

Oral Surgery Coding & Reimbursement Alert

Reader Question: Zero in on More Specific Code For Impacted Tooth in ICD-10

Question: Our maxillofacial surgeon recently performed a removal of a lower right third molar tooth. What code should I report for the diagnosis?

California Subscriber

Answer: If you are reporting the diagnosis with an ICD-9 code, you will have to report it with 520.6 (Disturbances in tooth eruption). Note that CPT® codes do not have any specific code for the removal procedure of an impacted third molar tooth. You will only receive reimbursement for a medical insurance carrier for the removal of an impacted lower molar only if it is performed secondary to another procedure.

For instance, you have a situation where an impacted molar is causing spread of infection to the bone. Your surgeon performs an excision of the infected bone and removes the impacted third molar that is the source of the infection.

In this scenario, you will receive coverage for the removal of the impaction. In such an instance, you will have to report it with the unlisted code, 41899 (Unlisted procedure, dentoalveolar structures). You will list the excision of the bone procedure with 21025 (Excision of bone [e.g., for osteomyelitis or bone abscess]; mandible).

ICD-10: When you begin using ICD-10 codes, you have a specific diagnosis code for an impacted third molar tooth. You report this diagnosis with K01.1 (Impacted teeth). Do not report an impaction with K00.6 (Disturbances in tooth eruption) as this ICD-10 should be used when your clinician diagnoses disturbance in eruption or for retention of deciduous teeth.