

CSI FINDING THE DIAGNOSTIC CODES

“Charles Mayo noted, over 90 years ago, that people who keep their teeth live an average of ten years longer than people who do not. The first step in your investigation was established by Charles Mayo! What do you see, what are the patients telling you,

Christine Taxin

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Becoming a CSI Agent



As new Recruits (What tools will you use to further your examination?) A CSI Agent Would Use Tools!

A Medical Necessity as “Health-Care services or supplies needed to PREVENT, DIAGNOSE, OR TREAT AN ILLNESS, INJURY, CONDITION, DISEASE OR ITS SYMPTOMS AND THAT WILL MEET THE ACCEPTED STANDARDS OF MEDICINE?”

First: Lets make a list of tools your office already has:

1. X-Rays Oare you documenting what the doctor recommends and what the x-rays tell you?)
2. Risk Assessment (There are forms and or a program on line called Pre-Visor) Risk is one of the most important parts of a documentation. (Low, Moderate or High) That code explains how sick the patient is!
3. Oral Cancer Screening is a must. Since our specialty is the Oral Cavity, Head and Neck who should be taking these test? We must educate the patients that there are ways to prevent dealing with Oral Cancer and the risks of Vaping, Smoking and other issues that can promote this disease.
4. Updated Medical History is a Priority! How can we help our patients that have systemic issues that are infections alrady become involved in how we can help their bodies stay healthy. The oral cavity is the gateway to the body, everything in our mouths spreads to our the rest of our body systems.
5. CBCT for further diagnostic that must be ordered, pre-authorized and documented as the results of the scan that includes all parts of a full CBCT. But imagine not having some of the information that many of our colleagues have found.
6. Thus use of finger prick blood glucose
7. The oral saliva test in office to measue the PH level.
8. And of course the best products that we can use and educate our patients with for at home. Yes at home needs to become a part of their lives and we need to help follow up so it can become a habit that helps them stay healthy.

CBCT for further diagnostic that must be ordered, pre-authorized and documented as the results of the scan that includes all parts of a full CBCT. But imagine not having some of the information that many of our colleagues have found.

It can be billed to medical with the proper diagnostic codes attached. To Pre-authorize using a sign or symptom code, but to get paid you need to take a diagnostic code from the report that is written up on what each finding is.

Who can bill medical?

1. Section: 2706 Nondiscrimination in health care the federal health care law states the following: "(A) Providers are a group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that providers license or certification under applicable State Law" Any licensed professional, DDS, DMD, or DO can perform any medical procedure that falls under the scope of their license state and federal guidelines apply. Today many GP providers are taking updated courses that provide them with a specialty status within the organization that they are part of.

Example: a general dentist who performs a bone graft, he has taken courses to provide this service and is billing the same procedure codes as any medical provider that may provide a bone graft. (Plastic Surgeon or an oral surgeon)

2. 2590.715-2719A allows all providers the ability to perform emergency services in the following manner.

A. without the need for any prior authorization, even if the services are provided on an out of network basis. The provider does not have to be in the network.

B. Services provided out-of-network will be covered if provided in-network according to the cost-sharing guidelines for the insurance plan.

3. 3044.4 - Definition of Physician/Practitioner. For purposes of this provision, the term "physician" is limited to Doctor of Medicine; doctors of osteopathy; Doctor of Dental Surgery of dental surgery or dental medicine.

Doctors of podiatric medicine; and Doctor of Optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed. No other physicians may opt-out. Also, for a purpose of this provision, the term "practitioner" means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements: physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse.

ICD-10-CM Diagnosis Codes

+ section notes

A00.0 - B99.9	1. Certain infectious and parasitic diseases (A00-B99)
C00.0 - D49.9	2. Neoplasms (C00-D49)
D50.0 - D89.9	3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
E00.0 - E89.89	4. Endocrine, nutritional and metabolic diseases (E00-E89)
F01.50 - F99	5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
G00.0 - G99.8	6. Diseases of the nervous system (G00-G99)
H00.011 - H59.89	7. Diseases of the eye and adnexa (H00-H59)
H60.00 - H95.89	8. Diseases of the ear and mastoid process (H60-H95)
I00 - I99.9	9. Diseases of the circulatory system (I00-I99)
J00 - J99	10. Diseases of the respiratory system (J00-J99)
K00.0 - K95.89	11. Diseases of the digestive system (K00-K95)
L00 - L99	12. Diseases of the skin and subcutaneous tissue (L00-L99)
M00.00 - M99.9	13. Diseases of the musculoskeletal system and connective tissue (M00-M99)
N00.0 - N99.89	14. Diseases of the genitourinary system (N00-N99)
O00.00 - O9A.53	15. Pregnancy, childbirth and the puerperium (O00-O9A)
P00.0 - P96.9	16. Certain conditions originating in the perinatal period (P00-P96)
Q00.0 - Q99.9	17. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
R00.0 - R99	18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
S00.00XA - T88.9XXS	19. Injury, poisoning and certain other consequences of external causes (S00-T88)
V00.01XA - Y99.9	20. External causes of morbidity (V00-Y99)
Z00.00 - Z99.89	21. Factors influencing health status and contact with health services (Z00-Z99)
U07.0 - U09.9	22. Codes for special purposes (U00-U85)
A04.7 - Z98.89	-/+ Deleted, Replaced, Expanded Codes

Becoming a CSI Agent

Appendix 2: CDT Code to ICD (Diagnosis) Code Crosswalk

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D0707	intraoral – periapical radiographic image – image capture only
D0708	intraoral – bitewing radiographic image – image capture only
CDT Code(s)	
D0709	intraoral – comprehensive series of radiographic images – image capture only
D0999	unspecified diagnostic procedure, by report
Suggested ICD-10-CM Diagnosis Code(s)	
Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
Z13.84	Encounter screening for dental disorders
Z86.16	Personal History of CoVid-19
U07.1	COVID-19
CDT Code(s)	
D1110	prophylaxis – adult
D1120	prophylaxis – child
Suggested ICD-10-CM Diagnosis Code(s)	
E11.9	Type 2 diabetes mellitus without complications
K03.6	Deposits [accretions] on teeth
K05.1	Chronic gingivitis
K05.10	Chronic gingivitis, plaque induced

You can email me with any questions and for the full link to these cross codes.

New Coding Rules have also made a big Change.

Starting in 2024, Medicaid, Medicare, and Veterans Affairs (VA) will require dental services to use ICD-10 codes for billing and documentation¹². This change aims to standardize the coding process, improve accuracy in billing, and ensure better tracking of dental health services.

The updated ICD-10 codes will be effective from October 1, 2024, through September 30, 2025³⁴. This means that all dental procedures covered under these programs will need to be coded using the appropriate ICD-10 codes during this period.

All of the plans include the Medicare Advantage plans that provide dental care. Starting January 1, 2025, you will need to include an ICD-10 code on the dental claim form (837D). This is particularly important to know since payments will not be sent without the proper diagnostic codes.

Choosing ICD-10-CM Codes

To choose an ICD-10-CM code, follow these steps:

- **Step 1:** Look up the term in the Alphabetic Index
- **Step 2:** Verify the code in the Tabular List

The Alphabetic Index helps you decide which section to refer to in the Tabular List. It doesn't always give the full code.

CODING DENTAL CLAIMS

The Code on Dental Procedures and Nomenclature (CDT), developed and maintained by the ADA, represents the standard vocabulary for dental procedure coding. The codes are similar to CPT codes and were designed to “achieve uniformity, consistency, and specificity in accurately documenting dental treatment.”

Like CPT, CDT is listed as a **HIPAA standard code** set and is required for **HIPAA-compliant** electronic claims submission.⁷ While CDT codes describing what dental services have been provided are commonplace, codes indicating dental diagnoses are not frequently used today.

Several newer CDT codes include an indication of diagnosis within them. For example, the 2017 version of CDT includes code D4346, “scaling in the presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation. While these additions are useful, they are not a substitute for a comprehensive diagnosis coding system. ICD codes include a comprehensive set of dental as well as medical diagnoses.

However, most of these programs collect diagnoses on dental claims for the purpose of validating that the recipient falls into a group receiving enhanced benefits (e.g., pregnant, or disabled individuals)⁹ or has a chronic condition (e.g., diabetes) that requires services such as dental cleanings.

DENTAL CODING: THE POSSIBILITIES

More consistent, widespread coding of dental diagnoses at the point of care could transform the way dental care is delivered, dental claims are paid, and dental disease is managed and mitigated. Across the industry, leading-edge dental organizations are already promoting the capture and use of diagnosis codes to improve dental care. Diagnoses are captured in the electronic dental record and are used to create a risk-based treatment plan to control a patient's tooth decay and reduce the risk of future disease. In addition to analyzing disease at the patient level, the information also allows for population-level analyses; clinical outcomes and disease prevalence can also be tracked and monitored, that will help patients start earlier and live longer.

What is oral medicine? Oral medicine is a dental specialty that focuses on the diagnosis and treatment of mouth diseases, facial pain, and temporomandibular joint disorders (TMDs). An oral medicine specialist combines dentistry and medicine to treat mouth diseases and may also advise a general dentist in the treatment of medically complex patients.

As an oral Specialist you are a provider who can help save lives, with all the information you gather. There are so many patients in need and changes and having patients change their mind about what we do can change the entire health industry. We can be the first line of defense.

There are many major changes that are there to help us make this change.

1. The medical world is training their doctors to refer patients to our practices.

“Medical Clearance for Common Dental Procedures”

Medical Clearance for Common Dental Procedures | AAFP Log in and visit this part of the program to educate what they are looking at. Oral and Dental Conditions

Some of the biggest topics they are learning about are:

Screening and Preventive interventions for Oral Health in Adults and Children

Screening for Children under the average age of one year old.

Military Veterans

Fluoride Varnish for preventing Dental Caries

Oral Lesions

Oral Manifestations of Systemic Disease

Oral Health During Pregnancy.

Dental Infections

Smell and Taste Disorders

Dental Quick Reference ICD-10

All diagnostic codes must come from a Medical Doctor then Oral Physician since they are the only providers within their state to diagnosis patients.

