Other diseases and conditions of the teeth and supporting structures
- 526 Diseases of Jaw
- 528 Diseases of the oral soft tissues, excluding lesions specific for gingiva and tongue

MISCELLANEOUS
- 750.0 Tongue Tie
  Ankyloglossia
- 784.0 Headache
  Facial/head pain
- 873.63 Tooth (broken), (fractured) (due to trauma)
- 873.73 Tooth (broken), (fractured) (due to trauma)
- 990 Effects of radiation, unspecified

Note: Appropriate and correct diagnostic coding requires use of both the index describing a condition and the tabular list for confirmation of the specific condition.

III. CPT PROCEDURE CODING
The CPT procedural codes have rather limited application for routine dentoalveolar procedures as indicated below. Many of the codes can be found in the code ranges of:

- 21031 Excision of torus mandibularis
- 21032 Excision of maxillary torus palatinus
40800-40801 Drainage of abscess, cyst, hematoma, vestibule of mouth
40804-40805 Removal of embedded foreign body, vestibule of mouth
40806 Incision of labial frenum (frenotomy)
40818 Excision of mucosa of vestibule of mouth as donor graft
40819 Excision of frenum, labial or buccal (fre-nunection, frenulectomy, frenectomy)
40840-40845 Vestibuloplasty; anterior
40899 Unlisted procedure, vestibule of mouth
41000-41010 Intraoral incision and drainage of abscess, cyst
41015-41018 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth
41115 Excision of lingual frenum (frenectomy)
41520 Frenoplasty (surgical revision of frenum, eg. with Z-plasty)
41530 Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41599 Unlisted procedure, tongue, floor of mouth
41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805-06 Removal of embedded foreign body from dentoalveolar structures
41820 Gingivectomy, excision gingiva, each quadrant
41821 Operculectomy, excision pericoronal tissues
41822 Excision of fibrous tuberosities, dentoalveolar structures
41823 Excision of osseous tuberosities, dentoalveolar structures
41825-27 Excision of lesion or tumor (except listed above), dentoalveolar structures
41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830 Alveolectomy, including curettage of osteitis or sequestrectomy
41850 Destruction of lesion (except excision), dentoalveolar structures

41870 Periodontal mucosal grafting
41872 Gingivoplasty, each quadrant (specify)
41874 Alveoloplasty, each quadrant (specify)
41899 Unlisted procedure, dentoalveolar structures (removal of teeth)

Most of the dentoalveolar CPT codes are considered CCI comprehensive codes. This means that all associated parts of the procedure are all-inclusive and should not be billed separately. For example, local anesthesia is inclusive of the procedure.

IV. CDT DENTAL PROCEDURAL CODES

Most dentoalveolar surgical procedures and associated office encounters can be identified in the current CDT 2014.

D0100-D0999 1. DIAGNOSTIC

D0486 laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report

D4000-4999 V. PERIODONTICS

Surgical Services (Including Usual Postoperative Care)

D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces, per quadrant
D4211 gingivectomy or gingivoplasty - one or three contiguous teeth or tooth bounded spaces, per quadrant
D4212 gingivectomy or gingivoplasty to allow for restorative procedure, per tooth
D4240 gingival flap procedure, including root planing four or more contiguous teeth contiguous teeth or tooth bounded spaces, per quadrant
D4241 gingival flap procedure, including root planing one to three contiguous teeth or tooth bounded spaces, per quadrant
D4260 osseous surgery (including flap entry and closure) four or more contiguous teeth or tooth bounded spaces, per quadrant
D4261  osseous surgery (including flap entry and closure) one to three contiguous teeth or tooth bounded spaces, per quadrant
D4263  bone replacement graft-first site in quadrant
D4264  bone replacement graft-each additional site in quadrant
D4266  guided tissue regeneration-resorbable barrier, per site
D4267  guided tissue regeneration-non-resorbable barrier, per site

D7000-D7999 X. ORAL and MAXilloFACIAL SURGERY
D7251  coronectomy intentional partial tooth removal
D7295  harvest the bone for use in autogenous grafting procedure
D7210  surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7953  bone replacement graft for ridge preservation
D7960  frenulectomy—also known as frenectomy or frenotomy separate procedure not incidental to another procedure

Alveoloplasty – Surgical Preparation of Ridge for Dentures
D7310  alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
The alveoloplasty is distinct (separate procedure) from extractions and/or surgical extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.
D7311  alveoloplasty in conjunction with extractions – one to two teeth or tooth spaces, per quadrant
D7320  alveoloplasty not in conjunction with extractions four or more teeth or tooth spaces, per quadrant
D7321  alveoloplasty not in conjunction with extractions four or more teeth or tooth spaces, per quadrant

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES
D9215  local anesthesia in conjunction with operative or surgical procedures
D9230  inhalation of nitrous oxide/anxiolysis, analgesia
D9420  hospital or ambulatory surgical center call

Note: This paper should not be used as the sole reference in coding. Both diagnosis and treatment codes change frequently, and insurance carriers may differ in their interpretations of the codes.
Coding and billing decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this paper is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.

This is one in a series of AAOMS papers designed to provide information on coding claims for oral and maxillofacial surgery (OMS). This paper discusses coding for dentoalveolar surgery. This paper is to aid the oral and maxillofacial surgeon with proper diagnosis (ICD-9-CM) and treatment (CPT/CDT) coding for dentoalveolar surgery. When indicated, you will be referred to the appropriate area of the coding books where the principles of coding illustrated in this paper may be applied.
Proper coding provides a uniform language to describe medical, surgical, and dental services. Diagnostic and procedure codes are continually updated or revised. The AAOMS Committee on Health Care and Advocacy has developed these coding guidelines in order to assist the membership to use the coding systems effectively and efficiently.

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