Oral Surgery Coding & Reimbursement Alert

Reader Question: Know When You Can Use CPT® Codes For Dental Procedures

Question: Our surgeon recently performed excision of infected bone in the mandibular arch caused due to an infected tooth. He also performed the extraction of the affected tooth. Since I am planning to report the excision to the patient's medical insurance, I wanted to know how to report the tooth extraction as I cannot report dental codes.

Texas Subscriber

Answer: You are correct in saying that you cannot report dental codes to a medical insurance carrier when your clinician performs a dental procedure with a surgical procedure. If you are reporting the surgical procedure using CPT® codes, you'll have to report the associated dental procedure separately using any appropriate CPT® codes. If no such appropriate codes are present to report the procedure performed, you can use unlisted codes instead.

In your case scenario that you have described, you'll have to use the CPT® code, 21025 (Excision of bone [e.g., for osteomyelitis or bone abscess]; mandible) to report the excision of the infected bone in the mandible. Since you do not have any related CPT® code to describe the extraction procedure of the infected tooth, you will have to use an unlisted code. The closest unlisted code that you can use in this case scenario will be 41899 (Unlisted procedure, dentoalveolar structures)

Documentation: Make sure that you are providing adequate documentation supporting the unlisted code. You will have to describe the exact procedure that your clinician performed along with describing why that procedure was performed with the surgical procedure. You will also need to mention the reimbursement that you are claiming for the procedure.