[A00-B99 Certain infectious and parasitic diseases](#)

- [A00-B99 Introduction](#)
- [A15 Tuberculosis](#)
- [A21 Tularemia](#)
- [A22 Anthrax](#)
- [A23 Brucellosis](#)
- [A24 Melioidosis, Glanders](#)
- [A28.1 Cat-Scratch Disease](#)
- [A30 Leprosy](#)
- [A31 Mycobacterial infections](#)
- [A35 Tetanus](#)
- [A36 Diphtheria](#)
- [A37 Whooping cough, Pertussis](#)
- [A38 Scarlet fever, Scarletina](#)
- [A39 Meningococcal infection](#)
- [A41.9 Odontogenic bacteremia](#)
- [A42 Actinomycosis](#)
- [A43 Nocardiosis](#)
- [A50 Syphilis, Congenital syphilis](#)
- [A54 Gonococcal infection, Gonorrhea](#)
- [A55 Chlamydia](#)
- [A58 Granuloma inguinale, Donovanosis](#)
- [A63.0 Oral condyloma acuminatum](#)
- [A66 Yaws, Endemic treponematoses](#)
- [A69 Noma](#)
- [A69 Spirochaetal infections, ANUG](#)
- [A69.1 Acute necrotizing ulcerative gingivitis \(ANUG\)](#)
- [A75 Typhoid fever](#)
- [A77 Tick-borne rickettsiosis, Spotted fever](#)
- [A81.0, F02.1 Variant Creutzfeldt-Jacob disease \(vCJD\)](#)
- [A90 - A99 Hemorrhagic fevers](#)
- [A93 Arthropod-borne fevers](#)
- [A98.4 Ebola virus disease](#)
- [B00 Herpes simplex infection type 1](#)
- [B00.2 Primary herpesviral gingivostomatitis](#)
- [B01 Chickenpox \(Varicella\)](#)

- B02 Herpes zoster
- B02.2 Postherpetic trigeminal neuralgia (PHN)
- B02.21 Postherpetic neuralgia, Ramsay Hunt syndrome
- B03 Smallpox
- B04 Monkeypox
- B05.8 Measles
- B06.8 Rubella
- B07 Focal epithelial hyperplasia
- B08.1 Molluscum contagiosum
- B08.3 Erythema infectiosum
- B08.4 Enteroviral vesicular stomatitis with exanthem
- B08.5 Herpangina
- B15 Hepatitis A
- B15.0, B16.0–18.0, B17.1, B17.2 Blood-borne virus infections
- B16 Hepatitis B
- B17 Hepatitis C
- B17.2 Hepatitis E
- B20 HIV, AIDS
- B24 HIV and hepatitis infection
- B25 Middle East respiratory syndrome (MERS)
- B26.9 Mumps
- B27.0 Infectious mononucleosis
- B27.1 Cytomegaloviral mononucleosis
- B37, B37.0 Candidiasis (Thrush, Fungal infections, Yeast infections)
- B97.7 Papilloma

C00-D48 Neoplasms

- C00-D48 Introduction
- C06.9, C07, C08 Malignant salivary gland tumors
- C14 Verrucous carcinoma
- C18 Carcinoma of the colon (Colon carcinoma)
- C25 Pancreatic cancer
- C34 Lung cancer
- C40 - C41 Bone tumors
- C40 - C41 Chondroblastoma
- C40 - C41 Osteosarcoma
- C41.0 - C41.1 Sarcomas of the oral and maxillofacial area
- C41.0 Chordoma
- C41.0, C41.1 Ameloblastic fibrosarcoma
- C41.04, C41.14 Chondrosarcoma
- C41.9 Ewing sarcoma
- C41.9 Metastasis found in the jaws

- C44 Facial skin cancers
- C44 Squamous cell carcinoma, SCC
- C47 Malignant neurilemmoma
- C49 Fibrosarcoma
- C49.9 Hemangiosarcoma
- C72.4 Neurilemmoma
- C81-C96 Lymphomas
- C82-C83 non-Hodgkin's lymphomas
- C83.7 Burkitt lymphoma
- C88.0 Waldenstrom macroglobulinemia
- C90 Multiple myeloma
- C90.3 Solitary plasmacytoma
- C91.1 Chronic lymphocytic leukemia, Chronic lymphatic leukemia
- C92.1 Chronic myeloid leukemia, Chronic myelocytic leukemia (CML)
- C95.0 Acute leukemia
- C96.5 Langerhans cell histiocytosis
- D0.01 Lingual thyroid
- D10.1 Ectomesenchyme chondromyxoid tumor
- D10.3 Fibroma
- D11 Pleomorphic adenoma
- D11 Warthin's tumor
- D12.6 Gardner syndrome
- D16 Amyloplastic fibroleiomyoma
- D16 Osteoma
- D16.4 Compound odontoma
- D16.4, D16.5 Ameloblastoma
- D16.4, D16.5 Calcifying epithelial odontogenic tumor, Pindborg tumor
- D16.4, D16.5 Calcifying odontogenic cyst, Gorlin cyst
- D16.4, D16.5 Cemento-osseous dysplasia
- D16.4, D16.5 Florid cemento-osseous dysplasia
- D16.4, D16.5 Odontoameloblastoma
- D16.4, D16.5 Odontogenic fibroma
- D16.4, D16.5 Odontogenic myxoma
- D16.4, D16.5 Squamous odontogenic tumor
- D16.41, D16.51 Fused odontoma
- D16.5 Adenomatoid odontogenic tumor
- D16.5 Ameloblastic fibroma
- D16.5 Cemento-ossifying fibroma
- D16.5, D16.4 Odontomas
- D16.50 Enostosis
- D16.9 Osteoblastoma
- D16.9 Osteoid osteoma
- D17 Lipoma

- D18 Cutaneous hemangiomas
- D21 Chondroma
- D21.0 Leiomyoma
- D33 Brain tumors
- D36.1 Neurofibroma
- D45 Polycythemia vera
- D47.3 Thrombocythemia (Essential Hemorrhagic Thrombocythemia)

[D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism](#)

- D50 Iron deficiency anemia
- D50 Oral alterations in anemias
- D50-D64 Anemia
- D50-D89 Introduction
- D50.1 Plummer-Vinson syndrome, Sideropenic dysphagia
- D51.0, D52 Vitamin B 12 deficiency anemia, Megaloblastic anemia
- D57 The sickle cell disorders
- D59 Hemolytic anemia
- D60 Aplastic anemia
- D65 Disseminated intravascular coagulation, DIC
- D66 Hemophilia A
- D67 Hemophilia B
- D68 Hemorrhagic diseases
- D68.0 von Willebrand's disease
- D68.1 Hemophilia C, Rosenthal syndrome
- D69.1 Platelet disorders
- D69.6 Transient neonatal thrombocytopenia
- D69.6, P61.0 Thrombocytopenia
- D70 Leukopenia
- D70 Neutropenias
- D70.0, D70.1, D70.2, D70.9 Agranulocytosis
- D73 Asplenic patients
- D75.89 Hyperviscosity syndrome
- D76.0 Langerhans cell histiocytosis (solitary and multifocal eosinophilic granuloma)
- D76.0 Solitary and multifocal eosinophilic granuloma
- D76.00 Eosinophilic granuloma
- D82.1 Deletion syndrome
- D86 Sarcoidosis
- D86.89 Heerfordt syndrome

[E00-E90 Endocrine, nutritional, and metabolic diseases](#)

The top two codes used in Dental are:

E13.8 Other diabetes mellitus with unspecified complications (I use this to pre-authorize so I can contact doctor for specific diagnosis code being use. Then use the following: E13.630 Other specified diabetes mellitus with periodontal disease.

This code has included and how to use an additional code to identify control using:

Insulin (Z79.4)

Oral antidiabetic drug's (Z79.84)

Oral hypoglycemic drugs (Z79.84)

Have a list of drugs from medical provider.

-
- E02 Hypothyroidism, Iodine-deficiency hypothyroidism
 - E03 Hypothyroidism
 - E04 Goiter
 - E05 Hyperthyroidism and thyrotoxicosis
 - E05.0 Graves' disease, Thyrotoxicosis with diffuse goiter
 - E10-E14 Diabetes
 - E16 Pancreatic insufficiency
 - E16.8 Zollinger-Ellison syndrome
 - E20 Hypoparathyroidism
 - E20.1 Pseudohypoparathyroidism
 - E21 Brown tumor
 - E21 Hyperparathyroidism
 - E22 Hyperpituitarism
 - E22, E22.8 Anterior pituitary hyperfunction
 - E22.0 Acromegaly
 - E23.0 Hypopituitarism
 - E23.2 Diabetes insipidus (hypofunction of the posterior pituitary)
 - E24 Cushing syndrome
 - E24, E26 Adrenal cortex hyperfunction
 - E25 Adrenogenital syndrome
 - E26 Conn's syndrome
 - E27 Adrenomedullary diseases, C74.0 Pheochromocytoma
 - E27.1 Addison's disease
 - E27.1, E27.3 Adrenal cortex insufficiency, Addison's disease
 - E31.00 APECED (Autoimmune polyendocrinopathy-candidiasis-ectodermal dysplasia)
 - E34.8 Progeria, Hutchinson-Gilford progeria syndrome
 - E40 Kwashiorkor, Marasmus
 - E50 Vitamin A deficiency
 - E51 Thiamine deficiency, Beriberi, Vitamin B1 deficiency
 - E52 Niacin deficiency, Vitamin B3, Pellagra
 - E53.0 Riboflavin deficiency, Vitamin B2 deficiency
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- E54 Vitamin C deficiency, ascorbic acid deficiency, Scurvy
- E55 Vitamin D deficiency, Rickets
- E56.1 Deficiency of vitamin K
- E58 Calcium deficiency, Hypocalcemia
- E60 Zinc deficiency
- E70.0 Phenylketonuria
- E70.3 Chediak-Higashi syndrome
- E73 Lactose intolerance
- E75 Fabry disease
- E75.21 Gaucher disease, Sphingolipidosis
- E75.22 Niemann-Pick disease
- E76.0 MPS syndromes, Mucopolysaccharidosis, type I, MPS I, Hurler syndrome, Hurler-Scheie syndrome, Scheie syndrome
- E78.0 Hypercholesterolemia
- E79.1 Lesch-Nyhan syndrome
- E80 Porphyria
- E83 Disturbances of the calcium metabolism
- E83.3 Disorders of phosphorus metabolism and phosphatases, Familial hypophosphatemia, Hypophosphatasia
- E84 Cystic fibrosis (fibrocystic disease; mucoviscidosis)
- E85 Amyloid disease, Amyloidosis
- E88 Metabolic syndrome

F00-F99 Mental and behavioral disorders

- F10 Drug abusers
- F10.2 Alcoholism
- F11 Fentanyl
- F11 Heroin
- F12 Cannabis addiction
- F14 Cocaine
- F15 Amphetamine and methamphetamine
- F17.2, T65.2 Snuff
- F20 Schizophrenia
- F30 Manic syndrome
- F31 Bipolar disorder
- F32 Depressions
- F40-48 Neuroses
- F40.2. Dental fobia, Dental fear, Dental anxiety, Odontophobia
- F45.8 Dysphagia
- F45.8 Torticollis
- F45.82 Bruxism
- F50.0 Anorexia nervosa

