

## Outpatient Facility Coding Alert

### Reader Question: Identify Key Differences Between Salivary Duct, Gland Procedures

**Question:** I'm trying to code a report for a probe dilation of Stenson's duct due to obstructive sialadenitis, but I am struggling to understand the difference between codes 42300 and 42650.

New York Subscriber

**Answer:** Without the operative report, it's impossible to definitively conclude the correct CPT® code. However, based on the information given, it would not appear that 42300 (Drainage of abscess; parotid, simple) is the correct option. You should report 42300 in situations where the abscess affects the parotid gland and the provider performs an incision and drainage (I&D) of the site affected.

In this example, you need to know that Stenson's duct, also known as the parotid duct, is not considered a component of the parotid gland. Instead, it's actually the pathway (duct) that saliva takes from the parotid gland to the mouth.

Since the provider documents a probe dilation, the correct code is much more likely to be 42650 (Dilation salivary duct). In this procedure, the provider will incise the area over the salivary duct, passing a probe through the duct to dilate the stenotic or obstructed passageway. So, as you can see, the underlying difference between the two is not only the procedure performed, but the anatomic site as well.