



Insurance Coding Guide

*The codes provided are for the ordering healthcare provider's consideration when filing for dental or medical insurance.

Please contact the insurance provider directly for any questions.

Insurance Coding Contents

- Dental Billing Insurance Codes2
- Medical Billing Insurance Codes5
- International Classification of Diseases, Tenth Edition (Medical Diagnosis Codes)7
- Coding Tips9
- Reimbursement Tips10
- Dental Claim Form11
- Medical Claim Form.....12
- Sample Letter of Medical Necessity13
- Narrative Support for Consideration14
- Copyright Notices15

Dental Billing Insurance Codes

The CPT®/CDT® code examples are based on AMA/ADA guidelines and are for informational purposes only. CPT®/CDT® coding is the sole responsibility of the billing party.

DENTAL BILLING (CDT®):

Consider For Use With: MyPerioPath®:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

Consider For Use With: MyPerioID®:

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0422 Collection and preparation of genetic sample material for laboratory analysis and report

D0423 Genetic test for susceptibility to diseases, specimen analysis – certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases

Consider For Use With: Celsus One™:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0422 Collection and preparation of genetic sample material for laboratory analysis and report

D0423 Genetic test for susceptibility to diseases, specimen analysis – certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.

Consider For Use With: OraRisk® HPV:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions

DENTAL BILLING (CDT®):

Consider For Use With: OraRisk® Caries:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0425 Caries Susceptibility tests, diagnostic test for determining a patient's propensity for caries

D0601 Caries risk assessment and documentation, with a finding of low risk

D0602 Caries risk assessment and documentation, with a finding of moderate risk

D0603 Caries risk assessment and documentation, with a finding of high risk

Consider For Use With: OraRisk® HSV Types 1 and 2:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions

Consider For Use With: OraRisk® Candida:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions

Consider For Use With: OraRisk® CT/NG:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions

DENTAL BILLING (CDT®):

Consider For Use With: OraRisk® COVID 19 RT-PCR:

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0604 Antigen testing for a public health related pathogen includes coronavirus

D0605 Antibody testing for a public health related pathogen includes coronavirus

D0606 Molecular testing for a public health related pathogen, including coronavirus

Medical Billing Insurance Codes

MEDICAL BILLING (CPT®):

Consider For Use With: MyPerioPath®:

87801 Infectious agent detection by nucleic acid; multiple organisms; amplified probe technique

Consider For Use With: MyPerioID®:

81479 Unlisted molecular pathology procedure – Narrative description required to describe performed procedure: e.g.: IL6 gene analysis

Consider For Use With: Celsus One™:

81479 Unlisted molecular pathology procedure– Narrative description required to describe performed procedure: e.g.: DEFB1 / CD14 / TLR4 / TNF / IL1 / IL6 / IL17A / MMP3 gene analysis

Consider For Use With: OraRisk HPV®:

87624 Human Papillomavirus (HPV), high-risk types

Consider For Use With: OraRisk® Caries:

41899 Unlisted procedure, dentoalveolar structures, must include a detailed description of the actual service provided on the claim form

Consider For Use With: OraRisk® HSV Types 1 and 2:

87529 Herpes simplex virus, amplified probe technique (CPT® applied for each germline variant HSV1 or HSV2 and may require the use of a modifier, consult your payors accordingly.)

Consider For Use With: OraRisk® Candida:

87481 Candida species, amplified probe technique

Consider For Use With: OraRisk® CT/NG:

87491 Chlamydia trachomatis, amplified probe technique

87591 Neisseria gonorrhoeae, amplified probe technique

MEDICAL BILLING (CPT®):

Consider For Use With: OraRisk® COVID 19 RT-PCR:

87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique.

MEDICAL BILLING (HCPCS):

Consider For Use With: OraRisk® COVID 19 RT-PCR:

U0001 CDC 2019 Novel Coronavirus (2019-NCOV) Real-Time RT-PCR Diagnostic Panel

U0002 2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19), any technique, multiple types or subtypes (includes all targets), Non-CDC

U0003 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (Coronavirus disease[COVID-19]). and amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.