- F50.2 Bulimia nervosa

 - F80 Aphasia
 - F80.8X Lisp
 - F81.9 Developmental disability, intellectual disabilities
 - F98.5 Stuttering
 - F98.5 Thumb-sucking
-

G00-G99 Diseases of the nervous system

- G00-G99 Introduction
 - G08 Cavernous sinus thrombosis
 - G10, F02.2 Huntington chorea
 - G12.2 Amyotrophic lateral sclerosis (ALS), Motor neuron disease
 - G20 Parkinson's disease
 - G24 Dystonia
 - G30, F00-F03 Dementia and Alzheimer's disease
 - G35 Multiple sclerosis
 - G40-G41 Epilepsy
 - G43 Migraine
 - G44.0 Horton's syndrome, cluster-headache
 - G44.2 Tension neck headache
 - G44.4 Drug-induced headache
 - G47.3 Sleep apnea
 - G50 Neuropathic pain in the trigeminal nerve area
 - G50.0 Trigeminal neuralgia
 - G50.1 Idiopathic facial pain, atypical facial pain
 - G50.8, L74.52 Frey syndrome, Gustatory sweating
 - G51 Facial nerve disorders
 - G51.0 Bell's palsy
 - G51.2 Melkersson-Rosenthal syndrome, Hereditary angioedema
 - G51.3 Clonic hemifacial spasm
 - G51.4 Facial myokymia
 - G51.8 Parry-Romberg syndrome
 - G52 Disorders of cranial nerves
 - G52.1 Glossopharyngeal neuralgia
 - G53.0 Postherpetic neuralgia
 - G60-G64 Polyneuropathy
 - G70.0 Myasthenia gravis
 - G71 Psychogenic headache
 - G71.1 Myotonic disorders, Duchenne dystrophy, Becker dystrophy
 - G80 Cerebral palsy, CP
 - G90 Disorders of the autonomic nervous system
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This is the biggest place for most of our dental codes. The medical diagnostic must come from a medical provider. You can also use congenital or Muscular if for TMD and Sleep if you are providing sleep.

K00-K93 Diseases of the digestive system

- K00.0 Anodontia
- K00.1 Supernumerary teeth, hyperdontia, polyodontia
- K00.20 Macrodonia
- K00.21 Microdonia
- K00.22 Concrecence
- K00.23 Fusion of teeth
- K00.23 Gerniation of teeth
- K00.24 Dens evaginated (occlusal tuberculum, dental evagination)
- K00.25 Dens invaginated
- K00.26 Premolarization
- K00.27 Abnormal tubercula and enamel pearls (enameloma)
- K00.28 Taurodontism
- K00.3 Fluorosis
- K00.4 Disturbances in tooth formation
- K00.40 Enamel hypoplasia
- K00.44 Dilaceration of tooth
- K00.45 Odontodysplasia/Regional odontodysplasia
- K00.46 Turner's tooth, Turner's hypoplasia
- K00.5 Amelogenesis imperfecta
- K00.5 Dentinal dysplasia
- K00.51 Dentinogenesis imperfecta
- K00.52 Odontogenesis imperfecta
- K00.58 Dentinal dysplasia
- K00.59 Hereditary disturbances in tooth structure, not elsewhere classified
- K00.6 Disturbances in tooth eruption
- K00.60 Natal teeth
- K00.61 Neonatal teeth
- K00.62 Premature eruption (dentia praecox)
- K00.63 Retained (persistent) primary (deciduous) teeth
- K00.64 Late eruption
- K00.7 Teething syndrome
- K00.8 Color changes during tooth formation, intrinsic staining of teeth
- K00.83 Color changes during tooth formation due to tetracyclines
- K01, K01.0 Embedded and impacted teeth
- K01.0, K01.1 Retained upper canine tooth
- K01.1 Impacted teeth
- K01.10 Impacted maxillary incisor

- K01.8 Cementoblastoma
- K02, K02.9 Dental caries, dentine caries
- K02.0 Caries limited to enamel - White spot lesion (initial caries)
- K02.3 Arrested caries
- K02.5 Dental caries on pit and fissure surface
- K02.6 Dental caries on smooth surface
- K02.7 Root caries
- K03 Internal progressive inflammatory resorption
- K03.0, K03.00, K03.01 Excessive attrition of teeth, Occlusal, Approximal
- K03.1 Abrasion of teeth
- K03.13 Dental ritual mutilations and decorations
- K03.2 Erosion
- K03.2 Tooth erosion, K03.21 Tooth erosions due to persistent regurgitating or vomiting
- K03.2, K03.3 Occupational dental wear
- K03.3 External root resorption
- K03.30 External cervical resorption
- K03.30 External progressive inflammatory root resorption
- K03.30 External replacement resorption
- K03.31 Internal resorption of teeth
- K03.4 Hypercementosis
- K03.5 Ankylosis
- K03.5 Internal ankylosis of the teeth
- K03.5 Tooth ankylosis
- K03.6 Dental biofilm, dental plaque, deposits (accretions) on teeth
- K03.6 Deposits (accretions) on teeth
- K03.60 Pigmented film - Black - Green - Orange
- K03.61 Deposits (accretions) on teeth due to tobacco habit
- K03.61 Staining due to tobacco habit
- K03.62 Deposits (accretions) on teeth due to betel-chewing habit
- K03.62 Staining due to betel-chewing habit
- K03.63 Other gross soft deposits - Materia alba/dental plaque/dental biofilm
- K03.64 Supragingival calculus, K03.65 Subgingival calculus
- K03.72 Posteruptive colour changes of dental hard tissues due to chewing habit (Betel, Tobacco)
- K04.0 Pulpitis irreversible
- K04.0 Pulpitis reversible
- K04.1 Pulpal necrosis
- K04.4 Acute apical periodontitis
- K04.5 Chronic apical periodontitis
- K04.6 Periapical abscess with sinus, Parulis
- K04.8 Radicular cyst, Inflammatory cyst

- K05.0 Acute gingivitis
- K05.0 Gingival abscess
- K05.00 Acute streptococcal gingivostomatitis
- K05.1 Oral contraceptives, contraceptive pills, birth control pills - oral findings
- K05.10 Chronic gingivitis, simple marginal
- K05.11 Chronic gingivitis, hyperplastic
- K05.2 Periodontal abscess
- K05.20 Acute periodontitis
- K05.21 Periodontal abscess of gingival origin
- K05.22, K05.32 Pericoronitis, acute pericoronitis, chronic pericoronitis
- K05.3 Chronic periodontitis
- K05.4 Juvenile periodontitis, Localized aggressive periodontitis
- K06.0 Gingival recession
- K06.10 Gingival fibromatosis
- K06.2 Reactive hyperplasia
- K06.21 Trauma caused by tooth brushing
- K06.23 Irritative hyperplasia, flabby ridge
- K06.8 Peripheral giant cell granuloma
- K06.80 Fibrous epulis
- K06.82 Pregnancy epulis, epulis gravidarum
- K07.00 Maxillary hyperplasia and leontiasis ossea
- K07.01 Mandibular hyperplasia
- K07.03 Maxillary hypoplasia
- K07.04 Mandibular micrognathism (mandibular hypoplasia)
- K07.11 Mandibular prognathism
- K07.12 Maxillary prognathism
- K07.20 Distal occlusion
- K07.21 Mesial occlusion
- K07.23 Excessive overbite
- K07.24 Open bite
- K07.25 Crossbite
- K07.27 Scissors-bite
- K07.3 Ectopic eruption of teeth
- K07.61 Clicking (snapping jaws)
- K07.62 Recurrent dislocation and subluxation of temporomandibular joint
- K08.80 Atypical toothache
- K08.81 Occlusal trauma in the periodontium
- K09 Paradental cyst
- K09 Traumatic bone cyst
- K09.0 Dentigerous cyst (follicular cyst)
- K09.0 Developmental odontogenic cysts

- K09.00 Eruption cyst
- K09.02 Keratocyst
- K09.04 Lateral periodontal cyst
- K09.1 Median mandibular cyst
- K09.12 Nasopalatine cyst
- K09.20 Aneurysmal bone cyst
- K09.84 Nasolabial cyst
- K10.00, K10.8 Torus and exostosis
- K10.02 Static bone cyst
- K10.2 Inflammatory conditions of jaws, Subperiosteal osteomyelitis
- K10.21 Purulent osteomyelitis
- K10.26 Osteoradionecrosis
- K10.3 Dry Socket, Alveolitis sicca dolorosa
- K10.8 Cherubism
- K10.8, M85.0 Fibrous dysplasia
- K10.83 Chondromyxoid fibroma
- K11.2 Bacterial salivary gland infection
- K11.2 Sialadenitis, Sialoadenitis
- K11.5 Sialolithiasis
- K11.6 Mucocele and ranula
- K11.71 Xerostomia and hyposalivation
- K11.81 Mikulicz syndrome
- K11.83 Sialectasis (sialectasia)
- K12.00 Recurrent aphthous stomatitis
- K12.1 Cinnamon Contact Stomatitis
- K12.12 Denture stomatitis
- K12.18 Uremic stomatitis
- K12.2 Ludwig angina
- K12.30 Mucositis
- K13.0 Cheilitis
- K13.2 Leukoplakia
- K13.22 Erythroplakia
- K13.23 Leukoedema
- K13.24 Nicotinic stomatitis
- K13.3 Hairy leukoplakia
- K13.5 Oral submucous fibrosis
- K13.6 Fibroepithelial irritative hyperplasia
- K13.78 Linea alba
- K14.0 Glossitis
- K14.0 Redness of the tongue
- K14.1 Geographic tongue
- K14.2 Median rhomboid glossitis
- K14.3 Hypertrophy of tongue papillae, Furred tongue

