

Appendices: information taken verbatim from the respective websites

Appendix 1: The National Emergency Department Sample

Copied from: <https://www.hcup-us.ahrq.gov/nedsoverview.jsp>.

The Nationwide Emergency Department Sample

The Nationwide Emergency Department Sample (NEDS) is part of a family of databases and software tools developed for the [Healthcare Cost and Utilization Project \(HCUP\)](#).⁽⁸⁶⁾ The NEDS is the largest all-payer emergency department (ED) database in the United States, yielding national estimates of hospital-based ED visits. Unweighted, it contains data from approximately 30 million discharges each year. Weighted, it estimates roughly 130 million ED visits.

Developed through a Federal-State-Industry partnership sponsored by the [Agency for Healthcare Research and Quality](#), HCUP data inform decisionmaking at the national, State, and community levels.

This page provides an overview of the NEDS. For more details, see [NEDS Database Documentation](#) and the *Introduction to the NEDS, 2012* ([PDF](#) file, 833 KB; [HTML](#)).

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About the NEDS

Sampled from the [State Inpatient Databases \(SID\)](#) and [State Emergency Department Databases \(SEDD\)](#), HCUP's NEDS that can be used to create national and regional estimates of ED care. The SID contain information on patients initially seen in the ED and then admitted to the same hospital. The SEDD capture information on ED visits that do not result in an admission (i.e., treat-and-release visits and transfers to another hospital).

NEDS data are available from 2006 through 2012, which allows researchers to analyze trends over time. Key features of the most recent NEDS database year (2012) include:

- A large sample size, which provides sufficient data for analysis across hospital types and the study of relatively uncommon disorders and procedures
- Discharge data for ED visits from 950 hospitals located in 30 States, approximating a 20-percent stratified sample of U.S. hospital-based EDs
- Demographic data such as hospital and patient characteristics, geographic area, and the nature of ED visits (e.g., common reasons for ED visits, including injuries)

- ED charge information for over 85 percent of patients, including individuals covered by Medicare, Medicaid, or private insurance, as well as those who are uninsured
- Children's hospitals with trauma centers, which are classified with adult and pediatric trauma centers in the current versions of the NEDS.

Information on previous years of the NEDS may be found in the *Introduction to the NEDS, 2012* ([PDF file](#), 833 KB; [HTML](#)).

NEDS Data Elements

The NEDS contains clinical and resource-use information that is included in a typical discharge abstract, with safeguards to protect the privacy of individual patients, physicians, and hospitals (as required by data sources). The NEDS is composed of more than 100 clinical and nonclinical variables for each hospital stay. These include:

- International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis and external cause of injury codes
- ICD-9-CM and Current Procedural Terminology, Fourth Edition (CPT®-4) procedure codes
- Identification of injury-related ED visits including mechanism, intent, and severity of injury
- Admission and discharge status
- Patient demographics characteristics (e.g., sex, age, urban-rural designation of residence, national quartile of median household income for patient's ZIP Code)
- Expected payment source
- Total ED charges (for ED visits) and total hospital charges (for inpatient stays for ED visits that result in admission)
- Hospital characteristics (e.g., region, trauma center indicator, urban-rural location, teaching status)

Appendix 2: Medical Expenditure Panel Survey

Copied from: http://meps.ahrq.gov/mepsweb/about_meps/survey_back.jsp

Medical Expenditure Panel Survey (MEPS)

The Medical Expenditure Panel Survey, which began in 1996, is a set of large-scale surveys of families and individuals, their medical providers (doctors, hospitals, pharmacies, etc.), and employers across the United States. MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

Major MEPS Components

MEPS currently has two major components: the [Household Component](#) and the [Insurance Component](#). The Household Component provides data from individual households and their members, which is supplemented by data from their medical providers. The Insurance Component is a separate survey of employers that provides data on employer-based health insurance.

Household Component

The [Household Component](#) (HC) collects data from a sample of families and individuals in selected communities across the United States, drawn from a nationally representative subsample of households that participated in the prior year's [National Health Interview Survey](#) (conducted by the National Center for Health Statistics).

During the household interviews, MEPS collects detailed information for each person in the household on the following: demographic characteristics, health conditions, health status, use of medical services, charges and source of payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The panel design of the survey, which features several rounds of interviewing covering two full calendar years, makes it possible to determine how changes in respondents' health status, income, employment, eligibility for public and private insurance coverage, use of services, and payment for care are related.

