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Coding Guide

OMS

An essential coding, billing, and reimbursement resource for oral and maxillofacial surgery

SAMPLE

Presented by Optum360 and ASI/AAOMS.

2017

ICD-10

A full suite of resources including the latest code set, mapping products, and expert training to help you make a smooth transition. **www.optumcoding.com/ICD10**

Contents

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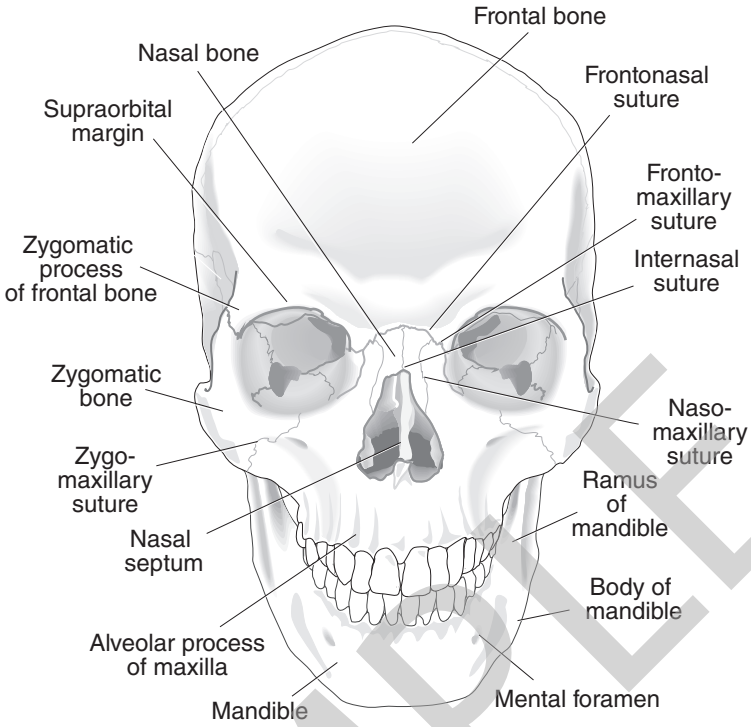
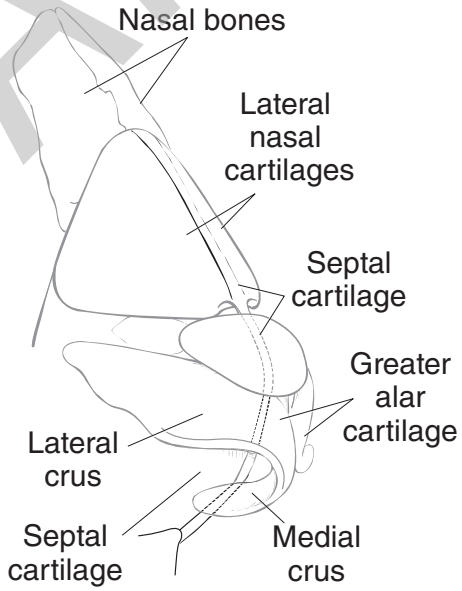
Facial Bones (continued)

Skull



Nose



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medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
D0120	0.0	0.0	N/A	N	-

	Modifiers				Medicare References
D0120	N/A	N/A	N/A	N/A	100-1,5,70.2
* with documentation					

D0140-D0145

D0140 limited oral evaluation - problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

Explanation

The limited evaluation is problem focused on a particular dental health problem or concern presented by the patient. It includes the interpretation of information acquired through additional, separately reportable diagnostic oral health tests. It may lead to the decision that other definitive procedures are also required. Report code D0145 when the patient is younger than 3 years and the primary caregiver is counseled.

Coding Tips

Code D0140 reports a type of evaluation that is typically provided if the patient presents with trauma, acute infection, other oral care emergency, or when the patient has been referred for a specific problem. When an oral health assessment is performed by someone other than the dentist, for example, a licensed dental hygienist, some third-party payers may require that modifier DA Oral health assessment by a licensed health professional other than a dentist, be appended to codes D0140-D0145. Check with the third-party payer for specific requirements. Report code D0160 when a detailed and extensive oral evaluation is provided. When a comprehensive examination is performed, see code D0150. Documentation for code D0145 should include oral and physical health history, evaluation of caries susceptibility, and development of appropriate oral health regimen, including discussion of said regimen with caregiver. Because of the level of care required by children under the age of 3, code D0145 may be reported for re-evaluations if all of the above components are performed and documented. If the service provided is medical and not dental in nature, see the appropriate CPT evaluation and management codes. These codes do not distinguish between an established or new patient. Any radiograph, prophylaxis, fluoride, restorative, or extraction service is reported separately.