- K14.30 Coated tongue
- K14.4 Atrophic glossitis
- K14.5 Fissured tongue
- K14.6 Burning mouth syndrome
- K14.80 Crenated tongue, lingua indentata, scalloped tongue, pie crust tongue, crenulated tongue
- K14.9 Sensitive, clinically normal tongue
- K18.09 Intraosseous hemangioma
- K21.0 Reflux disease, reflux esophagitis, gastro-esophageal reflux disease
- K26 Peptic ulcer
- K30 Dyspepsia
- K35 Appendicitis
- K50 Crohn's disease (Regional Enteritis)
- K51 Ulcerative colitis
- K52.80 Pseudomembranous colitis
- K57, K57.5 Diverticulosis and diverticulitis
- K58 Irritable bowel syndrome
- K64 Hemorrhoids
- K70.3 Liver cirrhosis
- K71 Drug-induced hepatitis
- K74.3 Primary biliary cholangitis, primary biliary cirrhosis
- K8.8 Phantom pain of the teeth
- K80 Cholelithiasis
- K85 Acute pancreatitis
- K86.0 Chronic pancreatitis
- K90.0 Coeliac disease
-
- [I00-I99 Diseases of the circulatory system](#)
- [I00, I01, I02 Rheumatic fever](#)
- [I10 Chronic rheumatic heart disease](#)
- [I10 Hypertonia, Hypertonicity, Malignant hypertension](#)
- [I20 - I25 Ischemic or coronary heart disease](#)
- [I20 Angina pectoris](#)
- [I21 Myocardial infarction, cardiac infarction](#)
- [I25 Acquired heart disease](#)
- [I26.0 Pulmonary heart disease, cor pulmonale](#)
- [I30.0 Pericarditis](#)
- [I33 Endocarditis](#)
- [I34.1 non-cardiac chest pain](#)
- [I42 Cardiomyopathy](#)
- [I43.8, E05.9 Cardiac disease caused by the thyroid gland](#)
- [I48.92 Atrial flutter](#)

- I49.3 Ventricular extrasystole
 - I49.9 Arrhythmia
 - I50 Cardiac insufficiency, Heart failure
 - I60 Subarachnoidal bleeding
 - I61-I64 Stroke
 - I71.09 Dissection of aorta
 - I78.0 Hereditary hemorrhagic telangiectasia, Osler-Weber- Rendu disease
 - I80.0, I50.1 Deep vein thrombosis and pulmonary embolism
 - I84 Hemorrhoids
 - I86 - I86.0 Varicose veins
 - I97.1 Cardiac surgical patients
 -
 - J00-J99 Diseases of the respiratory system
 - J00-J99 Introduction
 - J01, J32 Sinusitis
 - J02.0 Streptococcal tonsillitis
 - J04.2 Laryngotracheitis
 - J06 Upper respiratory infections
 - J06.9 Common cold
 - J12.89, J12.9 COVID-19, Coronavirus infection
 - J15 Bacterial pneumonia
 - J32.0 Oroantral communication and fistula following tooth extraction
 - J34.1 Cyst in the maxillary sinus
 - J35 Tonsillitis
 - J36 Peritonsillar abscess
 - J43 Chronic bronchitis
 - J43 Emphysema
 - J44.8 Chronic obstructive pulmonary diseases (COPD)
 - J45 Asthma
 - J47 Bronchiectasis
 - J98.5 Mediastinitis
-
- M00-M99 Diseases of the musculoskeletal system and connective tissue
-
- M00 Suppurative arthritis
 - M00-M99 Introduction
 - M02.30 Reactive arthritis, Reiter's disease
 - M05-M06 Rheumatoid arthritis
 - M08.0 Juvenile arthritis
 - M08.1, M45 Ankylosing spondylitis
 - M10 Gout
 - M12- M13 Specific other arthropathy

- M15-19, M47 Arthrosis, Osteoarthritis
- M15, M19 Polyarthrosis, Other arthrosis
- M26.6 Chronic dislocation of the TMJ
- M27, K10.8 Exostosis, Torus mandibularis, Torus palatinus
- M27.1 Central giant cell granuloma
- M27.2 Osteoradionecrosis
- M27.2 Subperiosteal osteomyelitis
- M27.4 Static bone cyst
- M27.8 Periapical cemento-osseous dysplasia
- M30 Polyarteritis nodosa
- M30.1 Churg-Strauss syndrome (allergic granulomatosis or angiitis)
- M30.3 Kawasaki disease, mucocutaneous lymph node syndrome
- M31 Vasculopathies
- M31.5 Temporal arteritis
- M32 Systemic lupus erythematosus (SLE)
- M33 Dermatopolymyositis
- M35.0 Sjogren syndrome (SS)
- M35.2 Behcet's disease
- M35.9 Mixed connective tissue disease (MCTD)
- M54.5 Low back pain, lumbago
- M61 Calcification of muscle
- M72.6 Necrotizing fasciitis
- M79.0 Fibromyalgia
- M79.1 Occluso-muscular pain
- M80 - M81 Osteoporosis
- M83 Osteomalacia
- M85.8 Eagle syndrome, entesopathy
- M86 Osteomyelitis
- M87.1 Osteonecrosis due to drugs, jaw
- M88 Paget disease of bone
- M90.1 Periostitis
-
- [Q00-Q99 Congenital malformations, deformations, and chromosomal abnormalities](#)
- Q00-Q99 Introduction
- Q16 Impaired hearing, hearing loss, hypoacusis
- Q18.4 Macrostomia
- Q18.5 Microstomia
- Q21 Excessive vomiting during pregnancy
- Q26 Maternal care for other conditions predominantly related to pregnancy
- Q26.80 Pregnancy gingivitis
- Q26.81 Pregnancy granuloma (granuloma gravidarum)

- Q35-Q37 Cleft lip and palate
- Q35.7 Bifid uvula
- Q38 Congenital malformations of tongue, mouth, and pharynx
- Q38.01 van der Woude's syndrome
- Q38.1 Ankyloglossia
- Q38.2 Macroglossia
- Q38.3 Bifid tongue
- Q38.6 Fordyce granules
- Q38.6 White sponge nevus
- Q68.8 Larsen syndrome
- Q74.0 Cleidocranial dysostosis, Cleidocranial dysplasia
- Q75.1 Crouzon syndrome, Craniofacial dysostosis
- Q75.2 Hypertelorism
- Q75.4 Treacher-Collins syndrome
- Q75.8 Binder's syndrome, Maxillonasal dysplasia
- Q75.8 Hemifacial microsomia
- Q76.1 Klippel-Feil syndrome
- Q77.4 Achondroplasia
- Q77.6 Ellis-van Creveld syndrome
- Q78.0 Osteogenesis imperfecta, Fragilitas ossium, Brittle bone syndrome
- Q78.1 McCune-Albright syndrome
- Q78.2 Osteopetrosis
- Q78.6 Torus, Exostosis
- Q79.6 Ehlers-Danlos syndrome
- Q80 Congenital ichthyosis
- Q81 Epidermolysis bullosa
- Q82.4 Ectodermal dysplasia
- Q82.8 Gorlin-Golz syndrome
- Q85.0 Neurofibromatosis, von Recklinghausen disease
- Q85.1 Tuberous sclerosis
- Q85.8 Peutz-Jeghers syndrome
- Q85.8 Sturge-Weber syndrome
- Q87.0 Apert syndrome
- Q87.0 Goldenhar syndrome
- Q87.0 Moebius syndrome
- Q87.0 Papillon-Lefevre syndrome
- Q87.0 Pfeiffer syndrome
- Q87.0 Pierre Robin syndrome, Robin sequence
- Q87.09 Oculo-mandibulo-facial syndrome, Hallermann-Streiff syndrome
- Q87.1 Cornelia de Lange syndrome
- Q87.1 Prader-Willi syndrome

- [Q87.4 Marfan syndrome](#)
- [Q87.8 Nevoid basal cell carcinoma syndrome, basal cell nevus syndrome, Gorlin syndrome](#)
- [Q89.2 Lingual thyroid](#)
- [Q89.21 Thyroglossal duct cyst](#)
- [Q89.8 Stickler syndrome](#)
- [Q90.9 Down syndrome](#)
- [Q93.4 Cri du chat syndrome](#)
- [Q96 Turner's syndrome](#)
- [Q98 Klinefelter's syndrome](#)
- [Q98.5 Jacob's syndrome](#)
- [T88.7 Polypharmacy](#)
-
- [R00-R99 Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified](#)
- [R00-R99 Introduction](#)
- [R01 Heart murmur](#)
- [R07.89 Non-cardiac chest pain](#)
- [R19.6 Halitosis](#)
- [R25.2 Trismus](#)
- [R42, H81 Dizziness, Vertigo](#)
- [R51 Headache](#)
- [R65.2 Multiple organ failure](#)
-
- [S00-T98 Injury, poisoning and certain other consequences of external causes](#)

○ **Instructional Notations**

Includes:

The word "Includes" appears immediately under certain categories to further define, or give examples of, the content of the category.

Excludes Notes

The ICD-10-CM has two types of excludes notes. Each note has a different definition for use, but they are both similar in that they indicate that codes excluded from each other are independent of each other.

Excludes1

A type 1 Excludes note is a pure excludes. It means 'NOT CODED HERE!' An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Excludes2

A type 2 excludes note represents "Not included here". An excludes2 note indicates that the condition excluded is not part of the condition it is excluded from, but a patient may have both conditions at the same time. When an

Excludes2 note appears under a code it is acceptable to use both the code and the excluded code together.

Code First/Use Additional Code notes (etiology/manifestation paired codes) Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists there is a "use additional code" note in the etiology code, and a "code first" note in the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation. In most cases the manifestation codes will have in the code title, "in diseases classified elsewhere." Codes with this title are a component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. "In diseases classified elsewhere" codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition.

Code Also:

A code also note instructs that 2 codes may be required to fully describe a condition but the sequencing of the two codes is discretionary, depending on the severity of the conditions and the reason for the encounter.

7th characters and placeholder x

For codes less than 6 characters that require a 7th character a placeholder x should be assigned for all characters less than 6. The 7th character must always be the 7th character of a code.

- **There are many more than this list.**

- Notes: Use secondary code(s) from Chapter 20, External causes of morbidity, to indicate cause of injury. Codes within the T section that include the external cause do not require an additional external cause code.
- **Use additional** code to identify any retained foreign body, if applicable ([Z18.-](#))
- **Excludes1:birth trauma** ([P10-P15](#))
obstetric trauma ([O70-O71](#))
- Notes: The chapter uses the S-section for coding distinct types of injuries related to single body regions and the T-section to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes.

-
- [S00-T98 Introduction](#)
 - [S02.0 Fracture of the vault of the skull, Frontal bone fracture](#)
 - [S02.2 Fracture of the nasal bones](#)
 - [S02.4 Fracture of malar and maxillary bones, Maxillary fractures](#)
 - [S02.50 Fracture of the enamel and dentine](#)
 - [S02.51 Crown-root fracture without pulpal involvement](#)
 - [S02.52 Enamel-Dentine-Pulp fracture](#)
 - [S02.53 Root fracture](#)

- S02.8 Alveolar fractures
- S03.0 Acute dislocation of the temporomandibular joint (TMJ)
- S03.2 Avulsion
- S03.20 Concussion
- S03.20 Lateral luxation
- S03.20 Subluxation
- S03.21 Extrusion
- S03.21 Intrusion
- T20 Thermal trauma
- T87.3 Traumatic neuroma
- T88.7 Drug hypersensitivity reactions

- U00-U85 Codes for special purposes

- U00-U85 Introduction
- U04.9 Middle East Respiratory Syndrome (MERS)
- U04.9 severe acute respiratory syndrome (SARS)
-

- Z00-Z99 Factors influencing health status and contact with health services

- Z00-Z99 Introduction
- Z16.20 Resistance to antibiotics and antibiotic treatment
- Z34 Pregnancy
- Z48.2 Liver transplant patient
- Z52.3 Bone marrow transplant
- Z72.1 Alcoholism
- Z79.01 Anticoagulant therapy
- Z79.52 Systemic corticosteroid treatment
- Z92.3 Side effects of cancer treatment
- Z94 Heart transplant patients
- Z94 Renal transplant patient
- Z94.0 Kidney transplantation
- Z95, Z96 Patients with endoprosthesis
- Z95.0 Patients with a cardiac pacemaker

- **External causes of morbidity (V00-Y99)**

- Notes: This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another chapter of the Classification indicating the nature of the condition. Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88). Other conditions that may be stated to be due to external causes are classified in Chapters I to XVIII.