The HC expenditures have been projected to future years by selected demographic characteristics by source of payment and type of service.

HC data are available on the MEPS Web site in data tables, downloadable data files (person, job, event, or condition level), annually projected expenditures through 2016, and interactive data tools, as well as in publications using HC data.

Insurance Component

The [Insurance Component](#) (IC) collects data from a sample of private and public sector employers on the health insurance plans they offer their employees. The survey is also known as the Health Insurance Cost Study.

The collected data include the number and types of private insurance plans offered (if any), premiums, contributions by employers and employees, eligibility requirements, benefits associated with these plans, and employer characteristics.

IC estimates are available on the MEPS Web site in tabular form for national, regional, state, and metropolitan areas, as well as in publications using IC data and interactive data tools. IC data files are not available for public release.

Other MEPS Components

MEPS also includes a Medical Provider Component (MPC), which covers hospitals, physicians, home health care providers, and pharmacies identified by MEPS-HC respondents. Its purpose is to supplement and/or replace information received from the MEPS-HC respondents.

Data files containing only this supplemental respondent information are not available, but the information is incorporated into the MEPS-HC data files.

In 1996 only, MEPS included a [Nursing Home Component](#) (NHC) that gathered information from a sample of nursing homes and residents nationwide on the characteristics of the facilities and services offered; expenditures and sources of payment on an individual resident level; and resident characteristics, including functional limitation, cognitive impairment, age, income, and insurance coverage. The NHC also collected data on the availability and use of community-based care prior to admission to nursing homes. For reasons of confidentiality, NHC data are available only at the [Data Center located at AHRQ or one of the Census Bureau's Research Data Centers](#).

The [National Center for Health Statistics \(NCHS\)](#) provides information on the NCHS National Nursing Home Survey (NNHS), a continuing series of national sample surveys of nursing homes, their residents, and their staff that have been conducted in 1973–74, 1977, 1985, 1995, 1997, and 1999.

Earlier Surveys and MEPS

Surveys collecting data on medical expenditures began in the 1970s at a time when the structure of health care services, private insurance, Federal health care programs and the characteristics of the U.S. population were undergoing enormous change. The first of these surveys, the National Medical Care Expenditure Surveys (NMCES), was conducted in 1977. Similar to the MEPS-HC survey, NMCES had three main components: a household survey, a survey of physicians utilized by the household members, and a health insurance employer component. Approximately 14,000 households participated in six rounds of interviews over a 14-month period.

In 1987, the National Medical Expenditure Survey (NMES) was conducted. Approximately 16,000 households participated in NMES, including 2,000 American Indian and Alaskan Native households. Once again, the household information was supplemented by surveys of medical and health insurance providers utilized by respondents.

In 1996, the current survey, MEPS-HC, was designed to provide more timely information about the nation's changing health care system. MEPS-HC introduces a new panel or sample of households into the survey every year and is conducted continually rather than once every 10 years. MEPS-HC households are a subsample of households that participate in the National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics approximately six months to a year prior to MEPS. Like the earlier surveys, the information collected in MEPS-HC from households is supplemented by surveys of medical and health insurance providers.

The predecessor to the MEPS-IC was the 1994 National Employer Health Insurance Survey (NEHIS) conducted by the National Center for Health Statistics. NEHIS measured the extent, cost, and coverage of employment-based health insurance and was the first federal survey designed to produce state and national estimates of employer-sponsored health insurance. NEHIS drew extensively from

two previous employer surveys: the Survey of Health Insurance Plans, sponsored by the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and conducted in the 1980s, and the 1993 Robert Wood Johnson Foundation 10 State Employer Health Insurance Survey.

In 1996, the MEPS-IC began production of an expanded set of state and national estimates on an annual basis. (http://meps.ahrq.gov/mepsweb/about_meps/survey_back.jsp)

Appendix 3: National Hospital Ambulatory Medical Care Survey

Copied from: http://www.cdc.gov/nchs/ahcd/about_ahcd.htm

National Hospital Ambulatory Medical Care Survey

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments and in ambulatory surgery centers. Hospital-based ambulatory surgery centers were first added to this study in 2009, and freestanding ambulatory surgery centers were added in 2010.

