

## **Coding and Abstracting Guidelines for Dental Procedures in Day Surgery Effective April 1, 2021**

All interventions performed during the day surgery (also known as Surgical Day Care) encounter should be coded in accordance with the Canadian Coding Standard *Selection of Interventions to Code for Ambulatory Care (Emergency, Clinic and Day Surgery Visits)*. This document will provide guidance to coders on the selection of interventions for coding of dental procedures in the Surgical Day Care setting; specifically interventions classified to **1.FE.^.^ Therapeutic Interventions on the Tooth** in CCI.

This guideline was drafted with consultation with the Canadian Institute of Health Information (CIHI) Classifications and Terminologies Department.

### **DAD and NACRS Directive Statement:**

**Assign a code from any section in CCI for dental interventions that meet one or more of the following criteria:**

- Specified as mandatory elsewhere in the Canadian Coding Standards; or
- Included in the table Additional Mandatory CCI codes for Ambulatory Care.

**Assign a code for interventions classified in Section 1 of CCI that meet one or more of the following criteria:**

- classified to a generic intervention number of 50 or higher (excludes dental cleaning);
- performed in an operating/intervention room;
- performed under anesthesia (any anesthesia, including local); and/or
- performed using one of the following approaches (open, endoscopic or percutaneous transluminal/transarterial).

### **Exception:**

Dental Cleaning – 1.FE.94.^.^ Therapeutic Intervention NEC, tooth

Not every action carried out during an episode of care requires code assignment. This is true of a dental cleaning performed along with other therapeutic dental interventions.

Intervention NEC (94) appears throughout the classification and the codes found in these rubrics are not mandatory to code unless they are on the list of codes mandatory to collect for NACRS or Acute Care or the procedure is by an invasive approach: open, endoscopic or percutaneous transluminal or it is the **sole procedure** performed under anesthesia in an operating room.

- If this is the sole intervention performed under anesthesia, coders should continue to capture this intervention
- If this is **not** the sole intervention performed under anesthesia, coders should not capture this intervention

Dental Interventions that are classified to a generic intervention number less than 50 should not be captured unless they are the **sole intervention** performed under anesthesia.

### **Dental Fillings and Crowns**

Dental fillings and crowns are classified in CCI to **1.FE.29.^.^ Restoration, tooth**

1.FE.29.JA-RO Restoration, tooth using crown

1.FE.29.JA-RX Restoration, tooth using filling NEC

As this intervention is classified to a generic number less than 50, it would not be coded unless it was the sole intervention performed under anesthesia.

However, when it is the **sole intervention** and captured on the SDC abstract, the following direction applies:

- if both crowns and fillings are performed, it is necessary to capture only the CCI code for the crown

CIHI direction for tooth restorations is that multiple codes are not required. See “*Multiple Codes in CCI*” in the Canadian Coding Standards. “As a general rule, multiple codes from the same rubric are not assigned to show different devices used at the same operative site. Codes from the same rubric are only assigned when it identifies separate operative approaches”.

When a crown and a filling are performed during the same intervention episode, this is considered to be a single intervention using different devices. The minimum requirement per the *Multiple Codes from the Same Rubric* coding standard is to capture only one code from this rubric.

When multiple interventions from the rubric **1.FE.^.^ Therapeutic Interventions on the Tooth** are performed during an operative episode and are classified to the intervention number of 50 or lower, make the code selection based on following hierarchy of interventions (from highest to lowest). It is not expected that 1.FE.35.^.^ would be the sole intervention performed under anesthesia.

1.FE.29.^.^ Restoration, tooth

1.FE.37.^.^ Installation of external appliance, tooth

1.FE.38.^.^ Management of external appliance, tooth

1.FE.35.^.^ Pharmacotherapy (local), tooth

**Note:** The attributes at **1.FE.^.^ Therapeutic Interventions on the Tooth** are not mandatory to capture.

### **Section 3 - Diagnostic Imaging Interventions**

It is mandatory to assign a code for interventions classified in Section 3.

At 3.FE.10.^.^ *Xray, tooth*, the qualifiers denote single tooth/area, partial set/series [e.g. multiple teeth], full set/series [e.g. all teeth, full mouth] and with pantography [Panorex] (full mouth).

Questions regarding this guideline can be directed to:

Health Information Standards and Quality  
Health Data and Information Services  
Newfoundland and Labrador Centre for Health Information  
Telephone: 709-752-6000

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