For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition.

- Codes range from V00.01XA-X58.XXS Accidents
 - X71.0XXA-X83.8XXS Intentional self-harm
 - X92.0XXA-aaaaY09 Assault
 - Y21.0XXA-Y33.XXXS Event of undetermined intent
 - Y35.001Z – Y38.9X2S legal intervention, war, military terrorist
 - Y62.0-Y84.9 Complications of medical and surgical care
-
- [Z00-Z95.0 Factors influencing health status and contact with health services](#)
 - Z codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. Categories [Z00-Z99](#) are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories [A00-Y89](#) are recorded as 'diagnoses' or 'problems'. This can arise in two main ways:
 - (a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.
 - (b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.
 - [Z00-Z99 Introduction](#)
 - [Z16.20 Resistance to antibiotics and antibiotic treatment](#)
 - [Z34 Pregnancy](#)
 - [Z48.2 Liver transplant patient](#)
 - [Z52.3 Bone marrow transplant](#)
 - [Z72.1 Alcoholism](#)
 - [Z79.01 Anticoagulant therapy](#)
 - [Z79.52 Systemic corticosteroid treatment](#)
 - [Z92.3 Side effects of cancer treatment](#)
 - [Z94 Heart transplant patients](#)
 - [Z94 Renal transplant patient](#)
 - [Z94.0 Kidney transplantation](#)
 - [Z95, Z96 Patients with endoprosthesis](#)
 - [Z95.0 Patients with a cardiac pacemaker](#)

The use of ICD-10 dental diagnosis codes offers several benefits in dental practice.

They Justified Increased Frequency of Medically Necessary Services:

By incorporating both dental and medical diagnosis codes, we enhance our understanding of the oral-systemic connection—the link between oral health and overall health.

Identifying chronic medical conditions allows us to justify more frequent dental health services. For instance, if a patient has periodontitis along with heart disease or diabetes, more frequent periodontal treatment can be warranted to improve their health and reduce overall healthcare costs.

Expansion of Dental Benefits Coverage:

Demonstrating evidence of the oral-systemic connection can be instrumental in advocating for dental benefits.

Adding dental benefits to Medicare Part B and increasing state support for adult benefits in Medicaid programs becomes more feasible when we establish links between dental care and chronic health conditions.

Reduced Authorization Requirements:

Proper diagnosis coding streamlines the claims process.

When dental offices consistently use ICD-10 codes, it leads to increased claim filing efficiency, reducing administrative burdens.

In summary, embracing ICD-10 diagnosis codes in dental practice contributes to better patient care, informed decision-making, and improved communication among dental professionals.

In medical coding, the sequence of diagnostic codes is crucial for accurate billing and reporting. Let's explore how to determine which code should come first and second:

Code First Instructional Notes in ICD-10-CM:

Within the ICD-10-CM, there are “code first” instructional notes that guide coders in sequencing diagnoses.

These notes apply when a condition has a common manifestation, or underlying conditions related to a chronic disease.

If there's a “code first” note in the tabular section, follow this instruction:

Sequence the underlying etiology or chronic condition first, followed by the manifestation as an additional diagnosis.

Look for the “use additional code” note for the etiology/underlying condition.

For example:

If a patient presents with if patient present to office with pain and lesions in oral cavity but tells us she has had radiation and chemotherapy for cancer, we will have to include that code since it is the manifestation of her condition.

Similarly, your diagnosis of patient is **K12.2** - Cellulitis and abscess of mouth

Cellulitis of mouth (floor)

Submandibular abscess.

From her medical provider you would ask for the documents that have the diagnostic code for effects of the treatment that was provided, with diagnostic code. That code is her back up to treatment diagnosed by provider.

When dealing with hypertensive heart disease with congestive heart failure (CHF), code the hypertensive heart disease first if due to hypertension

Sequela Codes:

When reporting sequela (late effects), use two codes:

The first describes the condition or nature of the sequela.

The second describes the specific sequela or "late effect."

Importance of Listing Primary Diagnosis Code First:

For therapeutic services during an encounter, sequence the diagnosis first, followed by the condition.

The problem or other reason should be assigned as secondary codes⁵.

Remember, accurate sequencing ensures proper reimbursement and reflects the clinical reality of the patient's condition!

What is the ICD-10 code for Frenectomy?

Q38. 1 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.

What is procedure code D7960?

2010 HCPCS D7960: Frenulectomy (frenectomy or frenotomy)-separate procedure.

How do you determine ICD-9 codes in ICD-10?

ICD-10 codes begin with a letter, while the first digit of an ICD-9 code can be either alpha or numeric. As such, one of the easiest ways to determine if you are using ICD-9 codes is to make sure the first digit is not a number.

What is the ICD 10 code for articulation disorder?

F80. 0 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2021 edition of ICD-10-CM F80. 0 became effective on October 1, 2020.

What is the CPT code for frenectomy?

Frenulectomy (Frenectomy, Frenotomy) or Frenuloplasty (011)

What are the dental procedure codes?

ICD-10 Code for Dental procedure status. Z98.81. ICD-10 code Z98.81 for Dental procedure status is a medical classification as listed by WHO under the range – Factors influencing health status and contact with health services.

What are the dental insurance codes?

Dental insurance codes: D0120, D0140, D0145. Dental insurance code D0120 – A Periodic Oral Evaluation serves several important purposes.

What is the ICD 10 code for frenectomy?

Q38. 1 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.

Is a frenectomy covered by insurance? Dental providers can bill dental insurance plans the codes for “Comprehensive Oral Evaluation” and frenectomy so that the patient's parents can receive coverage for a frenectomy (“Insurance & Fees”). They can go through frenectomy, which can be covered by dental and medical insurance, to treat their condition.

What is R13 11? 2021 ICD-10-CM Diagnosis Code R13. 11: Dysphagia, oral phase.

Why frenectomy is done?

A frenectomy is surgery to remove a frenum. It's designed to reverse any of the undesirable effects of a frenum that does not develop properly. This usually means reducing a frenum that is exceptionally long or too tight.

What is the ICD 10 diagnosis code for hyperbilirubinemia?

2021 ICD-10-CM Diagnosis Code E80. 7: Disorder of bilirubin metabolism, unspecified.

Is frenectomy considered dental or medical?

Procedures associated with the lingual frenum (other than for ankyloglossia), the labial frenum, and the buccal frenum are always considered dental procedures and never considered medical procedures. Therefore, these procedures are considered benefit contract exclusions.

How do you bill for a frenectomy?

CPT Codes for billing frenectomies to medical insurance

41010 – Incision of lingual frenum (frenotomy)

41115 – Excision of lingual frenum (frenectomy)

40806 – Incision of labial frenum (frenotomy)

40819 – Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)

What is high dysphagia?

High dysphagia is swallowing difficulties caused by problems with the mouth or throat. It can be difficult to treat if it's caused by a condition that affects the nervous system.

What does dysphagia mean?

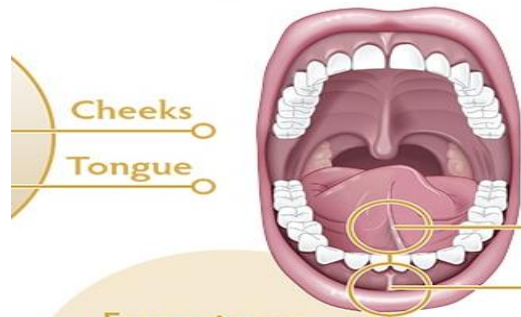
Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all. Other signs of dysphagia include coughing or choking when eating or drinking, bringing food back up, sometimes through the nose.

What is CPT code for frenotomy?

The following CPT® codes are used to represent frenectomy or frenotomy of the lingual frenum for ankyloglossia: 41010 41115 41520.

What is the CPT code for a frenotomy labial?

CPT CODES 40806 Incision of labial frenum (frenotomy) 40819 Excision of frenum, labial or buccal (frenectomy, frenulectomy, frenectomy) 41010 Incision of lingual frenum (frenotomy)



Frenectomy

To help those tongue-tied or lip-tied, a simple procedure to loosen the frenum's connection for extended range of motion.

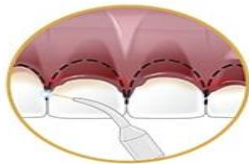
Lingual Frenectomy

Reduction of the size of the frenum allows the tongue to move freely. This procedure can be performed as early as the first few weeks after birth.

Labial Frenectomy

A procedure to correct the labial frenum connecting too close to the front teeth – avoiding potential spacing and hygiene problems and gingivitis.

The lingual frenum connects the tongue to the floor of the mouth and lower jaw. When movement of the tongue is restricted, it is referred to as being "tongue-tied." Infants with this condition can have difficulty with nursing and, eventually, speaking.



Gingivectomy

Surgery to remove diseased or excess gum tissue.



Gingivoplasty

Surgery to reshape the gum tissue for functional or cosmetic purposes.

Before Surgery

After Surgery



Soft-tissue grafting



A piece of gum tissue (soft tissue) is surgically transplanted to a site inside the mouth.



Crown-lengthening



A crown-lengthening procedure can allow enough of a damaged tooth's structure is available to securely hold a crown.

Getting reimbursed by medical insurance as a dental practice for dental imaging for medically necessary exams is a key component of dental-to-medical cross-coding. Incorporating medical billing reimbursement is a win-win for your patients and your dental practice. Medical billing for radiographs and imaging makes treatment more accessible to patients and increases case acceptance without sacrificing revenue and reimbursement for your services!

A head, neck, and facial exam including upper airway screening are routinely reimbursed for TMJ and sleep apnea (dental sleep medicine) visits. The good news is that panorex x-rays and cephalometric view films may be covered by medical insurance along with the exam. Panorex and cephalometric imaging rarely requires preauthorization.