For the hospital component of the survey, findings are based on a national sample of visits to emergency and outpatient departments and to ambulatory surgery facilities in noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. A four-stage probability sampling design is used. The first stage consists of a sample of geographically defined areas, and the second stage is of hospitals within these areas. In the third stage, clinics within outpatient departments are selected. All emergency service areas and in-scope ambulatory surgery locations are included. In the final stage, patient visits to these settings are sampled.

For the freestanding ambulatory surgery component of the NHAMCS, findings are based a national sample of visits to these ambulatory surgery centers located in the 50 States and the District of Columbia that are regulated by states, certified by the Centers for Medicare and Medicaid Services, or whose primary business is ambulatory surgery. A two-stage list sample design is used that includes samples of facilities and of patient visits to these facilities.

Specially trained interviewers visit facilities prior to their participation in the survey to explain survey procedures, verify eligibility, develop a sampling plan, and train staff in data collection procedures. The survey instrument is the Patient Record form, which is provided in three versions -- one for the emergency department, one for the outpatient department, and one for the ambulatory surgery facilities. Staff are instructed to complete Patient Record forms for a systematic random sample of patient visits during a randomly assigned 4-week reporting period. Data are obtained on demographic characteristics of patients, expected source(s) of payment, patients' complaints, diagnoses, diagnostic/screening services, procedures, medication therapy, disposition, types of providers seen, causes of injury (emergency department and ambulatory surgery center only), and certain characteristics of the facility, such as, geographic region and metropolitan status.

Appendix 4: State Emergency Department Databases (SEDD)

Copied from from: <https://www.hcup-us.ahrq.gov/seddooverview.jsp>

State Emergency Department Databases

The State Emergency Department Databases (SEDD) are part of the family of databases and software tools developed for the [Healthcare Cost and Utilization Project \(HCUP\)](#). The SEDD capture emergency visits at hospital-affiliated emergency departments (EDs) that do not result in hospitalization. Information about patients initially seen in the ED and then admitted to the hospital is included in the State Inpatient Databases (SID). The SEDD files include all patients, regardless of payer, providing a unique view of ED care in a State or in a defined market over time.

Developed through a Federal-State-Industry partnership sponsored by the [Agency for Healthcare Research and Quality \(AHRQ\)](#), HCUP data inform decisionmaking at the national, State, and community levels.

This page provides an overview of the SEDD. For more details, see [SEDD Database Documentation](#) and the *Introduction to the SEDD* ([PDF](#) file, 629 KB; [HTML](#))

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About the SEDD

The SEDD capture discharge information on all ED visits in a given State that do not result in an admission. States make their SEDD files available for purchase through the [HCUP Central Distributor](#).

[Thirty-two](#) States currently participate in the SEDD:

- The SEDD contain the ED encounter abstracts in participating States, translated into a uniform format to facilitate multi-State comparisons and analyses.
- All of the databases include abstracts from hospital-affiliated ED sites. Composition and completeness of data files may vary from State to State.
- The SEDD contain a core set of clinical and nonclinical information on all patients, including individuals covered by Medicare, Medicaid, or private insurance, as well as those who are uninsured.
- In addition to the core set of uniform data elements common to all SEDD, some State

data include other elements, such as the patient's race.

Free [HCUP Tools & Software](#) are also available to identify preventable hospitalizations, estimate costs, assess quality of care and patient safety, categorize diagnoses and procedures, and identify comorbidities.

Additional information on the SEDD may be found in the *Introduction to the SEDD* ([PDF](#) file, 629 KB; [HTML](#)).

SEDD Data Elements

The SEDD contain clinical and resource-use information that is included in a typical discharge abstract, with safeguards to protect the privacy of individual patients, physicians, and hospitals (as required by data sources). The SEDD contain more than 100 clinical and non-clinical variables included in a hospital discharge abstract, such as:

- All-listed diagnoses and procedures
- Patient demographics characteristics (e.g., sex, age, and, for some States, race)
- Expected payment source
- Total charges
- Hospital identifiers that permit linkage to hospital inpatient databases, such as the AHRQ-sponsored [State Inpatient Databases \(SID\)](#), and to the American Hospital Association Annual Survey File

Elements included in the SEDD are not always available for all States, including the hospital county identifiers or HCUP's [Revisit Variables](#). Please see the [Availability of Data Elements by Year](#).

