## **Problem Lists by Subject Area with Corresponding Diagnoses**

Subject Area	Problem List	Diagnosis Quick List
,	TM Joint pain/masticatory muscle pain	524.6 TMJ Disorders (details- Full List) Temporo Mandibular Joint. Complex pain cluster of the face and joint. Usually not caused by occlusion unless iatrogenic.
	Reduced salivary flow Xerostomia	527.7 Dist salivary secretion
	Halitosis	784.99 Halitosis
Medical History	Alcohol use Autoimmune Disease Bleeding disorder/Anticoagulation medication Cardiovascular disease Diabetes Head and Neck pain Neurological disease Respiratory disease Tobacco use	No specific codes that correspond as a diagnosis. Just note in the problem list so you take it into account, and document that you noted it.
	Radiographic lesion of the jaw	526 Radiographic jaw lesion <i>Describes radiolucent,</i> radiopaque, or mixed lesions of bone.
	Lesion of skin of face or neck	744.9 NOS anomaly of face/neck Skin lesions on the head and neck region other than lips or oral tissues.
	Salivary gland disease (except xerostomia- see Med Hx)	527 Diseases of the salivary glands. General code.  Specific codes describe atrophy, overgrowth, inflammation, infection, fistula, stone or ranula.
	Vesiculobullous lesion	528.0 Stomatitis, ulcer mucositis 694.60 Pemphigoid 694.4 Pemphigus vulgaris
	Ulcer	528.2 Oral aphthae (ulcers)
Oral Lesions	Lesion of the lip	528.5 Diseases of lips
	White Lesion	528.6 Leukoplakia of oral mucosa 697.0 Lichen planus
	Red Lesion Pigmented Lesion	528.79 NOS soft tissue disturb
	Surface soft tissue swelling	523.8 Ging cysts,polyps 527.6 Mucocele
	Deep soft tissue swelling	528 Soft tissue develop cysts
	Tongue Lesions	529.1 Geographic tongue 529.2 Median rhomboid glossitis 529.4 Atrophy of tongue papillae 529.5 Plicated tongue

	White spot enamel lesions	521.01 Caries- only in enamel (white spot lesion)
	Willie spot charlet lesions	521.03 Caries- extending into pulp (think of vital pulp
	Cavitated lesions	therapy)
	Radiographic lesions of hard tissue	521.06 Caries- pit and fissure
	(Visible on exam vs visible on	521.07 Caries- smooth surface
	radiograph)	521.07 carres smooth sarrace
	radiography	521.09 Caries- unspecified <i>We are going to use this code</i>
		to describe non-restorable caries
	Non-carious cervical lesion	521.2 Abrasion- Wedge defect NOS (Non-carious
	TVOIT CUTTOUS CET VICUTTESTOTI	cervical lesion) NOS=Not otherwise specified
	Erosion	521.3 Erosion (ie acids, vomiting)
	Attrition	521.101 Attrition, generalized
	Attrition	521.101 Attition, generalized  521.81 Cracked tooth- incomplete fx <i>Used for</i>
	Cracked tooth	symptomatic or asymptomatic cracks into dentin.
Restorative	Fractured tooth (missing tooth	521.9 NOS-Fx, missing tooth structure
	structure)	521.9 NOS-FX, Illissing tooth structure
	Structure	525.61 Open restoration margins
	Defective restoration	525.62 Unrepairable overhang
		525.65 Poorly contoured restoration
		525.63 Fx restoration <i>Fracture seen but no lost tooth</i>
	Fractured restoration	structure or restorative material
		525.64 Fx restoration, lost rest. material
	Unesthetic restoration	525.67 Unesthetic restoration
		521.89 Dentin hypersensitivity, NOS
	Dentin hypersensitivity	
	Provisional restoration	No specific codes that correspond as a diagnosis. Just
	Previously endodontically treated	note in the problem list so you take it into account, and
	tooth	document that you noted it.
	Mod-High Caries Risk	F33 O Bulattia
	Spontaneous pain Pain to thermal stimulus	522.0 Pulpitis
		522.1 Pulp necrosis
	Pain, patient unable to specify	522.4 Acute apical perio. pulpal origin 522.5 Periapical abscess w.o. sinus
	Pain to biting/percussion Palpation tenderness	· ·
	Periapical radiolucency	522.7 Periapical abscess w sinus tract 523.76 Combined perio-endo lesion
	Sinus tract	525.76 Combined perio-erido lesion
	(These problems are evaluated	
	together with test findings to	
	develop a precise diagnosis from	
	the list on the right)	
Endodontics	Swelling of suspected endodontic	528.3 Cellulitis and abscess
Endodontics	origin	520.5 Celiantis and absects
	origin	521.7 Post eruptive color changes
	Discolored tooth	(Those changes attributable to a history of trauma)
	Failing endodontic therapy	526.6 Pathosis of previous endo tx
	You need a series of past	320.0 Tutilo3i3 of previous effuo tx
	radiographs to be sure the lesion is	
	staying the same or getting worse,	
	or it needs to be symptomatic.	
		521.4 Pathologic resorption
	Radiographic evidence of	Either internal or external evidence lost tooth structure
	tooth/root resorption	not caused by caries.
		not caused by carres.

