



American Association of Oral and Maxillofacial Surgeons Coding for Cleft Lip and Palate Surgery



2009

I. INTRODUCTION

This is one in a series of AAOMS papers designed to provide information on coding claims for oral and maxillofacial surgery (OMS). This paper discusses coding for cleft lip and palate surgery. This paper is to aid the oral and maxillofacial surgeon with proper diagnosis (ICD-9-CM) and treatment (CPT) coding for cleft lip and palate surgery. This paper should not be utilized as the sole reference in coding. Both diagnosis and treatment codes change frequently, and insurance carriers may differ in their interpretations of the codes. When indicated, you will be referred to the appropriate area of the coding books where the principles of coding illustrated in this paper may be applied.

Proper coding provides a uniform language to describe medical, surgical, and dental services. Diagnostic and procedure codes are continually updated or revised. The AAOMS Committee on Health Care and Advocacy has developed these coding guidelines in order to assist the membership to use the coding systems effectively and efficiently.

Familiarity and compliance with the previous papers, particularly the AAOMS paper on “ICD-9-CM Diagnostic Coding” and “Procedural Coding Guidelines Utilizing CPT, HCPCS, and CDT” are necessary in using these codes successfully. This paper is divided into three parts patterned after the chronological evaluation of a cleft lip and palate patient.

II. EVALUATION AND MANAGEMENT SERVICES

The CPT Guidelines totally revised the universe of evaluation and management codes in 1992. The specifics of these revisions have been covered by other publications specifically dedicated to the “evaluation and management” (E&M) codes. The important point of consideration is that the initial examinations of patients with cleft lip and cleft palate problems should appropriately be coded using the E&M codes. Particular attention should be directed to the location of where the service is provided. It is not uncommon to initially have contact with cleft lip and palate patients in a newborn nursery within a hospital. However, the great majority of patients will be seen on an outpatient basis in an OMS office. Specific subsets of codes are designated by location.

The American Medical Association has outlined the concept of a “specialty-specific examination” in the CPT book. This concept enables subspecialties within medicine to use the high level E&M codes for the initial examination. Required with these codes is the completion and documentation of a comprehensive OMS examination. In the case of a cleft lip and palate patient, this would include not only a soft tissue exam, a musculoskeletal exam, speech and hearing evaluation and appropriate imaging, but also a comprehensive dental examination.

III. CODING FOR CLEFT SURGICAL SERVICES

The codes for describing cleft lip and cleft palate surgery are found within the Digestive System Section of the CPT Manual. The following codes are to be used for cleft lip surgery:

40650	Repair lip, full thickness; vermilion only
40652	up to half vertical height
40654	over one-half vertical height, or complex
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	primary bilateral, one stage procedure
40702	primary bilateral, one of two stages
40720	secondary, by recreation of defect and reclosure
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting pedicle

Frequently, additional reconstructive soft tissue procedures need to be performed. Codes for these procedures include:

14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin mouth, neck, axillae, genitalia, hands and/or feet; defect 10sq cm or less
14041	defect 10.1 sq cm to 30.0 sq cm.
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less
14061	defect 10.1 sq cm to 30.0 sq cm
15120 - 15261	(additional reconstructive codes under the Integumentary System)
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral

Codes used for the surgical management of a cleft palate are also found in the Digestive System under the Section of Palate and Uvula. Codes used to describe cleft palate surgery are as follows:

42200	Palatoplasty for cleft palate, soft and/or hard palate only
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42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only

42210 with bone graft to alveolar ridge (includes obtaining graft)

(Note: To report a bone graft to an alveolar cleft without a palatoplasty, Code 21210 would be used.)