Depending on the medical insurance carrier, advanced dental imaging codes such as CT scans or Cone Beam Computerized Tomography (CBCT) may be covered as well, however, typically require a preauthorization beforehand.

Dental Imaging Radiographs for Medical Billing Tips:

Preauthorized CT scans. If you are billing for CT scans these may involve a preauthorization process, typically through third-party companies that insurance carriers use such as National Imaging Associates (NIA). Some preauthorization efforts yield same day decisions on the phone. Others require review. Be ready to send a FAX with your clinical data from your sleep or TMJ medical history taking and exam. Once you send in your notes, it may take 3-4 days for a written decision or longer.

Consider CBCT Accreditation. Many medical policies specify that for a dentist to receive reimbursement for CT, they must be accredited as a CT Imaging Accredited facility. Several resources have recently popped up to fill this need. A recommended resource for CT accreditation is the Intersocietal Accreditation Commission at www.intersocietal.org. IAC Dental CT accreditation is granted for a three-year period from the original date of decision. Varying per modality and practice setting, IAC Dental CT accreditation is required in some U.S. states and regions, by the Centers for Medicare and Medicaid Services (CMS) and by numerous private insurers.

Join our free web program on www.dentalmedicalbilling.com

Beam Readers

Credentialing

Billing

Patient Name _____ DOB _____ SS: _____ Insurance _____

Front and Back of all insurance coverage both dental and medical _____

Exam Date _____ Start Time _____ End Time _____ New Patient _____ Established Patient _____

Subjective: Chief complaint Pain Score 1-10 1 lowest 10 highest Start Date of pain _____

History/Present Illness/Pain Location _____ #of days _____ Severity of pain _____

Referral: _____ Phone # _____

Medical History: Last Visit _____ Medications: List and Ask Medical Provider for list and dosages.

Dental History: What makes them feel better when they are in the pain? Medication, warm or cold packs _____?

Last dental visit? _____ Did they complete treatment plan? _____

Past, Family and Social History of Illness

Current & History of pregnancy/bisphosphonates/cancer/diabetes _____

Any other family history father, mother sisters, brothers, grandparents? _____

Social History: Alcohol: _____ Medication for Behavioral _____ Drugs _____ Emotional _____

Permission to contact Medical Provider for Chart Notes _____

Name of provider and Phone # _____ Get NPI number for billing)

Permission to contact all insurance companies: _____

Tests that need pre-authorization: CBCT _____ Oral DNA _____

Objective:

Blood Pressure _____ Height _____ Weight _____ X-rays list areas in notes and results Doctor must order and read _____ Doctors Signature on order of all diagnostic tests.

X-rays _____ CBCT _____ Orthopantogram _____

Any other diagnostic tests must be ordered and documented _____

Appearance _____ Ear, sinus, or throat infections? _____

Gastrointestinal Issues Gerd _____ Dry Mouth _____ Reflux _____

Full Head and Neck Documentation must be listed _____

Cancer Screening and type of screening supplied. _____

Assessment: (description of patient problems) Coder can then look up the codes to match the documentation.

Plan: Your treatment plan for each issue you discuss. All hygiene should be completed prior to any other treatment except for pain issues.

Key to use of this SOAP IS TO DIVIDE UP WITH TEAM.

SUBJECTIVE IS OFFICE ADMINISTRATOR TAKING THE CALL. YOU CAN HAVE THE FORMS ONLINE TO HAVE PATIENT FILL OUT AND GATHER THEM 1 HOUR LATER. CONTACT PATIENT IF ANY INFORMATION IS MISSING BEFORE GIVING THEM THE APPOINTMENT. Add the Updated Dental Medical AGD form to have them fill out. Make sure you remind them each box must be checked not a line drawn down. According to the answers you can then have the doctor look over all the information so they can place an order of what evaluates they want and sign order.

OBJECTIVE: CAN BE THE ASSISTANT IF THEY ARE ABLE TO DO TREATMENT IN YOUR STATE, OR HYGIENE

ASSESSMENT IS WHAT THE DOCTOR AND HYGIENISTS HAVE DOCUMENTED SO TREATMENT PLAN CAN BE PUT TOGETHER BEFORE THE PATIENT LEAVES. DOCTOR AND HYGIENIST SHOULD GO OVER EACH TREATMENT PLAN THEY ARE PROVIDING TO MAKES SURE THEY HAVE NOT FORGOT ANY IMPORTANT INFORMATION, OR THE PATIENT HAS MEDICAL SYSTEMIC ISSUES AND WE ARE NOT LOOKING AT THE PATIENT AS A WHOLE BUT JUST THEIR TEETH.

PLAN IS REVIEWED BY BILLER BEFORE TREATMENT PLAN IS GONE OVER WITH PATIENT. SINCE WE HAVE LAWS REGARDING TRUTH AND LENDING, WE MUST BE SURE WE ARE NOT MISSING ANY TREATMENT INCLUDING HOME CARE, FOLLOW-UP, HEALING TIME OR ANY OTHER COMPLICATIONS THAT MAY BE INVOLVED.

A patient is always new when they come into our office. Medical History can change so why are we giving them an appointment without updating everything about them? There are no rules to Medical History, but ask yourself do you remember what you said yesterday? Your doctor must have a Periodontal program since he must be a part of the final diagnostic and treatment when you are setting up results for the patients' outcome. For his team not doing what he expects and adding the information into the chart

1) Medical History

Your re-care patient was due to a Perio maintenance patient previously noted has asthma, diabetes, and high blood pressure. The patient's medical history can be a guide and map to the oral cavity with correlations that need to be noted for overall health and periodontium health.

Asthma: Document the petty things. Did they bring an inhaler to the appointment? Will the patient elaborate on what induces an attack? How frequently do they use the inhaler, daily or weekly? As hygienists, we know the drugs used to control asthma can lead to tooth decay and xerostomia. Asthma patients, especially children and their guardians, need to be informed about proper oral hygiene care after the use of an inhaler to minimize tooth decay and determine caries risk.

Diabetes: Documenting Type I/II diabetes could save a patient's life in the possible event of a medical emergency. Patients with diabetes are at higher risk for Perio disease due to poor sugar control. In addition, document the patient's current A1C and blood glucose levels. This will help to educate the patient on the correlation between overall health and periodontium risks and health. This documentation serves as an aid for future appointments or critical notes for a different hygienist or office.

Blood Pressure: Document a patient's blood pressure, especially unregulated high blood pressure. Several months ago, I saw a patient with high blood pressure. The patient informed me of the issue, and upon taking their blood pressure, it was 220/140. This needs to be documented! Noting the high blood pressure serves as a history and an insight as to what the future oral health may be. A patient's uncontrolled blood pressure can also be an educational tool when explaining that studies have shown where Perio disease can worsen with high blood pressure.

2) Oral Hygiene Instruction

How do you ask your patients about their current oral hygiene regimen? To provide adequate oral hygiene instruction, you must ask the patient what they are doing at home. If your patient stated that they brush two times a day with a manual toothbrush, flosses once a week and does not use mouth rinse; then this needs to be documented. How will you know on their following visit if the patient has changed something in their oral hygiene regimen without documenting their prior history? As hygienists, we should document the patient's oral routines and our recommendations as well.

Example note: Pt reports brushing 2x's a day with a manual, medium bristle toothbrush/flossing with regular dental floss 2-3x's a week/uses water flosser on occasion/does not use mouth rinse. Pt was advised to use electric TB 2x's a day for 2 min for better plaque removal over manual TB and soft bristle/use of traditional dental floss once in the evening, and water flosser with diluted antimicrobial without alcohol. Pt was shown proper tech and angulation for water flosser usage/antimicrobial mouth rinse 2x's a day for 30 sec to reduce bacteria count in the mouth.

3) Oral Cancer Screening

As hygienists, we perform oral cancer screenings at every hygiene appointment. Tori, geographic tongue, ulcers, fistula, petechial, nicotine stomatitis, or oral trauma are some examples of what should be added to your progress notes. Let us say a patient has a 3x3mm nodule on the left, dorsal surface of the tongue that has been there for years. Although the patient stated that it is unchanging and has had it checked by an oral surgeon always make a note of these areas. Although these lesions are not “cancerous,” these lesions are key in completing a patient’s overall progress notes and dental charting. In addition, note if the patient uses tobacco or has a prior history of use. This information needs to be included in the oral cancer screening notes along with how many packs or cans per day the individual uses and what length of time.

4) Type of Treatment Performed

When completing a progress note simply putting “prophy” does not fully explain what happened during that appointment. Be elaborate and detailed in your notes as they will serve as a basis for future appointments. *Example note:* Prophylaxis: ultrasonic, hand scale, polish-rubber cup/air polisher (mint used), flossed, and 5% NaF FL varnish treatment.

If you hand scaled and did a prophylaxis and the patient had bleeding during your charting is this the correct treatment?

5) Gingival Health Again, simply stating: “Periodontal disease present” or “Healthy mouth” does not explain a patient’s current gingival health. Writing notes describing the patient’s current oral health at the appointment will allow you to review prior notes to determine if the patient’s gingival health status has improved or declined. Include the [AAP stage and grade](#). If your patients are like most, they are going to ask, “How do I look today?” Well, how do they look today? How will you know and be able to respond if you do not record pocket depths or explain tissue health change?

Example note: Perio Maint: FMP (full mouth probed): 2-5mm pockets, generalized moderate recession noted on Perio charting, generalized mod bone loss noted on radiographs. AAP stage 2, grade B, active moderate periodontitis. Class I mobility #18 and #19 and Class II mobility #30. Gingival tissue moderately inflamed with cratered tissue #'s 2-4 and boggy tissue #'s 22-27/crowding #'s 22-27/no improvement from prior periodontal charting, pt was made aware. Non-surgical periodontal therapy recommended.... PARQ... Etc.

If this patient uses tobacco the following needs to be stated: “Patient was made aware of the correlation between overall health and periodontium (oral cancer risks/Perio disease).” If you do not document this, then the conversation NEVER happened. What if your patient develops oral cancer and states you never explained to them that they had periodontal disease or discussed the correlation between periodontal disease, overall health, and oral cancer risk? Although you verbally discussed it with the patient, you must record it in the patient’s charting as well.

Conclusion

Progress notes are one of the most important tasks for any dental hygienist. Although it is tasking and time consuming, writing the “perfect” progress note maps where the patients was orally and could offer insight as to where the health may be going. Think of your progress note as your

appointment with the patient in writing. Make quick templates for the diverse types of treatment to cut down on time. Do not rush progress notes because of time constraints. Remember, educating your patient on their oral health is a hygienist's goal. As a medical provider, one cannot educate and advise without proper documentation, noting all aspects of the patient's oral health.