	Plaque Supra-gingival calculus Sub-gingival calculus Bleeding on probing Suppuration Probing depth 4-6 mm Probing depth >6 mm Gingival inflammation Furcation involvement Radiographic evidence of bone loss Mobility Gingival hyperplasia All of these problems, signs are synthesized into one of the diagnoses on the right. You will give a more specific diagnosis in the narrative of the chart.	523.6 Calculus, extrinsic stain <i>This is not really a diagnosis, but if you need to do a full mouth debridement before you do your perio probing, this is the code that corresponds to that treatment.</i> 523.0 Acute gingivitis 523.1 Chronic gingivitis 523.31 Aggressive periodontitis, localized <i>(periodontal abscess)</i> 523.32 Aggressive perio generalized 523.411 Chronic perio localized- Slight 523.412 Chronic perio localized- Moderate 523.413 Chronic perio generalized-Severe 523.421 Chronic perio generalized-Slight 523.422 Chronic perio generalized-Moderate 523.423 Chronic perio generalized-Severe 523.74 Periodontal abscess 523.76 Combined perio-endo lesion
	Gingival recession Inadequate zone of attached gingiva	523.2 Gingival recession (describe in narrative)
Periodontics	Malposed teeth, anatomic defects	523.771 Predisposition to ging disease, anatomic factors
	Perimucositis	523.81 Perimucositis
	Periimplantitis	523.82 Periimplantitis
	Implant failure	<ul> <li>525.71 Implant failure-integration         Pre-integration failures: complications of surgery, iatrogenic, systemic disease, poor bone quality, any other reason.     </li> <li>525.72 Implant failure-biologic         Post integration failures from: lack of attached gingiva, occlusal trauma (poor pros design), parafunctional habits,     </li> </ul>
		peri-implantitis, poor oral hygiene, iatrogenic, complications of systemic disease.  525.73 Implant failure-mechanical
		Post-integration failures from: failure of dental prosthesis causing loss of dental implant, fracture of dental implant.
	Necrotizing ulcerative gingivitis	523.71 Necrotizing ulcerative Gingivitis
	Necrotizing ulcerative periodontitis	523.72 Necrotizing ulcerative Periodontitis

