I. INTRODUCTION

Current Dental Terminology (CDT) defines a cyst as a “pathological cavity, usually lined with epithelium, containing fluid or soft matter.” The purpose of this paper is to clarify which codes should be used when a cyst is removed in conjunction with extraction(s).

REQUIRED CODING MATERIALS

Before coding any procedure, 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 to 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 1. 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.

I. CODING FOR CYST REMOVAL WITH EXTRACTIONS 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>D7450</td>
<td>Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm</td>
</tr>
<tr>
<td>D7451</td>
<td>Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm</td>
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<tr>
<td>D7460</td>
<td>Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm</td>
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<tr>
<td>D7461</td>
<td>Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm</td>
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The four codes are used when the cyst removal is a surgical procedure from that is distinct from extraction and/or surgical extractions.

Cyst removal, as any surgical procedure, must be accurately described and documented in the patient’s chart. Failure to document the reason for the cyst removal and accurately describe the surgical procedure may lead to the claim being disallowed by the third party payer as being inherent to the extractions.

Clinical examples of cyst removal with extractions:

1. A 28 year old male presents with impacted tooth #32 with a large radiolucent lesion extending into the ramus of the mandible. Lesion measures 3 cm by 2.5 cm. Tooth #32 is horizontal with displacement posteriorly.

   The removal of the cyst and tooth #32 requires a mucoperiosteal flap with superior extension up the ramus. Bone removal is necessary to access tooth #32 and the cystic mass. Tooth #32 requires bone removal to develop exposure of the tooth and is sectioned. The cyst removal requires bone removal to provide access to the boundaries of the mass in order to be removed and submitted for pathology evaluation.
2. A 45 year old female presents with a history of being hit in the mouth approximately 5 years previously. Her chief complaint is pain and swelling involving teeth #23, 24, 25. X-ray of the area shows a large radiolucency measuring approximately 2.5 cm by 2 cm. Teeth #23, 24, 25 are found with severe bone loss and mobility.

A full thickness mucoperiosteal flap is developed from tooth #22 to tooth #25; bone is removed exposing a cystic mass. Teeth #23, 24, 25 are removed with forceps technique. The cystic mass is curetted and removed. For removal of this mass there has to be access developed to adequately remove the lesion.

It is recommended that the submission of this claim to third party payers be delayed until a pathology report is received confirming the diagnosis.

III. CODING FOR CYST REMOVAL WITH EXTRACTIONS USING CPT CODES

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

522.8 Radicular Cyst
   Cyst:
      apical (periodontal)
      periapical
      radiculodontal
      residual radicular
   EXCLUDES lateral developmental or lateral periodontal cyst (526.0)

526.0 Developmental Odontogenic Cysts
   Cyst:
      dentigerous
      eruption
      follicular
      lateral developmental
      lateral periodontal
      primordial
      Keratocyst
   EXCLUDES radicular cyst (522.8)

526.1 Fissural Cysts of Jaw
   Cyst:
      globulomaxillary
      incisor canal
      median anterior maxillary
      median palatine
      nasopalatine
      palatine of papilla
   EXCLUDES cysts of oral soft tissues (528.4)

526.2 Other cyst of jaws (non-odontogenic cyst where extraction of an associated tooth might be necessary
   Cyst of jaw
   NOS
   aneurysmal
   hemorrhagic
   traumatic

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 benign cyst removal would be used. If cyst removal is performed in conjunction with other separately identifiable procedures the modifier -51 is attached.

21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation or curettage
21040 Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047 requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
41825 Excision of lesion or tumor (except listed above), Dentoalveolar structures; without repair
41826 with simple repair
41827 with complex repair
It is critical that there be documentation of additional work when these codes are submitted in conjunction with extraction codes. Even in a situation where CDT codes are used for the extraction and CPT codes for the cyst removal, there may be denial of a claim if the cyst removal is not clearly documented as requiring extra work.

However, the presence of a diagnostic code, the cyst removal codes or any procedure code does not guarantee payment for these services. It is crucial the OMS and his/her staff understand the intricacies of reimbursement for cyst removal 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.