Periodontal Guide to Staging/Grading and Treatment

Grading identifies the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health over time. Clinicians should initially assume Grade B disease and seek specific evidence to shift to Grade A or C after assessment at subsequent visits.

Grade A	Grade B	Grade C
<p style="text-align: center;">Slow Progression Rate</p> <ul style="list-style-type: none"> *No change in clinical attachment loss (CAL) or radiographic bone loss (RBL) in the last five years. *Percentage of bone loss by age is <0.25. *Heavy biofilm deposits with low levels of destruction. *Non-smoker. *Does not have diabetes. 	<p style="text-align: center;">Moderate progression rate.</p> <ul style="list-style-type: none"> *CAL or RBL < 2mm change over 5 years. *Percentage of bone loss by age is 0.25 to 1.0. *Destruction commensurate with biofilm deposits. *Cigarettes per day is < 10. *HbA1c < 7.0% in patients with diabetes. 	<p style="text-align: center;">Rapid progression rate.</p> <ul style="list-style-type: none"> *CAL or RBL \geq 2mm change over 5 years. *Percentage of bone loss by age is > 1.0. *Destruction exceeds expectations given biofilm deposits, specific clinical patterns suggestive of periods of rapid progression, and /or early onset disease. *Cigarettes per day \geq 10. *HbA1c > 7.0% in patients with diabetes

Periodontal Dental and Medical Coding

Comp Oral Exam (D0150, 99201,99202, 99203) or Periodontal Exam D0180, 99201, 99202, 99203) I FMS (D0210, 70320) or Pano (D0330, 70320) I Full Mouth Probe REQUIRED (no code) and Oral Cancer Screening (D0431)

Proceed to Staging and Grading

Staging- A system used to classify the severity and complexity of periodontal disease. **Clinical attachment loss (CAL)-** loss of connective tissue attachment used in initial staging, **Radiographic bone loss (RBL)-** the use of x-rays to assess bone loss due to periodontal disease. Tooth loss refers to loss due to periodontal disease.

Grading- A system used to measure and track the progression of periodontal disease.

	Healthy	Gingivitis	Stage I Disease	Stage II Disease	Stage III Disease	Stage IV Disease
Staging	CAL 0 mm RBL 0% Tooth Loss 0 Pockets \leq 3mm Bone loss 0 No bleeding	CAL 0 mm RBL 0% Tooth Loss 0 Pockets \leq 4 mm Bone loss 0 No bleeding	CAL 1-2 mm RBL $<$ 15% of Coronal Third Tooth Loss 0 Pockets \leq 4 mm Bone loss mostly horizontal Gingival bleeding	CAL 3-4 mm RBL 15-33% of Coronal Third Tooth Loss 0 Pockets \leq 5 mm Bone loss mostly horizontal Gingival bleeding	CAL \geq 5 mm RBL Middle third of root & beyond Tooth Loss \leq 4 teeth Pockets \geq 6 mm Bone loss vertical \geq 3mm Furcation involvement Class II or III, moderate ridge defects	CAL \geq 5 mm RBL Middle third of root & beyond Tooth Loss \geq 5 teeth Pockets \geq 6 mm Bone loss vertical \geq 3mm Furcation involvement Class II or III, severe ridge defects; need for complex rehabilitation
Grading	N/A	N/A	Grade B Assume Grade B at initial exam and seek specific evidence to shift to Grade A or C (see page 2)	Grade B Assume Grade B at initial exam and seek specific evidence to shift to Grade A or C (see page 2)	Grade B Assume Grade B at initial exam and seek specific evidence to shift to Grade A or C (see page 2)	Grade B Assume Grade B at initial exam and seek specific evidence to shift to Grade A or C (see page 2)
Diagnosis	Healthy	Gingivitis K05.01, K05.00, K05.11, K05.10	Early Periodontitis Stage I Grade B K05.4, K06.0	Moderate Periodontitis Stage II Grade B K05.4, K06.0, K05.22, K05.322, K05.312, K05.211, K05.212	Advanced Periodontitis Stage III Grade B K05.4, K06.0, K05.22, K05.322, K05.312, K05.211, K05.212, K08.429	Advanced Periodontitis Stage IV Grade B K05.4, K06.0, K05.22, K05.322, K08.429
Treatment Plan	OHID1330 Prophy D1110 Fluoride D1206	OHID1330 Gingivitis Tx D4346 Adjunct Therapy D4939 Irrigate Quad D4921 Medication D9630	OHID1330 SRP Quad D4341 or SRP 1-3 teeth D4342 (41805) Irrigate Quad D4921 Adjunct Therapy D4939 or Local Antibiotics D4381 Medication D9630 Desensitizer D9910	OHI D1330 SRP Quad D4341 or SRP 1-3 teeth D4342 (41805) Irrigate Quad D4921 Adjunct Therapy D4999 or Local Antibiotics D4381 Medication D9630 Desensitizer D9910	OHI D1330 SRP Quad D4341 or SRP 1-3 teeth D4342 (41805) Irrigate Quad D4921 Adjunct Therapy D4999 or Local Antibiotics D4381 Medication D9630 Desensitizer D9910	OHI D1330 SRP Quad D4341 or SRP 1-3 teeth D4342 (41805) Irrigate Quad D4921 Adjunct Therapy D4999 or Local Antibiotics D4381 Medication D9630 Desensitizer D9910
Visit 2	6 months Prophy D1110 Fluoride D1206	Re-Evaluate 2 weeks Prophy D1110 Fluoride D1206	3 months Perio Maintenance D4910 (99395, 99396, 99397) Adjunct Therapy D4939 or Local Antibiotics D4381 Fluoride D1206 Re-evaluate Grading to A, B, C	3 months Perio Maintenance D4910 (99395, 99396, 99397) Adjunct Therapy D4999 or Local Antibiotics D4381 Fluoride D1206 Re-evaluate Grading to A, B, C	3 months Perio Maintenance D4910 (99395, 99396, 99397) Adjunct Therapy D4999 or Local Antibiotics D4381 Fluoride D1206 Re-evaluate Grading to A, B, C	3 months Perio Maintenance D4910 (99395, 99396, 99397) Adjunct Therapy D4999 or Local Antibiotics D4381 Fluoride D1206 Re-evaluate Grading to A, B, C
Visit 3				Periodontist referral	Periodontist referral	Periodontist referral, surgical eval.
Ongoing Care	6 month Recare D1110/D1206	3-6 Month Recare D1110/D1206	3 Month Perio Therapy Perio Maintenance D4910/D4999/D4381/D1206 (99395, 99396, 99397)	3 Month Perio Therapy Perio Maintenance D4910/D4999/D4381/D1206 (99395, 99396, 99397)	3 Month Perio Therapy Perio Maintenance D4910/D4999/D4381/D1206 (99395, 99396, 99397)	3 Month Perio Therapy Perio Maintenance D4910/D4999/D4381/D1206 (99395, 99396, 99397)

Do not forget about HOME CARE:

There are many products on the market to consider and I am giving you a free ticket for samples from Cari Free. Visit all the booths for home care since each office may prefer various products. If you have the patient home care every three months you can include follow up visits if they are on that plan or mail to them with a credit card on file. Go over the types of products but give Jenny at Cari Free a call and get more information. SEE COUPON.

Restorative Treatment

3,684 Restorative Candidates	2,329 Planned Restorations 63.2%	477 Performed Restorations 12.9%
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How much can AI boost your production?
(hellopearl.com)

Scaling

1,976 Scaling Candidates	974 Scaling Planned 49.3%	371 Scaling Complete 18.8%
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Grow deep cleaning revenue by 433%
\$802,500

Contact Mike Buckner at
mike@hellopearl.com

70355 Orthopantogram (panoramic x-ray)

Or CBCT Full Head 70486 must be pre-authorized.

99070 Supplies and materials (except spectacles) provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered. (Drugs, trays, supplies, or materials provided. Include list with your SOAP NOTE OF WHY YOU ARE BILLING

Scaling and Root Planing

CPT-CDT

41805=D4341 (2) Removal of foreign body from dentoalveolar structures, soft tissues.

96152=D1330 Health and behavior interventions each 15 minutes, face to face.

Some of the ICD-CM Codes K03.6

K05.31 Chronic Periodontitis Localized

K05.312 Chronic periodontitis, localized, slight.

K05.312 Chronic periodontitis, localized moderate.

K05.313 Chronic periodontitis, localized severe.

EOB for SRP & PAX

Date of Service	Procedure/Mod	No	Billed	Allowed	Deduct	Cost-share	Code	Paid
Patient Number:								
Claim Number:			Sponsor Number:			Patient Name:		Sponsor Name:
Check Number:								
09/08/20-09/08/20	41805	3	\$942.50	\$586.10	\$0.00	\$31.00	391	\$555.10
09/08/20-09/08/20	70300	1	\$60.00	\$13.83	\$0.00	\$0.00	391	\$13.83
PT Resp	\$31.00	Claim Totals	\$1,002.50	\$599.93	\$0.00	\$31.00		\$568.93

*Medicare/Other Ins. Paid \$0.00

Out of Pocket Expense - met to date:			
Year	Catastrophic Cap Met to Date	Deductible - Individual	Deductible - Family
2020	\$1,709.58 out of \$3,000.00	\$0.00 out of \$150.00	\$0.00

Scope with 2 quads of scaling:

Dates of Service	Procedure Code	Quantity	Billed	Allowed ¹	Non-covered ²	Coinsurance ³
03/11/2021 - 03/11/2021	41806	2	\$346.00	N/A	\$0.00	N/A
Copay ¹	Deductible ¹	Paid	Status			
N/A	N/A	\$133.00	FINALIZED			
Status as of 06/25/2021						
<ul style="list-style-type: none"> Finalized Payment The Claim/Line has been paid Claim/Line has been paid 						

Dates of Service	Procedure Code	Quantity	Billed	Allowed ¹	Non-covered ²	Coinsurance ³
03/11/2021 - 03/11/2021	41805	2	\$309.00	N/A	\$0.00	N/A
Copay ¹	Deductible ¹	Paid	Status			
N/A	N/A	\$154.50	FINALIZED			
Status as of 06/25/2021						
<ul style="list-style-type: none"> Finalized Payment The Claim/Line has been paid Claim/Line has been paid 						

Dental paid 318.80, medical paid 287.50
leaving patient portion of 48.70.

ALWAYS ADD THE PATIENT'S ILLNESS DIAGNOSTIC CODE TO THE FORM AS THE BACK UP FOR TREATMENT YOU PROVIDED.

FOR EXAMPLE: **M32.9** - Systemic lupus erythematosus, unspecified This code must come from medical provider since there are a lot of them and you are not allowed to diagnosis this disease. This is just an example to use when billing the ICD-10 code your first codes are always your diagnostic code such as K05.313 and why that is the chosen code in the notes. Then you bill the doctor code to back up your diagnostic codes.