U0004 2019-NCOV Coronavirus, SARS-COV-2/2019-NCOV (COVID-19), any technique, multiple types or subtypes (includes all targets), Non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.

U0005 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection.

International Classification of Diseases, Tenth Edition (Medical Diagnosis Codes)

Example ICD10 diagnosis codes that may apply to your patient's condition:

- A48.8** Other specified bacterial disease
- B10.89** Other human herpes virus infection
- B00.2** Herpetic gingivostomatitis
- B07.9** Viral wart, unspecified
- B20** Human immunodeficiency virus [HIV] disease
- B37.0** Candidal stomatitis
- B37.83** Candidal cheilitis
- B37.9** Candidiasis, unspecified
- B99.8** Other infectious disease
- B99.9** Unspecified infectious disease
- D04.9** Carcinoma in situ of skin, unspecified
- D23.9** Other benign neoplasm of skin, unspecified
- D37.01** Neoplasm of uncertain behavior of lip
- D37.02** Neoplasm of uncertain behavior of tongue
- D37.030** Neoplasm of uncertain behavior of the parotid salivary glands
- D37.031** Neoplasm of uncertain behavior of the sublingual salivary glands
- D37.032** Neoplasm of uncertain behavior of the submandibular salivary glands
- D37.039** Neoplasm of uncertain behavior of the major salivary glands, unspecified
- D37.04** Neoplasm of uncertain behavior of the minor salivary glands
- D37.05** Neoplasm of uncertain behavior of pharynx
- D37.09** Neoplasm of uncertain behavior of other specified sites of the oral cavity
- D48.5** Neoplasm of uncertain behavior of skin
- D49.2** Neoplasm of unspecified behavior of bone, soft tissue, and skin
- D49.89** Neoplasm of unspecified behavior of other specified sites
- K01.11** Chronic gingivitis, non---plaque induced
- K02.3** Arrested dental caries
- K02.9** Dental caries, unspecified
- K02.51** Dental caries on pit and fissure surface limited to enamel
- K02.52** Dental caries on pit and fissure surface penetrating into dentin
- K02.53** Dental caries on pit and fissure surface penetrating into pulp
- K02.61** Dental caries on smooth surface limited to enamel
- K02.62** Dental caries on smooth surface penetrating into dentin
- K02.63** Dental caries on smooth surface penetrating into pulp
- K02.7** Dental root caries
- K05.00** Acute gingivitis, plaque induced
- K05.01** Acute gingivitis, non---plaque induced
- K05.10** Chronic gingivitis, plaque induced
- K05.20** Aggressive periodontitis, unspecified
- K05.21** Aggressive periodontitis, localized
- K05.22** Aggressive periodontitis, generalized
- K05.30** Chronic periodontitis, unspecified
- K05.31** Chronic periodontitis, localized
- K05.32** Chronic periodontitis, generalized
- K05.5** Other specified periodontal diseases
- K06.0** Gingival recession
- M35.01** Sicca syndrome with Keratoconjunctivitis
- R21** Rash and other nonspecific skin eruption
- Z11.2** Encounter for screening for other bacterial diseases
- Z11.3** Encounter for screening for infections with a predominantly sexual mode of transmission
- Z11.51** Encounter for screening for human papillomavirus (HPV)
- Z11.59** Encounter for screening for other specified viral diseases
- Z11.8** Encounter for screening for other infectious and parasitic diseases
- Z13.84** Encounter for screening for dental disorders
- Z20.2** Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
- Z34.80** Encounter for supervision of other normal pregnancy, unspecified trimester
- Z34.90** Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
- Z33.1** Pregnant state, incidental
- Z72.51** High risk heterosexual behavior
- Z72.52** High risk homosexual behavior
- Z72.53** High risk bisexual behavior
- Z91.841** Risk for dental caries, low

Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
Z20.822 Contact with and (suspected) exposure to other viral communicable diseases
J12.82 Pneumonia due to coronavirus disease 2019
U07.1 Positive for COVID-19
Z86.16 Personal history of other infectious and parasitic diseases
R05 Cough
R06.02 Shortness of breath
R50.9 Fever, Unspecified

Coding Tips

INDICATING LAB COSTS (See Medical Claim form) when an outside lab is used for pathology service, the lab fee is inserted in box 20 on the CMS1500 form to indicate this information.