SEDD Areas of Research and HCUP Publications

The SEDD combined with SID discharges that originate in the ED are well suited for research that requires complete enumeration of hospital-based EDs within market areas or States. The SEDD promote comparative studies of health care services and support health care policy research on a variety of topics, including:

- Injury surveillance
- Access to health care in a changing health care marketplace
- Trends and correlations between ED use and environmental events
- Emerging infections
- Occurrence of nonfatal, preventable illness
- Community assessment and planning

The SEDD are used in a variety of publications:

- [HCUP Statistical Briefs](#) highlight a variety of health topics.
- Use the [HCUP Publications Search Tool](#) to find publications using the SEDD.
- Review featured publications on the [HCUP Research Spotlights](#) page.
- Read publications by the winners of the [HCUP Outstanding Article of the Year Awards](#).

Purchase the SEDD

SEDD releases for data years 1999 through 2011 are available for purchase through the [HCUP Central Distributor](#). Costs vary by State and data year.

Prior to purchasing HCUP data, all individuals are required to take the online [HCUP Data Use Agreement Training Course](#), and users of the SEDD must read and sign the Data Use Agreement for State Databases ([PDF](#) file, 206 KB; [HTML](#)).

The SEDD are available for purchase online through the [HCUP Central Distributor](#).

Questions regarding purchasing databases can be directed to the HCUP Central Distributor:

E-mail: HCUPDistributor@AHRQ.gov
Telephone: (866) 556-4287 (toll free)
Fax: (866) 792-5313 (toll free)

SEDD Hardware and Software Requirements

The SEDD data set comes in ASCII format and can be run on desktop computers with a DVD drive. To load and analyze the SEDD, you will need the following:

- A DVD drive
- A hard drive with one to four gigabytes of space available, depending on the SID being used
- SAS®, SPSS®, or similar analysis software

The data set comes with full documentation. SEDD documentation and tools, including programs for loading the ASCII file into SAS or SPSS, are also available on the [SEDD Database Documentation](#) page.

Appendix 5: Oral/Dental Related ICD 9 Codes(520-529.9, 784.92, 873.43-873.79, V523, V534, V585, V722) - downloaded from site:

<https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>

(codes in table do not include decimal after 3rd digit)

ICD 9 Code	Description
5200	Anodontia
5201	Supernumerary teeth
5202	Abnormalities of size and form of teeth
5203	Mottled teeth
5204	Disturbances of tooth formation
5205	Hereditary disturbances in tooth structure, not elsewhere classified
5206	Disturbances in tooth eruption
5207	Teething syndrome
5208	Other specified disorders of tooth development and eruption
5209	Unspecified disorder of tooth development and eruption
52100	Dental caries, unspecified
52101	Dental caries limited to enamel
52102	Dental caries extending into dentine
52103	Dental caries extending into pulp
52104	Arrested dental caries
52105	Odontoclasia
52106	Dental caries pit and fissure
52107	Dental caries of smooth surface
52108	Dental caries of root surface
52109	Other dental caries
52110	Excessive attrition, unspecified
52111	Excessive attrition, limited to enamel
52112	Excessive attrition, extending into dentine
52113	Excessive attrition, extending into pulp
52114	Excessive attrition, localized
52115	Excessive attrition, generalized
52120	Abrasion, unspecified
52121	Abrasion, limited to enamel
52122	Abrasion, extending into dentine
52123	Abrasion, extending into pulp
52124	Abrasion, localized
52125	Abrasion, generalized
52130	Erosion, unspecified
52131	Erosion, limited to enamel
52132	Erosion, extending into dentine
52133	Erosion, extending into pulp
52134	Erosion, localized
52135	Erosion, generalized
52140	Pathological resorption, unspecified
52141	Pathological resorption, internal
52142	Pathological resorption, external
52149	Other pathological resorption
5215	Hypercementosis

