

Cross-Coding Diagnostic Testing and Oral Surgery *Nierman Practice Management*

ICD-10 DIAGNOSIS CODES

Abscess Dentoalveolar	K04.7	Edentulism, Partial Class I (21 mm >)	K08.401	Failure, Endosseous Osseointegration of Dental Implant	M27.61
Algoneurodystrophy	M89.00	Edentulism, Partial Class II (16-20mm)	K08.402	Fall, Same Level, Initial encounter	W18.30XA
(Disuse Atrophy of bone, Painful)		Edentulism, Partial Class III (11-15mm)	K08.403	Fall, Same Level, Subsequent encounter	W18.30XD
Alveolitis of Jaw	M27.3	Edentulism, Partial Class IV (< 11 mm)	K08.404	Fracture of tooth (traumatic), initial encounter for open fx	S02.5XXB
Anomalies of Jaw to Cranial Base	M26.10	Cyst, Developmental Odontogenic	K09.0	Fracture of tooth (traumatic), subsequent for fx w nonunion	S02.5XXK
Anodontia, Congenital	K00.0	Cyst, Radicular	K04.8	Headache	R51.9
Aseptic Necrosis of Bone: Osteonecro.	M87.08	Cysts of oral region (nonodontogenic)	K09.1	Impacted Teeth	K01.1
Atrophy of the Mandible, Minimal	K08.21	Cracked Tooth	K03.81	Inflammation Jaw (Abscess/suppurative/Osteitis/Periodontitis/Necrosis)	M27.2
Atrophy of the Mandible, Moderate	K08.22	Dizziness and Giddiness	R42	Loss of Teeth, due to trauma	K08.419
Atrophy of the Mandible, Severe	K08.23	Diabetes mellitus, Type 2 with periodontal disease	E11.630	Problems with Smell & Taste	R43.9
Atrophy of the Maxilla, Minimal	K08.24	Disturbances of Tooth Eruption	K00.6	Problems with Mastication (tooth related)	K08.8
Atrophy of the Maxilla, Moderate	K08.25	Dysphagia, Oral Phase	R13.11	Recurrent Oral Aphthae	K12.0
Atrophy of the Maxilla, Severe	K08.26	Excessive Tuberosity of Jaw	M26.07	Stomatitis and Mucositis, ulcerative	K12.30
Cellulitis and Abscess of Mouth	K12.2	Failure, Biological of Dental Implant	M27.62	Trigeminal Nerve Disorders, other specified	G50.8

CPT PROCEDURE CODES

RADIOGRAPHIC PROCEDURES		GRAFTS		SURGICAL PROCEDURES	
Full Mouth Radiograph	70320	Nonautogenous Graft, Mandible	21215-52	Excision of Fibrous Tuberosities	41822
Single Radiograph	70300	Nonautogenous Graft, Maxilla	21210-52	Excision of Osseous Tuberosities	41823
Additional Radiograph	70310	Bone Graft, Mandible (Includes obtaining Graft)	21215	Excision of Labial Frenum-Frenectomy	40819
Panoramic Radiographs	70355	Bone Graft, Maxilla (Includes obtaining Graft)	21210	Excision of Lingual Frenum-Frenectomy	41115
Tomographic X-rays ____ views	76100	Sinus Lift, Maxillary Graft (Includes obtaining Graft)	21210	Excision Torus Palatinus, Maxillary	21032
Cephalogram	70350	IMPLANT RECONSTRUCTION		Excision Torus Mandibularis	21031
Unlisted computed tomography	76497	Endosteal, Complete Mandible	21249	Frenectomy	40806
CT Scan, Maxillofacial	70486	Endosteal, Partial, Mandible	21248	Incision of Lingual Frenum-Frenotomy	41010
CT Scan Reconstruction	76376	Endosteal, Complete, Maxilla	21249	Oral Surgical Splint	21085
CT Scan, Followup	76380	Endosteal, Partial, Maxilla	21248	Removal Impacted Tooth, Partially Bony	use CDT code or 41899 (carrier dependent)
TC technical component (taking of) / Modifier-26 Professional (reading)		Removal of Implant, Superficial	20670	Removal Impacted Tooth, Completely Bony	
NEW PATIENT EVAL & MGMT (OFFICE VISIT)	CODE	Removal of Implant, Deep Buried	20680	Removal Impacted Tooth, Complete Bony Complic.	
Level 2 15-29 mins.	99202	Complete (endosteal) implant reconstruction consists of 4 or more implants		IMPORTANT: Graft codes: When bone is not harvested from the patient, use modifier-52 (reduced service) If nonautogenous bone is used the may be billed with CPT 99070; SUPPLIES AND MATERIALS Section 24; report supplemental information with N4 for National Drug Code. Modifier-51 for Multiple Surgeries, same session	
Level 3 30-44 mins.	99203	Partial implant reconstruction consists of 3 or less implants.			
Level 4 45-59 mins.	99204	SEDATION			
Level 5 60-74 mins.	99205	Moderate (Conscious) Sedation > 5 years, first 30 min.	99152		
		Moderate Sedation > 5 years, ea. Addit. 15 min. (add on code)	99153		
99201 Deleted as of 1-1-2021. Use modifier 95 for telehealth.		Alternative billing: modifier 47 w/ surgical proc. code for anesthesia			
ESTABLISHED PATIENT EVAL & MGMT (OFFICE VISIT)	CODE				
Level 1 under 10 mins.	99211	Anesthesia, intraoral	00170		
Level 2 10-19 mins.	99212	Therapeutic or Diagnostic Injection, IM or subcutaneous	96372		
Level 3 20-29 mins.	99213	OTHER SERVICES			
Level 4 30-39 mins.	99214	Supplies and Materials	99070		
Level 5 40-54 mins.	99215	Unspec. Proc. Dentoalveolar structures, report	41899		

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