Documentation Tips

Documentation supporting an evaluation must indicate if the evaluation was complete, periodic, or limited. Treatment plan documentation should reflect any treatment failure, change in diagnosis, and/or a change in treatment plan. There should also be evidence of any initiation or reinstatement of a drug regime, which requires close and continuous skilled medical observation. Providers should include sufficient documentation in the medical record to accurately describe and verify the services rendered. Additionally, records should be legible and signed with the appropriate name and title of the provider of the service. The following information should be documented on a tooth chart: treatment/location of caries, endodontic procedures, prosthetic services, preventive services, treatment of lesions and dental disease, or other special procedures. A tooth chart may also be used to identify structures and rationale of disease process, and the type of service performed on intraoral structures other than teeth.

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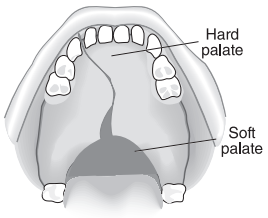
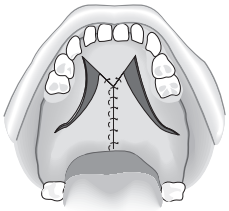
42220

42220 Palatoplasty for cleft palate; secondary lengthening procedure



Wound from palatoplasty with shortened soft palate



Example of Wardill "push-back" technique to lengthen the soft palate

Explanation

The physician revises the previous cleft palate incisions to lengthen the soft palate. Wound dehiscence (splitting), infection, or scarring after initial surgeries could cause developmental growth restrictions or velopharyngeal incompetence. The defect will dictate the repair performed. Typically, the soft palate lengthening is accomplished with the use of mucosal advancement flaps. Incisions are made in the palatal mucosa adjacent to the alveolar (tooth-bearing) bone. The mucosa is elevated and loosened from the bony palate. The pedicle flaps using posterior palatine blood supply are developed and sutured to increase the anterior-posterior length of the soft palate. The physician sutures all remaining midline incisions in layers.

Coding Tips

The benefits of palatal closure include restoration of swallowing and speech functions. When 42220 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure, and subsequent procedures are appended with modifier 51. For palatoplasty for a cleft palate, with closure of the alveolar ridge (soft tissue), see 42205; with bone graft, see 42210. For palatoplasty for a cleft palate, major revision, see 42215; attachment pharyngeal flap, see 42225. For plastic repair of a cleft lip/nasal deformity, see 40700–40761.

Documentation Tips

Providers should include sufficient documentation in the medical record to accurately describe and verify the services rendered. Additionally, records should be legible and signed with the appropriate name and title of the provider of the service.

Reimbursement Tips

Some payers may require that this service be reported using the appropriate CDT code.

Terms To Know

cleft palate. Congenital fissure or defect of the roof of the mouth opening to the nasal cavity due to failure of embryonic cells to fuse completely.

lengthening. Surgical procedure to lengthen a bone or tendon.

CDT Codes

D7955 repair of maxillofacial soft and/or hard tissue defect

ICD-10-CM Diagnostic Codes

P92.9 Feeding problem of newborn, unspecified
Q35.1 Cleft hard palate
Q35.3 Cleft soft palate
Q35.5 Cleft hard palate with cleft soft palate
Q35.9 Cleft palate, unspecified
Q37.0 Cleft hard palate with bilateral cleft lip
Q37.1 Cleft hard palate with unilateral cleft lip
Q37.2 Cleft soft palate with bilateral cleft lip
Q37.3 Cleft soft palate with unilateral cleft lip
Q37.4 Cleft hard and soft palate with bilateral cleft lip
Q37.5 Cleft hard and soft palate with unilateral cleft lip
Q37.8 Unspecified cleft palate with bilateral cleft lip
Q37.9 Unspecified cleft palate with unilateral cleft lip
Q38.5 Congenital malformations of palate, not elsewhere classified
Q38.8 Other congenital malformations of pharynx
R49.21 Hypernasality
R49.22 Hyponasality
R49.8 Other voice and resonance disorders
R49.9 Unspecified voice and resonance disorder
R63.3 Feeding difficulties

Please note that this list of associated ICD-10-CM codes is not all-inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
42220	14.51	14.51	90	A	1(2)

	Modifiers				Medicare References
42220	N/A	51	N/A	80	None

* with documentation

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