What are modifiers used for? To inform the insurance company of a more in depth look at the meaning of the code. The following are the most commonly used:

59 Distinct Procedural Service

90 Reference (Outside) Laboratory

Commonly used with the following modifier(s):

91 Repeat Clinical Diagnostic Laboratory Test

GW Service unrelated to the hospice patient's terminal condition

GZ Not reasonable and necessary

91 Repeat Clinical Diagnostic Laboratory Test

Commonly used with the following modifier(s):

90 Reference (Outside) Laboratory

GZ Not reasonable and necessary

Commonly used with the following modifier(s):

90 Reference (Outside) Laboratory

Important notes: CPT® Codes that are unspecified need to have an additional information to describe the service performed, condition or circumstances of patient health or status that allow the code to be payable. The following tips below are helpful in making the proper determinations for claim filing.

- Make sure there is no listed code for the service, or it will be denied
- Be sure to verify...Is the service separately reportable and not a component of a more comprehensive procedure?
- Check the CPT® Category III codes, as well as HCPCS codes, to see if there is a code that could be used.

Also important to note, if you perform an unlisted procedure in an ASC, Medicare will not pay a facility fee for the procedure. Unlisted codes are strictly off the ASC list of payable codes.

Reimbursement Tips

Always check your payer's policy for any special documentation or billing instructions. The Payer should tell you what is required for reimbursement.

- Private payers often require pre-authorization for any unlisted procedure.
- Some payers have specific documentation criteria, depending on the type of unlisted procedure provided (e.g., an op note to support an unlisted surgery, an imaging report for a procedure or the NDC number for an unlisted drug code).
- Many payers will ask you to submit a code with comparable work relative value units (RVUs) they can use to price the code.
- Many payers tell you DO NOT attach a modifier to the code or to report only one unit of an unlisted code regardless of the number of services it involves
- Other information that may be required (Be sure your documentation supports any/all information you submit to the payer.
- A clear description, Nature, extent and need for the service being performed.
- Time, Effort, Equipment used to provide the treatment.
- Time spent, Number of times the service was provided.

(Nov. 2008 CPT® Assistant): "When reporting an unlisted code to describe a procedure or service, it may be necessary to submit supporting documentation (e.g., procedure report) along with the claim to provide an adequate description of the nature, extent, need for the procedure, and the time, effort, and equipment necessary to provide the service."

Dental Claim Form

RECORD OF SERVICES PROVIDED																			
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Printer	29b. Qty	30. Description	31. Fee										
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
33. Missing Teeth Information (Place an 'X' on each missing tooth.)					34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 - B; ICD-10 - AB)			31a. Other Fee(s)											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) A _____ C _____		32. Total Fee	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in 'A') B _____ D _____			
35. Remarks																			

