

## Oral Surgery Coding & Reimbursement Alert

### ICD-10 Coding: Look Towards K14.1 For Reporting Diagnosis of Geographic Tongue

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

When your clinician arrives at a diagnosis of geographic tongue, you will need to know what code to use for reporting this diagnosis along with being aware of what other terms your clinician might use for diagnosing the condition.

When reporting a diagnosis of geographic tongue, you will have to report it with K14.1 (Geographic tongue). You will also use K14.1 for other diagnoses that your oral surgeon makes. Some of the other diagnoses for which you will have to report K14.1 include benign migratory glossitis and glossitis areata exfoliativa.

When reporting any diseases of the tongue, 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.

#### Focus on These Basics Briefly

**Documentation spotlight:** Your clinician will arrive at a diagnosis of geographic tongue 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, and a review of systems.

A few of the common findings that your clinician will record when he arrives at a diagnosis of geographic tongue will include a history of burning sensation of the tongue. The patient is likely to complain of irritation of the tongue that gets aggravated by consumption of spicy or hot foods. The patient might complain of alteration in the appearance of the tongue with presence of whitish appearing lesions that appear periodically in different parts of the tongue. The patient might also approach your clinician as they might be apprehensive that the lesions are a form of cancer of the tongue.

Upon examination, your clinician might note that the tongue shows neatly demarcated erythematous lesion. These lesions typically are present on the dorsum of the tongue although your clinician might note that they extend on to the lateral border of the tongue. Your clinician might note that inside the erythematous zone, there is the presence of mucosal atrophy with loss of filiform papillae. He might also note the presence of a yellow white border around the erythema that is slightly irregular and appears to be hyperkeratotic. Your clinician might also find other lesions in other parts of tongue or other areas of the mouth like the cheek or the floor of the mouth.

**Tests:** Your clinician will usually arrive at a diagnosis of geographic tongue based on the history, signs and symptoms and clinical examination of the patient. In most of the cases, your clinician might not perform any special lab or diagnostic tests to arrive at the diagnosis of geographic tongue.

However, in certain cases, your clinician might order for lab test such as complete blood count and other lab tests. He might also opt to perform lingual scraping or a biopsy that is sent for histological studies. Your clinician might opt for these lab tests and procedures in some patients to eliminate the possibility of a cancerous lesion.

In most cases, there will be no necessity for your clinician to initiate any treatment for the lesions as they resolve on their own over a period of time. However, there is generally no permanent remedy although some patients do see some results by taking medications such as cyclosporins or antihistamines. Some also benefit by application of topical medications such as retinoids or corticosteroids.

**Example:** Your clinician reviews a 57-year-old male patient with complaints of burning sensation of the tongue along with appearance of whitish lesions on the tongue. The patient says that these lesions have been appearing for many years now and the burning sensation has been present on and off over a period of time. He says that he looked over the internet for more information on these lesions and was concerned when he read that such white lesions have the possibility of being cancerous lesions. The patient has a history of tobacco use and he says he is currently stopped smoking from the past two years.

On examination, your clinician notes the presence of a well demarcated area of erythema on the dorsal surface of the tongue that shows atrophy and loss of filiform papillae. He also notes the presence of a serpiginous yellow white hyperkeratotic border around the area of erythema. He observes the other areas such as floor of the mouth, buccal mucosa and the other parts of the tongue but does not note any other abnormalities.

Based on history, signs and symptoms and findings of physical examination, your clinician arrives at a diagnosis of geographic tongue. Even though the patient has had a history of tobacco use, your clinician does not order for any histological tests as the lesions are typical of geographic tongue and does not show any other abnormalities that are suggestive of any oral cancer.

**What to report:** You report the diagnosis of geographic tongue with the ICD-10 code, K14.1. 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.