Collaboration is the key to success.

<input type="checkbox"/> E10.638 Type I Diabetes w/Oral Complications	<input type="checkbox"/> E11.638 Type II Diabetes w/Oral Complications	<input type="checkbox"/> E13.638 Other Spec. Diabetes w/Oral
<input type="checkbox"/> E10.630 Type I Diabetes w/Perio	<input type="checkbox"/> E11.630 Type II Diabetes w/Perio	<input type="checkbox"/> G89.11 Acute Pain - Trauma
<input type="checkbox"/> K00.1 Supernumerary Teeth	<input type="checkbox"/> K00.2 Abnormalities of Size & Form	<input type="checkbox"/> K01.0 Embedded Teeth
<input type="checkbox"/> K01.1 Impacted Tooth	<input type="checkbox"/> K02.3 Arrested Dental Caries	<input type="checkbox"/> K02.7 Dental Root Caries
<input type="checkbox"/> K02.51 Dental Caries on Pit & Fissure Surface Limited to Enamel	<input type="checkbox"/> K02.52 Dental Caries on Pit & Fissure Surface Penetrating into Pulp	<input type="checkbox"/> K02.61 Dental Caries Smooth Surface Limited to Enamel
<input type="checkbox"/> K02.62 Dental Caries on Smooth Surface Penetrating into Dentin	<input type="checkbox"/> K02.63 Dental Caries on Smooth Surface Penetrating into Pulp	<input type="checkbox"/> K03.2 Erosion of Tooth
<input type="checkbox"/> K03.6 Accretions on Teeth	<input type="checkbox"/> K03.81 Cracked Tooth	<input type="checkbox"/> K04.5 Chronic Apical Perio Gen
<input type="checkbox"/> K05.00 Acute Plaque Induced	<input type="checkbox"/> K05.01 Acute Non-Plaque Induced	<input type="checkbox"/> K05.11 Chronic Gingivitis Non-Plaque Induced
<input type="checkbox"/> K21.9 GERD	<input type="checkbox"/> K05.10 Chronic Ging Plaque Induced	<input type="checkbox"/> K05.211-213 Aggressive Perio Localized Mild-Mod-Severe
<input type="checkbox"/> K05.221-223 Aggressive Perio Generalized Mild-Mod-Severe	<input type="checkbox"/> K05.321-323 Chronic Perio Generalized Mild-Mod-Severe	<input type="checkbox"/> K05.311-313 Chronic Perio Localized Mild-Mod-Sev
<input type="checkbox"/> K09.0 Developmental Odontogenic Cysts	<input type="checkbox"/> K11.7 Xerostomia (Dry Mouth)	<input type="checkbox"/> K12.2 Abscess Mouth
<input type="checkbox"/> M35.0 Sicca (Sjogren)	<input type="checkbox"/> M26.39 Anomalies Tooth Position	<input type="checkbox"/> M26.33 Tipped Teeth
<input type="checkbox"/> M26.34 Vertical Displacement	<input type="checkbox"/> M27.2 Inflammation Jaw	<input type="checkbox"/> M27.61 Osseointegration failure of dental implant
<input type="checkbox"/> R13.10 Dysphagia (chewing/swallowing)	<input type="checkbox"/> S02.5XXA Fracture of Tooth (traumatic) initial encounter	<input type="checkbox"/> Z13.1 Encounter for Screening for Diabetes Mellitus
<input type="checkbox"/> Z01.20 Encounter for dental examination and cleaning without abnormal findings	<input type="checkbox"/> Z01.21 Encounter for dental examination and cleaning with abnormal findings	<input type="checkbox"/> Z12.81 Encounter for Screening for Malignant Neoplasm Oral Cavity

Append modifier 33 to a code to alert the patient's payor that you provided the preventive services and cost sharing does not apply. Nearly 60 preventive services falling within the following four categories are to be provided without cost sharing by the patient:

Modifier 33 is reported to commercial payors only, and it is appended to all appropriate codes not already designated preventive services. Payors are allowed to require cost sharing for services not covered under the ACA and may choose to not cover services provided out-of-network.

You may also apply modifier 33 when a preventive service must be converted to a therapeutic service. "The most notable example of this," according:

Remember to apply modifier 33 only for commercial carriers. Medicare does not accept modifier 33.

DENTAL MEDICAL BILLING

Medical Codes for Treatment Plans

Patient Name: _____ D.O.B. _____

Visit 1		Visit 2	
Diagnosis Codes	Procedure Codes	Diagnosis Codes	Procedure Codes
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
	5. _____		5. _____
	6. _____		6. _____

Notes: _____ Notes: _____

Visit 3		Visit 4	
Diagnosis Codes	Procedure Codes	Diagnosis Codes	Procedure Codes
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
	5. _____		5. _____
	6. _____		6. _____

Notes: _____ Notes: _____

Visit 5		Notes:
Diagnosis Codes	Procedure Codes	
1. _____	2. _____	_____
2. _____	3. _____	_____
3. _____	4. _____	_____
	5. _____	_____
	6. _____	_____

www.dentalmedicalbilling.com ctaxin@links2success.biz

INFORMED REFUSAL OF TREATMENT

My dentist, _____, has recommended the following treatment:

He/she has explained the possible benefits for me of this treatment that will include:

and the following possible risks of the treatment:

In spite of the possible benefits to my health, I have decided to refuse treatment.

Dr. _____ has explained the following risks which are listed here but which are not limited to only these if I refuse treatment:

In signing this form, I acknowledge that Dr. _____ has explained the benefits and risks of this treatment as well as the risks associated with not having this treatment performed. I fully understand the benefits and risks but choose to not consent to this treatment.

Date Time Signature of patient or authorized individual Relationship of authorized individual

- The patient or authorized individual has read this form or had it read to him/her
- The patient or authorized individual states that he or she understands what is stated in the form
- The patient or authorized individual states that he or she has no other questions

ICD-10 codes from mucositis

Mucositis is the painful inflammation and ulceration of the mucous membranes lining the digestive tract, usually as an adverse effect of chemotherapy and radiotherapy treatment for cancer.

Diagnosis coding options:

K12.0 - Recurrent oral aphthae

K12.1 - Other forms of stomatitis

K12.31 - Oral mucositis (ulcerative) due to antineoplastic therapy

K12.32 - Oral mucositis (ulcerative) due to other drugs

K12.33 - Oral mucositis (ulcerative) due to radiation

K12.39 - Other oral mucositis (ulcerative)

T45.1X5 - Adverse effect, if applicable, to identify antineoplastic and immunosuppressive drugs

CPT/HCPCS coding

0552T - Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional

S8948 - Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes.

41820 - Destruction of lesion, vestibule of mouth by physical methods

41850 - Destruction of lesion; dentoalveolar structures

42160 - Destruction of lesion, palate or uvula

Sample medical coverage policy from BCBS Florida titled "Infrared Energy Therapy and Low Level Laser Therapy which states "Low-level laser therapy meets the definition of medical necessity for prevention of oral mucositis in members undergoing cancer treatment associated with increased risk of oral mucositis, including chemotherapy and/or radiotherapy, and/or hematopoietic stem cell transplantation."

<http://mcgs.bcbsfl.com/MCG?activity=openSearchedDocMcg&imgId=761G9B2HJ1CEJT8724P>

Patient Name	
Patient DOB	
Patient Address	
Medicare	Secondary Sup
Insurance ID# (Include Card Copy)	
99202 New Patient Level 2	99212 Established Patient Level 2
99203 New Patient Level 3, 30 min	99213 Established Patient Level 3, 30 min
99204 New Patient Level 4, 45 min	99214 Established Patient Level 4, 45 min
99205 New Patient Level 5, 60 min	99215 Established Patient Level 5, 60 min

DIAGNOSIS:

PROCEDURES:

J320 Chronic Maxillary Sinusitis Oral Antral Opening	21210 Bone Graft, Maxilla (upper) <i>Circle RT, LT, or Both</i>
M27.2 Jaw Inflammation	21215 Bone Graft, Mandible (lower) <i>Circle RT, LT, or Both</i>
R68.84 Jaw Pain	21079 Interim Prosthesis
K122 Cellulitis and Abscess	21025 Excision of bone for abscess, mandible
R599 Enlargement Lymph Nodes	21026 Excision of bone for abscess, maxilla
K0822 Moderate Atrophy of Edentulous Alveolus, Mandible	20680 Removal of Implant; deep
K0823 Severe Atrophy of Edentulous Alveolus, Mandible	21208 Osteoplasty, facial bones; augmentation
K0285 Moderate Atrophy of Edentulous Alveolus, Maxilla	21085 Impression and custom preparation; oral surgical splint
K0826 Severe Atrophy of Edentulous Alveolus, Maxilla	21079 Interim Prosthesis (when designed and prepared in office)
J3489 Pneumatization of the Maxilla	21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
R51 Headache	21040 Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
R13.19 Difficulty of Mastication	21198 Osteotomy, mandible, segmental
E10.630 Advanced Periodontitis aggravated by Diabetes	21206 Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
E11.9 Type 2 Diabetes	30580 Repair Fistula, Oromaxillary (combine with 31030 if antrotomy is included)
Z.87.891 Chronic Smoking	31030 Sinusotomy, maxillary (Antrotomy); radical
E0486 Sleep Apnea – For Oral Device	21085 Impression and Custom Prep, Oral Surgical Splint

S02.5XXD Fracture of tooth (broken) (traumatic)	21208 Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft or Prosthetic Implant)
S02.5XXS Fracture of Tooth (sequela) (traumatic)	21248 Reconstruction 1-3 implants, Mandible or Maxilla Partial
S02.42XA Fracture of alveolus of maxilla	21249 Reconstruction 4+ Implants, Mandible or Maxilla Complete
S02.600A Fracture of mandible	20680 Removal Implant, Deep
D10.2 Benign neoplasm of floor of mouth	20670 Removal Implant, Superficial
D10.39 Benign neoplasm of other parts of mouth	41874 Alveoloplasty – Osseous surgery
Carcinoma, specify	40800 Drainage of Abscess, cyst, hematoma, vestibule of mouth; Simple
Malignant Neoplasm, specify	40801 Drainage of Abscess, cyst, hematoma, vestibule of mouth; Complicated
<i>ICD-10 Diagnosis – Supporting</i>	70310 X Ray partial 70320 Complete _____
M27.40 Unspecified cyst of jaw	70486 CT scan
R13.10 Dysphagia	76367 CT Scan Reading
DX: G47.33	E0486 Oral Device (DME)
Other/Notes:	P9020 Platelet rich plasma
Other: Trauma / Condition	

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