42215 Palatoplasty for cleft palate; major revision

42220 secondary lengthening procedure

42225 attachment pharyngeal flap

42226 Lengthening of palate, and pharyngeal flap

42227 Lengthening of palate, with island flap

42235 Repair of anterior palate, including vomer flap

42260 Repair of nasolabial fistula

42280 Maxillary impression for palatal prosthesis

42281 Insertion of pin-retained palatal prosthesis

40799 Unlisted procedure, lips (e.g., lip adhesions)

20902 Bone harvest any area, major or large. Code used for obtaining autogenous bone or other tissues through a separate skin incision by a separate surgeon than performing the primary procedure. Do not use the -62 modifier. If the primary procedure 'includes obtaining the graft' use the -52 modifier on the primary procedure for reduced services.

Commonly, closure of an oronasal fistula is also required when doing cleft lip and palate surgery. However, it typically should not be reported separately using the following code:

30580 Repair fistula; oromaxillary

30600 oronasal

Some secondary procedure codes include:

30400-30630 Rhinoplasty, septoplasty, nasal region repair codes

It is the recommendation of the AAOMS Committee on Health Care and Advocacy that the oral and maxillofacial surgeon use the CPT codes described for cleft lip and palate surgery. In

particular, it is recommended that the CPT codes for obturators and palatal prosthesis be used, rather than the American Dental Association's Current Dental Terminology (CDT) codes.

III. MODIFIERS FOR CLEFT LIP AND PALATE SURGERY

The following code modifiers may have some application in the reporting of services for cleft lip and palate surgery.

- 50 Bilateral Procedure
- 51 Multiple Procedures
- 52 Reduced services
- 58 Staged or Related Procedure or Service by the Same Physician during the Postoperative Period (It is known in advance that other care will be required)
- 62 Two Surgeons
- 66 Surgical Team
- 80 Assistant Surgeon

IV. DIAGNOSIS CODING FOR CLEFT LIP AND PALATE SURGERY

Correct usage of the CPT (procedural) and the ICD-9-CM (diagnosis) Coding Systems require that the appropriate ICD-9-CM codes be linked to the surgical procedures listed in the CPT universe. There is a great degree of specificity that has been built into the ICD-9-CM section under congenital anomalies to cover the spectrum of disorders associated with the cleft lip and palate deformity.

The following fifth-digit of the ICD-9-CM codes are used to describe the different congenital anomalies:

- 749.0 Cleft Palate
 - 749.00 Cleft palate, unspecified
 - 749.01 Unilateral, complete
 - 749.02 Unilateral, Incomplete
 - 749.03 Bilateral, complete
 - 749.04 Bilateral, incomplete

- 749.1 Cleft Lip (Cheiloschisis, harelip, congenital fissure of lip, and Labium leporinum)
 - 749.10 Cleft lip, unspecified
 - 749.11 Unilateral, complete
 - 749.12 Unilateral, incomplete
 - 749.13 Bilateral, complete
 - 749.14 Bilateral, incomplete

749.2 Cleft Palate with Cleft Lip (Cheilopalatoschisis)

749.20	Cleft palate with cleft lip, unspecified
749.21	Unilateral, complete
749.22	Unilateral, incomplete
749.23	Bilateral, complete
749.24	Bilateral, incomplete
749.25	Other combinations

750.2 Other Specified Anomalies of Mouth and Pharynx

750.25	Congenital fistula of lip Congenital (mucous) lip pits
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“V51 Aftercare involving the use of plastic surgery”
should be used when applicable for reporting plastic
surgery following healed injury or operation

V. Global Surgical Package

For the CPT codes used to describe cleft lip and palate surgery, the global surgical package concept is in effect. It is defined by CPT that use of the procedure code on a claim form will cover one related E/M encounter on the date immediately prior to or on the date of the procedure (subsequent to the decision for surgery), the surgical care (the operation), and both post-operative care in the hospital and in the office. The global period of follow-up for cleft surgical services should be 90 days.

The proper usage of CPT and ICD-9-CM codes will allow for accurate reporting of surgical services by oral and maxillofacial surgeons.

Note: This paper should not be utilized as the sole reference in coding. Both diagnosis and treatment codes change frequently, and insurance carriers may differ in their interpretations of the codes.

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