

ADA Guide to Reporting Placement of Wound Dressing Materials

This ADA guide is published to aid dentists and others in the dental community select the applicable CDT Code entry to document and report placement of materials that promote haemostasis or protect tissue during the healing process.

Introduction

CDT 2020 marked the addition of a CDT Code in the Oral and Maxillofacial category of service that fills a documentation and reporting gap. Until its addition there was no way to definitively record the use of biological materials (e.g., Gelfoam®; Zimmer® Collagen Plug), at the time of extraction to decrease the risk of bleeding and allow for clot stabilization.

The full CDT Code entry for documenting delivery of this procedure on or after January 1, 2020 is:

D7922 placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site

This procedure can be performed at time and/or after extraction to aid in hemostasis. The socket is packed with a hemostatic agent to aid in hemostasis and or clot stabilization.

Before D7922 became part of the CDT Code there were work-arounds for documenting use of an intra-socket biological dressing. All these required preparation of a narrative for inclusion in both the patient's record and on a claim submission. The dentist providing care would determine the code that in her or his opinion was most appropriate for the clinical scenario.

Reporting any of the following codes is appropriate in other circumstances, and all require preparation of a narrative for inclusion in both the patient's record and on a claim submission. As always, the dentist providing care would determine the code that in her or his opinion was most appropriate for the clinical scenario.

- One option would be a specific "by report" procedure such as –

D9930 treatment of complications (post-surgical) – unusual circumstances, by report

For example, treatment of a dry socket following extraction or removal of bony sequestrum.

- Another option would, depending on the primary procedure performed, be an "unspecified...by report" procedure such as –

D4999 unspecified periodontal procedure, by report

Used for a procedure that is not adequately described by a code. Describe the procedure.

D7999 unspecified oral surgery procedure, by report or.

Used for a procedure that is not adequately described by a code. Describe the procedure.

The problem with any narrative accompanying a procedure is that the content, scope and writing style is not standard (i.e., solely determined by the dentist), and that the information is not captured, transmitted, or able to be analyzed in a machine readable (i.e., code) format.

Questions and Answers

1. What CDT code would I use to report placement of a biological dressing to aid in hemostasis or clot stabilization where the procedure does not involve an extraction and bleeding socket site as specified in the D7922 nomenclature and descriptor?

There is no specific procedure code for placement of collagen wound dressing products in other clinical situations. Use of a collagen product may be a component of a procedure such as “D9930 treatment of complications (post-surgical) – unusual circumstances, by report.” In other circumstances, depending on the primary procedure performed, code “D7999 unspecified oral surgery procedure, by report” or “D4999 unspecified periodontal procedure, by report” may be reported.

2. Does placement of Gelfoam® in an extraction site qualify as the procedure documented with CDT code “D4266 guided tissue regeneration – resorbable barrier, per site?”

No. Placement of biologic material in an extraction site is a procedure where the material is used as a dressing to control bleeding, and is reported with D7922. CDT code D4266 is used to report a completely different procedure, described as follows in the code’s descriptor –

This procedure does not include flap entry and closure or, when indicated, wound debridement, osseous contouring, bone replacement grafts and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

3. What is the difference between biologic material used as a wound dressing for hemostasis, and biologic material used as a barrier membrane during a graft procedure?

Collagen biologic material is available in a variety of shapes and forms (e.g., sheet; plug) and selection of the appropriate type depends on the clinical scenario. Collagen material can be a barrier membrane when used as a component of a guided tissue (hard or soft) regeneration procedure. This type of membrane is considered resorbable and placement would be reported with the applicable CDT code (e.g., D4266 guided tissue regeneration – resorbable barrier, per site).

4. Would placement of a wound dressing (e.g., collagen plug / D7922) and barrier membrane (e.g., Gelfoam / D4266) be reported separately if both are placed on the same surgical site on the same date of service?

Should this scenario arise both procedures would be reported separately. In an implant case the collagen plug would be placed to support blood clotting (hemostatis), especially if there is a large bone defect following extraction. Membrane placement helps to prevent epithelial downgrowth into the surgical site, and shape the ridge for its preservation and future implant placement.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

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