Oral Surgery Coding & Reimbursement Alert

ICD-10 Coding: Lean Towards K13.4 For Granuloma and Granuloma-like Lesion Reporting

Don't forget to report alcohol or tobacco use with an additional code.

When your clinician diagnoses a patient with pyogenic granuloma (or granuloma pyogenicum), you will need to know that there is no specific ICD-10 code to report the condition. In addition to knowing what code you need to report this diagnosis, you should also know what other lesions you will be reporting with the same diagnosis code.

When your surgeon identifies the diagnosis as pyogenic granuloma, you need to remember that there is no direct ICD-10 code to report this particular condition. You will have to report the condition with K13.4 (Granuloma and granuloma-like lesions of oral mucosa) as this ICD-10 code will cover any granuloma or granuloma-like lesions that occur in the oral mucosa. You will also use K13.4 for other granulomatous lesions or granuloma like lesions that your oral surgeon identifies. Some of the other lesions for which you will have to report K13.4 include eosinophilic granuloma and verrucous xanthoma.

When reporting any conditions that are reported under the parent code K13.-, you are also supposed to report additional codes that will identify alcohol abuse and dependence (F10.-); exposure to environmental tobacco smoke (Z77.22); history of tobacco use (Z87.891); occupational exposure to environmental tobacco smoke (Z57.31); tobacco dependence (F17.-) or tobacco use (Z72.0). So if your surgeon identifies a history of tobacco use or dependence or alcohol use or dependence, you will need to report it with additional codes as mentioned.

Check These Basics Briefly

Documentation spotlight: Your oral surgeon will arrive at a diagnosis of pyogenic granuloma based on a complete history and a complete evaluation of the patient. Your clinician will perform a complete physical examination of the patient along with recording the complete medical history of the patient and family, a review of systems and ordering of diagnostic test and imaging studies.

A few of the common findings that your clinician will record when he arrives at a diagnosis of pyogenic granuloma will include a rapidly growing lesion in the oral cavity. Usually, your clinician will note that the patient experiences no pain in the lesion but might complain of bleeding from the lesion at the slightest touch or disturbance. It is usually the rapid rate at which the lesion grows that would have alarmed the patient to approach your clinician to seek advice and treatment for the lesion.

Upon examination, your clinician might note that the lesion is present in the interproximal gingiva and if it has enlarged it is from that point of origin. Your clinician will note that the lesion usually is seen more in the buccal site than on the lingual or palatal side. Your clinician might sometimes note the presence of a pyogenic granulomatous lesion on other sites in the oral cavity such as the tongue. Your clinician will note that the lesion is soft upon palpation unless it has become fibrosed in which case, the lesion might feel firmer.

Tests: Your clinician will usually arrive at a diagnosis of pyogenic granuloma or granuloma pyogenicum based on the history, signs and symptoms and clinical examination of the patient. To confirm the diagnosis of pyogenic granuloma, your clinician might opt to undertake an aspirational or excisional biopsy of the lesion along with imaging studies.

Your clinician will usually opt to take x-rays of the teeth that are associated with the lesion. If the findings are positive for the presence of calcifications, your clinician's diagnosis will point towards peripheral ossifying fibroma rather than granuloma pyogenicum. If the findings of the x-ray are negative, your clinician's diagnosis will lean towards pyogenic granuloma.

Your clinician will confirm the diagnosis based on clinical observations, radiographic studies and with results of histological studies. If your clinician diagnoses the condition as pyogenic granuloma, he will perform a surgical excision of the lesion along with initiation of other treatment measures to remove the causative factor (if any) and to improve the oral health of the patient. In many cases, the condition seems to recur. If the condition recurs, your clinician will opt for surgical excision again.

Example: Your oral surgeon reviews a 28-year-old woman with complaints of a painless swelling that is occurring in the buccal interproximal gingiva in between the lower right first and second premolar. The patient complains that the lesion began when she in her third trimester of pregnancy and was about 4-5 mm in size at that time and it suddenly started growing recently and has attained the size that it is now. The patient has no prior history of alcohol use but said that she used to smoke a few cigarettes a day until a year prior to her pregnancy.

On examination, your clinician notes the presence of a smooth red, sessile 1-1.2 cm mass that is soft on palpation. Your clinician notes that there is bleeding from the lesion when he touched it during examination. He also notes that the patient has poor oral hygiene and has an overhanging restoration in the lower right first premolar. He notes that the lesion has almost covered the two teeth on the affected buccal side.

He orders for imaging studies which confirms the presence of an overhanging restoration in the first premolar. He notes that there are no other findings of significance.

Based on history, signs and symptoms, observations of clinical examination and radiological studies, your clinician arrives at the diagnosis of pyogenic granuloma. He decides to perform surgical excision of the lesion.

What to report: You report the diagnosis of granuloma pyogenicum with K13.4. Since the patient has had a history of tobacco use in the past, you will need to report this with an additional code using Z87.891.