Coding for Incision and Drainage in Conjunction with Extractions

I. INTRODUCTION

Current Dental Terminology (CDT) defines “incision and drainage” as “The procedure of incising a fluctuant mucosal lesion to allow for the release of fluid from the lesion.” The purpose of this paper is to clarify which codes should be used when incision and drainage is performed in conjunction with extraction(s).

REQUIRED CODING MATERIALS

Before coding any incision and drainage, it is necessary to have the most current copy of the ADA’s CDT manual, the AMA’s CPT manual and the two volume set of ICD-9-CM. Volumes 1 and 2 of the ICD-9-CM cover diagnostic coding, which is mandatory in filing claims with medical third party payers and Medicare. Volume 1 represents a tabular listing of conditions, diseases, and symptoms; while volume 2 is the alphabetical listing.

Beginning with CDT 2013, the CDT coding manual will be updated on an annual basis just as the CPT and ICD-9-CM manuals. The latest revision became available in January 2013. The current volume of CDT 2013 supersedes all previous CDT manuals. CDT is a five digit coding set with the numerical digits preceded by a “D.” CDT is the HIPAA accepted code set for reporting dental procedures.

CPT, CDT and ICD-9-CM are revised annually. CPT becomes available in mid-November and is effective January 1st. 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 or lead to unnecessary delays in claims processing.

II. CODING FOR INCISION AND DRAINAGE WITH EXTRCTIONS USING CDT CODES

Under both medical (CPT) and dental (CDT) coding, the use of local anesthesia is considered an inherent component of any surgical procedure, and is not billable separately.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess- intraoral soft tissue</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision and drainage of abscess- intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</td>
</tr>
<tr>
<td>D7520</td>
<td>Incision and drainage of abscess- extraoral soft tissue</td>
</tr>
<tr>
<td>D7521</td>
<td>Incision and drainage of abscess- extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</td>
</tr>
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</table>

These four codes are used when the incision and drainage is a distinct surgical procedure from extraction and/or surgical extractions.

As with any surgical procedure, incision and drainage must be accurately described and documented in the patient’s chart. Failure to document the reason for the incision and drainage and accurately describe the surgical procedure may lead to the claim being disallowed by the third-party payer.

III. CODING FOR INCISION AND DRAINAGE WITH EXTRCTIONS USING CPT CODES

As a general rule, extractions are not covered by medical plans or Medicare. There are ICD-9-CM diagnostic codes that indicate a specific reason for extractions. In the absence of coverage for extractions there will often be coverage for incision and drainage. The following ICD-9-CM codes may be used for incision and drainage in conjunction with extractions.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>522.5</td>
<td>Periapical abscess without sinus</td>
</tr>
<tr>
<td>522.7</td>
<td>Periapical abscess with sinus</td>
</tr>
<tr>
<td>523.3</td>
<td>Acute periodontitis</td>
</tr>
<tr>
<td>523.30</td>
<td>Aggressive periodontitis, unspecified</td>
</tr>
<tr>
<td>523.31</td>
<td>Aggressive periodontitis, localized</td>
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</tbody>
</table>
523.32 Aggressive periodontitis, generalized
523.33 Acute periodontitis
526.4 Diseases of the jaws – Inflammatory conditions (abscess of jaw)
528.3 Diseases of the oral soft tissues – Cellulitis and Abscess (includes Ludwig’s angina)

If one of these ICD-9-CM diagnostic codes applies to the surgical case, and the case will be submitted to a medical carrier, the CPT codes for incision and drainage would be used. If incision and drainage is performed in conjunction with other separately identifiable procedures the modifier -51 is attached. The following are appropriate CPT codes for incision and drainage.

40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801 Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
41000 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41015 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41800 Drainage of abscess, cyst, hematoma from dental- alveolar structures

It is critical that there be documentation of additional work required when these codes are submitted in conjunction with extraction codes. Even in a situation where CDT codes are utilized for the extraction and CPT codes for the incision and drainage there may be denial of a claim if the incision and drainage is not clearly documented as requiring extra work.

However, the presence of a diagnostic code, the incision and drainage codes or any procedure code, does not guarantee payment for these services. It is crucial for the OMS practitioner and his/her staff to understand the intricacies of reimbursement for incision and drainage with extractions by each carrier, managed care organization or Medicare.

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 incision and drainage in conjunction with extractions. This paper is to aid the oral and maxillofacial surgeon with proper diagnosis (ICD-9-CM) and treatment (CPT/CDT) coding for incision and drainage in conjunction with extractions. 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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