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American Association of Oral and Maxillofacial Surgeons

Coding Paper



Coding for Oral Implants

I. INTRODUCTION

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.

II. ICD-9-CM DIAGNOSIS 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
- 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
- 525.2 Atrophy of edentulous alveolar ridge
- 525.4 Complete edentulism
Use additional code to identify cause of edentulism (525.10-525.19)
- 525.5 Partial edentulism
Use additional code to identify cause of edentulism (525.10-525.19)
- 525.7 Endosseous dental implant failure
- 527 Diseases of the salivary glands

528.0 Stomatitis-ulcerative, non-specific, vesicular stomatitis (secondary to ill-fitting denture)

733.0 Osteoporosis

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-4 PROCEDURE CODING

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: When 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).

Platelet Rich Plasma (PRP) when appropriate, is reported with 0232T- injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed. Code 0232T is a category III CPT code, which is a temporary code describing an emerging technology, service and /or procedure that may or may not eventually be converted to a Category I CPT code.

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 2014 codes (Current Dental Terminology) should be used. CDT 2014 codes for implants are:

- D6010 surgical placement of implant body; endosteal implant
- D6011 second stage implant surgery
- D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant
- D6013 surgical placement of mini implant
- D6040 surgical placement; eposteal implant (subperiosteal)
- D6050 surgical placement; transosteal implant
- D6104 bone graft at time of implant placement; placement of a barrier membrane or biological materials to aid in osseous regeneration are reported separately.
- D6051 interim abutment
- 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
- These codes should be used when repairing an implant bony defect:
- D6101 debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure

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- D6102 debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure
- D6103 bone graft for repair of periimplant defect
- D4265 biologic materials to aid in soft and osseous tissue regeneration

These codes do not include flap entry and closure, or when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration.

- D4266 guided tissue regeneration - resorbable barrier, per site
- D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
- D6199 unspecified implant procedure, by report

If a final abutment and temporary crown are placed, use the following codes:

- D6056 prefabricated abutment – includes placement
- D6057 custom abutment – includes placement
- D6051 interim abutment
- D2799 provisional crown (must be used as an interim restoration for at least 6 months duration)
- D2999 unspecified restorative procedure, by report (if reporting an interim restoration of less than 6 months)

Possible CDT 2014 codes for grafts to the mandible and maxilla are:

- D7921 collection and application of autologous blood concentrate product
- 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 via a lateral open approach (The augmentation of the sinus cavity to increase the alveolar height for reconstruction of edentulous portions of the maxilla. The procedure is performed via a lateral open approach. This includes obtaining the bone and/or bone substitutes. Placement of a barrier membrane if used should be reported separately).

D7952 sinus augmentation via a vertical approach (The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone 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)

D7295 Harvest of bone for use in autogenous grafting procedures

D4265 biologic materials to aid in soft and osseous tissue regeneration – does not include surgical entry and closure, wound debridement, or the placement of graft or barrier membranes.

D4266 Guided tissue regeneration – resorbable barrier, per site

D4267 Guided tissue regeneration – resorbable barrier, per site

Note: The latest edition of CDT went into effect January 2014 and is updated annually. To ensure correct and proper coding, it is mandatory that every office practice use the most current coding books. Additional codes relevant to your practice may be found in the CDT 2014; please refer to it.

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.

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