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	Angle Class II	524.22 Angle's Class II Mesial cusp of maxillary first molar
		mesial to buccal groove of mandibular first molar.
	Angle Class III	524.23 Angle's Class III Mesial cusp of maxillary first molar
		distal to buccal groove of mandibular first molar.
		524.24 Open ant occlusal relationship
	Open bite	524.25 Open post occlusal relationship
		Group of teeth do not come together in maximum
		intercuspation.
	Excessive overjet	524.26 Excess horizontal overlap
		524.27 Reverse articulation <i>The maxillary teeth are</i>
		lingual to the mandibular teeth. Can be associated with
	Anterior crossbite	skeletal Class III or not. Posterior can be unilateral or
	Posterior crossbite	bilateral. Usually there is an arch size discrepancy- is the
Orthodontics		maxilla too narrow or small, or is the mandible too large
		or wide?
	Spacing	524.32 Excessive spacing of teeth
	Crowded teeth	524.31 Crowding of teeth
	Deep bite	524.81 Ant soft tissue impingement
		524.1 Relationship of jaw to cranial base (Not just the
	Skeletal malocclusion	teeth are out of line, but the maxilla or mandible is too
	Skeletal Malocolasion	large or small. Confirmed by an orthodontist with a
		cephalometric radiograph)
	Tipped teeth	524.33 Horizontal displ'd (tipped) teeth
	Tipped teetii	524.35 Rotated teeth
	Rotated teeth	Tooth is turned around the long axis
	Anything that doesn't seem to fit	524.59 NOS dentofacial abnormality
	into any of those categories	(functional, ie, mouth breathing, finger habits, etc)
	Supernumerary teeth	520.1 Supernumerary teeth
	Supernamerary teeth	520.6 Impacted teeth <i>Not erupted at the normal time-</i>
	Impacted teeth	crown still in bone.
	Pericoronitis	523.3 Pericoronitis
	Retained root	525.3 Retained dental root
	Retained 100t	525.71 Implant failure- integration
	Implant failure	Pre-integration failures: complications of surgery,
		iatrogenic, systemic disease, poor bone quality, any other
		reason. 525.72 Implant failure-biologic
Oral Surgery		Post integration failures from: lack of attached gingiva,
Oral Surgery		
		occlusal trauma (poor pros design), parafunctional habits,
		peri-implantitis, poor oral hygiene, iatrogenic,
		complications of systemic disease.
		525.73 Implant failure-mechanical
		Post-integration failures from: failure of dental prosthesis
	Facial managings (C. C.	causing loss of dental implant, fracture of dental implant.
	Fascial space infection of	528.3 Cellulitis and abscess
	odontogenic origin	Codes for this was an demand to the little of the little o
	Traumatic wound	Codes for this are under medical codes, which gets really
		complicated

	Mana to atla in a projeto at with	F34 40 Evenesive otteition
	Worn teeth inconsistent with age	521.10 Excessive attrition
	Multiple cracked or fractured teeth	521.81 Cracked tooth- incomplete fx
	Deviation on opening/closing	524.51 Abnormal jaw closure
	Limited range of motion	524.52 Limited mand range of motion <i>Patient cannot</i>
		open more than 30 mm
	Insufficient anterior guidance	524.54 Insufficient anterior guidance
		524.55 CO- MI discrepancy Difference between CO and
	CO-MI discrepancy	MI more than 2 mm antero-posterior or any lateral
		movement
		524.6 TMJ Disorders (details Full List) Associated with a
	Muscle fatigue pain/headache	clear history of clenching or bruxing
		524.76 Occlusal plane deviation <i>The mandibular teeth</i>
	Occlusal plane deviation (from	are significantly off the pupillary plane horizontally or a
	ideal)	20 degree template generally.
		524.27 Reverse articulation <i>The maxillary teeth are</i>
	Crossbite (anterior or posterior)	lingual to the mandibular teeth. Can be associated with
Occlusion		skeletal Class III or not. Posterior can be unilateral or
		bilateral. Usually there is an arch size discrepancy- is the
		maxilla too narrow or small, or is the mandible too large
		or wide?
		524.25 Open post occlusal relationship
	Open bite (anterior or posterior)	524.24 Open ant occlusal relationship Group of teeth do
		not come together in maximum intercuspation.
	Supra-erupted teeth	524.34 Vertical displacement of teeth
		524.57 Lack of post occlusal support Not enough
	No posterior support	posterior teeth occlude to support normal mastication. Pt
		chews on anterior teeth- see excess wear, mobility,
		tipping, fremitus.
	Altered OVD	524.37 Excess interocclusal distance
		524.36. Insuff interocclusal dist (teeth/arch)
	Framitus or mobility from asslusion	525.9 NOS- mobility, fremitus
	Fremitus or mobility from occlusion	
	Anything that doesn't fit	524.50 NOS Functional abnormality