5216	Ankylosis of teeth
5217	Intrinsic posteruptive color changes
52181	Cracked tooth
52189	Other specific diseases of hard tissues of teeth
5219	Unspecified disease of hard tissues of teeth
5220	Pulpitis
5221	Necrosis of the pulp
5222	Pulp degeneration
5223	Abnormal hard tissue formation in pulp
5224	Acute apical periodontitis of pulpal origin
5225	Periapical abscess without sinus
5226	Chronic apical periodontitis
5227	Periapical abscess with sinus
5228	Radicular cyst
5229	Other and unspecified diseases of pulp and periapical tissues
52300	Acute gingivitis, plaque induced
52301	Acute gingivitis, non-plaque induced
52310	Chronic gingivitis, plaque induced
52311	Chronic gingivitis, non-plaque induced
52320	Gingival recession, unspecified
52321	Gingival recession, minimal
52322	Gingival recession, moderate
52323	Gingival recession, severe
52324	Gingival recession, localized
52325	Gingival recession, generalized
52330	Aggressive periodontitis, unspecified
52331	Aggressive periodontitis, localized
52332	Aggressive periodontitis, generalized
52333	Acute periodontitis
52340	Chronic periodontitis, unspecified
52341	Chronic periodontitis, localized
52342	Chronic periodontitis, generalized
5235	Periodontosis
5236	Accretions on teeth
5238	Other specified periodontal diseases
5239	Unspecified gingival and periodontal disease
52400	Major anomalies of jaw size, unspecified anomaly
52401	Major anomalies of jaw size, maxillary hyperplasia
52402	Major anomalies of jaw size, mandibular hyperplasia
52403	Major anomalies of jaw size, maxillary hypoplasia
52404	Major anomalies of jaw size, mandibular hypoplasia
52405	Major anomalies of jaw size, macrogenia
52406	Major anomalies of jaw size, microgenia
52407	Excessive tuberosity of jaw
52409	Major anomalies of jaw size, other specified anomaly
52410	Anomalies of relationship of jaw to cranial base, unspecified anomaly
52411	Anomalies of relationship of jaw to cranial base, maxillary asymmetry
52412	Anomalies of relationship of jaw to cranial base, other jaw asymmetry
52419	Anomalies of relationship of jaw to cranial base, other specified anomaly
52420	Unspecified anomaly of dental arch relationship

52421	Malocclusion, Angle's class I
52422	Malocclusion, Angle's class II
52423	Malocclusion, Angle's class III
52424	Open anterior occlusal relationship
52425	Open posterior occlusal relationship
52426	Excessive horizontal overlap
52427	Reverse articulation
52428	Anomalies of interarch distance
52429	Other anomalies of dental arch relationship
52430	Unspecified anomaly of tooth position
52431	Crowding of teeth
52432	Excessive spacing of teeth
52433	Horizontal displacement of teeth
52434	Vertical displacement of teeth
52435	Rotation of tooth/teeth
52436	Insufficient interocclusal distance of teeth (ridge)
52437	Excessive interocclusal distance of teeth
52439	Other anomalies of tooth position
5244	Malocclusion, unspecified
52450	Dentofacial functional abnormality, unspecified
52451	Abnormal jaw closure
52452	Limited mandibular range of motion
52453	Deviation in opening and closing of the mandible
52454	Insufficient anterior guidance
52455	Centric occlusion maximum intercuspation discrepancy
52456	Non-working side interference
52457	Lack of posterior occlusal support
52459	Other dentofacial functional abnormalities
52460	Temporomandibular joint disorders, unspecified
52461	Temporomandibular joint disorders, adhesions and ankylosis (bony or fibrous)
52462	Temporomandibular joint disorders, arthralgia of temporomandibular joint
52463	Temporomandibular joint disorders, articular disc disorder (reducing or non-reducing)
52464	Temporomandibular joint sounds on opening and/or closing the jaw
52469	Other specified temporomandibular joint disorders
52470	Dental alveolar anomalies, unspecified alveolar anomaly
52471	Alveolar maxillary hyperplasia
52472	Alveolar mandibular hyperplasia
52473	Alveolar maxillary hypoplasia
52474	Alveolar mandibular hypoplasia
52475	Vertical displacement of alveolus and teeth
52476	Occlusal plane deviation
52479	Other specified alveolar anomaly
52481	Anterior soft tissue impingement
52482	Posterior soft tissue impingement
52489	Other specified dentofacial anomalies
5249	Unspecified dentofacial anomalies
5250	Exfoliation of teeth due to systemic causes
52510	Acquired absence of teeth, unspecified
52511	Loss of teeth due to trauma
52512	Loss of teeth due to periodontal disease