Medical Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 8/11/12

<input type="checkbox"/> PICA <input type="checkbox"/> PICA											
1. MEDICARE <input type="checkbox"/> MEDIGAP <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> OTHER HEALTH PLAN (OHP) <input type="checkbox"/> FICA EXCLUDED (FICA) <input type="checkbox"/> OTHER (OHP) <input type="checkbox"/>						1a. INSUREE'S ID NUMBER (For Programs in Item 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/>			4. INSUREE'S NAME (Last Name, First Name, Middle Initial)		
3. PATIENT'S ADDRESS (No. Street)						4. PATIENT RELATIONSHIP TO INSUREE Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSUREE'S ADDRESS (No. Street)		
CITY		STATE		5. RESERVED FOR NUCC USE		CITY		STATE		8. RESERVED FOR NUCC USE	
ZIP CODE		TELEPHONE (Include Area Code)				ZIP CODE		TELEPHONE (Include Area Code)			
6. OTHER INSUREE'S NAME (Last Name, First Name, Middle Initial)						11. INSUREE POLICY GROUP OR FICA NUMBER			11. INSUREE POLICY GROUP OR FICA NUMBER		
7. OTHER INSUREE'S POLICY OR GROUP NUMBER						12. INSUREE'S DATE OF BIRTH (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/>			12. INSUREE'S DATE OF BIRTH (MM DD YY) SEX M <input type="checkbox"/> F <input type="checkbox"/>		
8. RESERVED FOR NUCC USE						13. OTHER CLAIM ID (Designated by NUCC)			13. OTHER CLAIM ID (Designated by NUCC)		
9. RESERVED FOR NUCC USE						14. INSURANCE PLAN NAME OR PROGRAM NAME			14. INSURANCE PLAN NAME OR PROGRAM NAME		
10. INSURANCE PLAN NAME OR PROGRAM NAME						15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 8, 9a, and 9b.			15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 8, 9a, and 9b.		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.											
16. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment or government benefits when it is owed or to the only entity accepts assignment below.)						16. INSUREE'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the underinsured physician or supplier for services described below.)					
SIGNED _____						SIGNED _____					
DATE _____						DATE _____					
17. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL: _____						18. OTHER DATE (MM DD YY) QUAL: _____					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (Name, Address, City, State, ZIP Code)						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					
20. DAMAGE OR NATURE OF ILLNESS OR INJURY (Please A-L in service line below) (ICD-9-CM)											
A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____											
21. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PROCEDURE, SERVICE, OR SUPPLIES (Specify Unusual Circumstances) OFFICE MODIFIER		C. DIAGNOSIS POSITIVE		D. CHARGES		E. ORIGINAL REF. NO.	
21. FEDERAL TAX ID NUMBER (SSN EIN) <input type="checkbox"/> <input type="checkbox"/>				21. PATIENT'S ACCOUNT NO.		21. ACCEPT ASSIGNMENT (For 900 and 9900 only) <input type="checkbox"/> YES <input type="checkbox"/> NO		21. TOTAL CHARGE \$		21. AMOUNT PAID \$	
21. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials. I certify that the statements on this invoice apply to this bill and are made in good faith.)				21. SERVICE FACILITY LOCATION INFORMATION				21. BILLING PROVIDER INFO & PI # ()			
SIGNED _____				DATE _____				DATE _____			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

CHK01653

APPROVED CMS-0338-1197 FORM 1500 (02-12)

Sample Letter of Medical Necessity

<Dentist> DMD,DDS

<Institution>

<Address 1>

<City>, <State>

<ZIP>

<Date>

<Medical Director/Physician Name>, M D

<Insurance Company Name>

<Address 1>

<City>, <ST>

<ZIP>

Re: <Patient Full Name> DOB: <MM/DD/YYYY>

Member ID: <Enter Member ID> Group ID: <Enter Group ID>

Dear Medical Director:

I am writing this letter on behalf of my patient <Patient Name> to request coverage for the <Test Name>. This letter documents the medical necessity for this test to confirm the diagnosis of <Disease Name> (*NOTE: Use one of the oral diagnosis codes and description -- see pg.4*) and provides information about the patient's medical history and treatment.

e.g.: Gingivitis: (NOTE: use 523.3, 523.8, 528.9, 210.1, 352.1, 522.8, 523.3, 528.6 -- see pgs.6/7)-- Approximately 50 percent of the population has the gum disease gingivitis. The oral systemic connection is an important tool in inflammation affecting many body systems, as the bacteria from the mouth have also been found systemically. The inflammation may be reduced significantly by treatment of the infection.