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	Significant development defect of	520.5 Hereditary defect of tooth
	tooth structure	Amelogenisis imperfecta, dentinogenesis imperfecta
		525.1 Loss of teeth
		525.4 Compete edentulism
	Missing teeth	525.51 Partial edent, Kennedy Class I
		525.52 Partial edent, Kennedy Class II
		525.53 Partial edent, Kennedy Class III
		525.54 Partial edent, Kennedy Class IV
	Supra- or infra-erupted teeth	524.34 Vertical displacement of teeth
	Supra- or infra-erupted teeth	521.6 Ankylosis of teeth <i>Tooth is not erupted into the</i>
		correct occlusal position because it is locked in the bone.
	Altered VDO (insufficient,	524.37 Excess interocclusal distance
	excessive)	524.36. Insuff interocclusal dist (teeth/arch)
		524.81 Ant soft tissue impingement <i>The lower incisors</i>
	Insufficient space for prosthesis (anterior or posterior)	are touching the palatal soft tissue, generally behind the
		anterior teeth. The problem if you're doing removable is-
		where are you going to put your dental material? It
		becomes a giant high spot- they hit it before any teeth
Prosthodontics		come together.
		524.82 Post soft tissue impingement <i>Usually from</i>
		expansion of the posterior maxillary tuberosity area.
		Presents the same problem- where will we put our dental
		prosthesis?
	No posterior support	524.57 Lack of post occlusal support
		524.7 Dental alveolar anomalies
	Contour problems of support tissue	525.2 Atrophy of alveolar ridge
		526.81 Exostosis of jaw (tori)
		524.27 Reverse articulation
		(ant articulation, crossbite, post articulation)
	Pathosis of supporting tissue	528.9 NOS Soft tissue path
		Denture sore mouth, stomatitis, papillary hyperplasia,
		traumatic ulcer
	Tipped teeth	524.33 Horizontal displ (tipped) teeth
	Poorly fitting dental prosthesis	No specific codes that correspond as a diagnosis. Just
	Broken dental prosthesis	note in the problem list so you take it into account, and
	Unacceptable esthetics on dental	document that you noted it.
	prosthesis	

	Discolored teeth	520.8 Pre-eruptive color changes Tetracycline or other stains that have been there since they erupted 521.7 Int. post erupt color change Staining of teeth that is not surface stain but occurred since the tooth erupted. This is the staining that we are normally reversing with vital bleach. 522.2 Pulp degeneration (calcification) Describes the appearance that goes with a calcified pulp chamber. 520.3 Mottled teeth (fluorosis, opacities)Brown or white spots in the enamel that are not caries or restorative material.
	Unesthetic restoration	525.67 Unesthetic restoration
Esthetics	Malformed teeth	520.2 Abnorma tooth size, form
	Crowding	524.31 Crowding of teeth
	Spacing	524.32 Excessive spacing of teeth
	Misaligned teeth	524.35 Rotated teeth <i>Tooth is turned around the long axis</i> 524.37 NOS Misalignment <i>Diastema, displacement, transportation</i>
	Excessive gingival display Uneven gingival margin Excessively short clinical crowns Midline misaligned with facial midline >2mm Reverse smile line Other esthetic complaint	524.37 NOS Misalignment