52513	Loss of teeth due to caries
52519	Other loss of teeth
52520	Unspecified atrophy of edentulous alveolar ridge
52521	Minimal atrophy of the mandible
52522	Moderate atrophy of the mandible
52523	Severe atrophy of the mandible
52524	Minimal atrophy of the maxilla
52525	Moderate atrophy of the maxilla
52526	Severe atrophy of the maxilla
5253	Retained dental root
52540	Complete edentulism, unspecified
52541	Complete edentulism, class I
52542	Complete edentulism, class II
52543	Complete edentulism, class III
52544	Complete edentulism, class IV
52550	Partial edentulism, unspecified
52551	Partial edentulism, class I
52552	Partial edentulism, class II
52553	Partial edentulism, class III
52554	Partial edentulism, class IV
52560	Unspecified unsatisfactory restoration of tooth
52561	Open restoration margins
52562	Unrepairable overhanging of dental restorative materials
52563	Fractured dental restorative material without loss of material
52564	Fractured dental restorative material with loss of material
52565	Contour of existing restoration of tooth biologically incompatible with oral health
52566	Allergy to existing dental restorative material
52567	Poor aesthetics of existing restoration
52569	Other unsatisfactory restoration of existing tooth
52571	Osseointegration failure of dental implant
52572	Post-osseointegration biological failure of dental implant
52573	Post-osseointegration mechanical failure of dental implant
52579	Other endosseous dental implant failure
5258	Other specified disorders of the teeth and supporting structures
5259	Unspecified disorder of the teeth and supporting structures
5260	Developmental odontogenic cysts
5261	Fissural cysts of jaw
5262	Other cysts of jaws
5263	Central giant cell (reparative) granuloma
5264	Inflammatory conditions of jaw
5265	Alveolitis of jaw
52661	Perforation of root canal space
52662	Endodontic overfill
52663	Endodontic underfill
52669	Other periradicular pathology associated with previous endodontic treatment
52681	Exostosis of jaw
52689	Other specified diseases of the jaws
5269	Unspecified disease of the jaws
5270	Atrophy of salivary gland
5271	Hypertrophy of salivary gland

5272	Sialoadenitis
5273	Abscess of salivary gland
5274	Fistula of salivary gland
5275	Sialolithiasis
5276	Mucocele of salivary gland
5277	Disturbance of salivary secretion
5278	Other specified diseases of the salivary glands
5279	Unspecified disease of the salivary glands
52800	Stomatitis and mucositis, unspecified
52801	Mucositis (ulcerative) due to antineoplastic therapy
52802	Mucositis (ulcerative) due to other drugs
52809	Other stomatitis and mucositis (ulcerative)
5281	Cancrum oris
5282	Oral aphthae
5283	Cellulitis and abscess of oral soft tissues
5284	Cysts of oral soft tissues
5285	Diseases of lips
5286	Leukoplakia of oral mucosa, including tongue
52871	Minimal keratinized residual ridge mucosa
52872	Excessive keratinized residual ridge mucosa
52879	Other disturbances of oral epithelium, including tongue
5288	Oral submucosal fibrosis, including of tongue
5289	Other and unspecified diseases of the oral soft tissues
5290	Glossitis
5291	Geographic tongue
5292	Median rhomboid glossitis
5293	Hypertrophy of tongue papillae
5294	Atrophy of tongue papillae
5295	Plicated tongue
5296	Glossodynia
5298	Other specified conditions of the tongue
5299	Unspecified condition of the tongue
78492	Jaw pain
87343	Open wound of lip, without mention of complication
87344	Open wound of jaw, without mention of complication
87349	Open wound of other and multiple sites of face, without mention of complication
87350	Open wound of face, unspecified site, complicated
87351	Open wound of cheek, complicated
87352	Open wound of forehead, complicated
87353	Open wound of lip, complicated
87354	Open wound of jaw, complicated
87359	Open wound of other and multiple sites of face, complicated
87360	Open wound of mouth, unspecified site, without mention of complication
87361	Open wound of buccal mucosa, without mention of complication
87362	Open wound of gum (alveolar process), without mention of complication
87363	Open wound of tooth (broken) (fractured) (due to trauma), without mention of complication
87364	Open wound of tongue and floor of mouth, without mention of complication
87365	Open wound of palate, without mention of complication
87369	Open wound of other and multiple sites of mouth, without mention of complication
87370	Open wound of mouth, unspecified site, complicated

87371	Open wound of buccal mucosa, complicated
87372	Open wound of gum (alveolar process), complicated
87373	Open wound of tooth (broken) (fractured) (due to trauma), complicated
87374	Open wound of tongue and floor of mouth, complicated
87375	Open wound of palate, complicated
87379	Open wound of other and multiple sites of mouth, complicated
V523	Fitting and adjustment of dental prosthetic device
V534	Fitting and adjustment of orthodontic devices
V585	Orthodontics aftercare
V722	Dental examination