<Insert narrative supporting remarks here> See choices at the end of letter template

I am requesting that <Patient Name> be approved for <Test Name> testing through OralDNA Labs, Federal Tax ID #:41-2007276 and NPI #: 1265458921 with the following CPT® code(s): <CPT® Codes>.

I am specifying OralDNA Labs to perform <Test Name> analysis because (*Reason for using OralDNA Labs*) for this testing.

I hope you will support this letter of medical necessity for <Patient Name>. Please feel free to contact me at <Physician Phone> if you have additional questions.

Sincerely,

<Physician Name>, DDS or MD

NPI #: <Physician NPI#>

Narrative Support for Consideration

1. Periodontal Bacteria

Certain periodontal bacteria may be locally invasive, cause tissue destruction, invade host cells and enter the blood stream. Possible introduction into the bloodstream may complicate certain systemic situations such as cardiovascular disease, diabetes, preterm and low birth weight babies and other systems

2. Inflammatory Disease

Research has connected C-reactive protein and other cytokines and chemokines to periodontal disease. The literature shows that gum disease is a significant cause of elevations in CRP levels.

3. Diabetes Mellitus (DM)

Current evidence suggests that diabetes mellitus DM is associated with an increased prevalence and severity of gingivitis and periodontitis. Periodontitis may increase the risk for worsening glycemic control in diabetic patients, as well as increasing the risk for diabetic complications. The resulting increase levels of inflammation can result in impairments in the body's ability to manage blood sugar levels. Reference: Diabetes Mellitus and Periodontal Diseases: Mealey, Oates; J. Periodontology 2006.

4. Preterm Births

Hormonal changes and pregnancy gingivitis requires aggressive treatment as research has shown that periodontal disease may be significantly related to preterm low birth weight. Reference: Periodontal Therapy May Reduce the Incidence of Preterm Birth and Low Birth Weight Infants: Journal of Periodontology, 2007, Vol. 78 No. 5.

5. Cardiovascular Disease

Studies find a direct association between cardiovascular disease and periodontal bacteria. Even small amounts of an inflammatory stimulus can provoke a substantial amount of C-reactive protein (CRP) production which then circulates throughout the body in the bloodstream. Periodontal disease is a primary cause of inflammation in the body and may be predictive of heart disease. References: Moise Devarieus, MD, PhD, Columbia University; NIH News; April 6, 2006; Conclusion: "...older adults who have higher proportions of four periodontal disease---causing bacteria (A.a., P.g., T.f., T.d.) inhabiting their mouths also tend to have thicker carotid arteries, a strong predictor of stroke and heart attack"

6. Patient History and Diagnosis:

<Patient Name> is a <Age> year old <Gender> with a suspected diagnosis of <Disease Name> due to the following symptoms and clinical findings:

- <Symptom #1 with ICD-9 code>
- <Symptom #2 with ICD-9 code>

NOTE: Use one of the periodontal codes and back up with a medical code that describes patient's health history: e.g.: Heart, Diabetic, Organ Issues or any other issues.

7. Family History

<Family History> these symptoms, as well as the examination are indicative of <Disease Name>. The only way to confirm a diagnosis of <Disease Name> is to perform this test.

8. Test Methodology Benefits

Molecular testing plays an important role in making a definitive diagnosis in cases of suspected <Disease Name> to treat the patient appropriately. An accurate diagnosis provides the following benefits to the patient:

- <Benefit 1> e.g.: List what the outcome of treatment would be with OralDNA <Test> as a tool that helps with diagnostics and treatment choices.
- <Benefit 2> e.g.: Patient has a medical issue (for example-diabetes, heart disease, auto immune disease) may pose additional risk from the infection thru the oral cavity. The lab test allows for knowing type of infection present and customizing the treatment to better suit the patient's condition.

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****Coding and billing decisions are personal choices to be made by individual health practitioners exercising their own professional medical judgment in each situation.*