

Oral Surgery Coding & Reimbursement Alert

You Be the Coder: Select the Apt Sialolithotomy Code Depending on Complexity

Question: Our oral surgeon recently reviewed a 49-year-old male patient with complaints of severe facial pain on the left side. Upon examination and from radiographic studies, our surgeon made a diagnosis of sialolithiasis. He performed a surgical procedure for removal of the stone from the buccal mucosa where the stone was located at the tip of the duct opening. What code should I use to report the procedure that our surgeon performed?

North Carolina Subscriber

Answer: When reporting the removal of a stone from the salivary gland ducts, you have three codes to choose from:

- 42330 (Sialolithotomy; submandibular [submaxillary], sublingual or parotid, uncomplicated, intraoral)
- 42335 (Sialolithotomy; submandibular [submaxillary], complicated, intraoral)
- 42340 (Sialolithotomy; parotid, extraoral or complicated intraoral)

The stone removal code that you will choose for the procedure that your clinician performed will depend on what salivary gland duct the surgeon operated upon and on the complication of the procedure. For determining the complexity of the procedure, you will have to look at the depth to which your surgeon had to dissect to approach the stone for removal, the amount of tissue that was removed and the type of repair that was conducted.

In the case that you have described, since the stone was located in the duct orifice in the buccal mucosa, you will have to look at either 42330 or 42340 as your clinician was removing the stone from the Stensen's duct (parotid gland duct). Since the stone was located at the tip of the duct, your surgeon would not have to go deep to locate the stone and to remove it. Also, the repair procedure that your clinician would have employed would be a simple closure.

For these reasons, it would be right for you to choose 42330 for the procedure that your clinician performed.

Coding tip: When reporting removal of stones from the parotid gland ducts, you should also check on the approach that your clinician used. If an extraoral approach was used, you will have to report 42340 for the procedure. For an intraoral approach, you will have to look at the complexity of the procedure and choose either 42330 or 42340.