Coding for Cleft Lip and Palate Surgery

I. INTRODUCTION

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 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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>40650</td>
<td>Repair lip, full thickness; vermilion only</td>
</tr>
<tr>
<td>40652</td>
<td>Repair Lip, full thickness, up to half vertical height</td>
</tr>
<tr>
<td>40654</td>
<td>Repair Lip, full thickness over one-half vertical height, or complex</td>
</tr>
<tr>
<td>40700</td>
<td>Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral</td>
</tr>
<tr>
<td>40701</td>
<td>primary bilateral, one stage procedure</td>
</tr>
<tr>
<td>40702</td>
<td>primary bilateral, one of two stages</td>
</tr>
<tr>
<td>40720</td>
<td>Secondary repair of cleft lip/nasal, by recreation of defect and reclosure</td>
</tr>
<tr>
<td>40761</td>
<td>with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting pedicle</td>
</tr>
<tr>
<td>40799</td>
<td>Unlisted procedure, lips (e.g., lip adhesions)</td>
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Frequently, additional reconstructive soft tissue procedures need to be performed. Codes for these procedures include:

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

Codes used to describe cleft palate surgery (Codes are located in the Digestive System heading under the Section of Palate and Uvula) to include the alveolus, anterior/posterior hard palate and soft palate, are as follows:

42200  Palatoplasty for cleft palate, soft and/or hard palate only
42205  Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210  Palatoplasty for cleft palate with bone graft to alveolar ridge (includes obtaining graft). This includes grafting from the alveolar crest to the piriform rim.

- Note 1: To report a bone graft to an alveolar cleft as a secondary procedure for ridge augmentation, without a palatoplasty, use code 21210. For example: a child had a successful alveolar graft at 9 years old, patient is now ready for a dental implant. Additional bone stock is needed to support the dental implant.

- Note 2: When a separate surgeon harvests the bone or other tissues through a separate skin incision use code 20902. See below

- Note 3: regarding bilateral clefts. The modifier -50 would logically apply, however, the Medicare, Medically Unlikely Edit (MUE) policy prohibits using the bilateral modifier with the 42210. Therefore; there is no distinction between repair of a unilateral and bilateral alveolar cleft and there is not a separate bilateral cleft code. You may consider using the -22 (unusual difficulty) modifier for bilateral clefts.

- Note 4: codes 42200, 42205, 42210, 30600 and 42260 cannot be used together as a result of the Correct Coding Initiative (CCI edits). However; it is appropriate to use the modifier -59, if the services are distinctly separate. For example, regarding a patient with a naso-alveolar cleft and a oronasal fistula of the posterior hard palate (repair of the naso-alveolar fistula extending into the anterior hard palate/premaxilla and the naso-labial fistula is considered integral to the alveolar cleft repair). If you choose to repair of a naso-alveolar cleft and oral–nasal fistula of the posterior hard palate at the same time. Using 42210-59, 30600-59 (or 42200-59 as appropriate) is acceptable, if denied an appeal is justified.

41899  Extraction of teeth during cleft palate surgery. Specify difficulty with ICD-9/10 code. For example: removal of an impacted supernumerary tooth in the cleft (520.1) or removal of a decayed erupted primary incisor in the cleft (521.0).

42215  Palatoplasty for cleft palate; major revision
42220  Palatoplasty for cleft palate, secondary lengthening procedure
42225  Palatoplasty for cleft palate, 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
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. If the primary procedure “includes obtaining the graft” use the -52 modifier on the primary procedure for reduced services or both surgeons may report the primary procedure code appended by the -62 modifier. For example: surgeon #1 repairs a unilateral cleft: use 42210-52. Surgeon #2 harvest bone from the iliac crest and does not assist in the surgery: use 20902-62

30580  Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600  Repair oral-nasal fistula

Additional procedure codes include:

30400-30630  Rhinoplasty, septoplasty, nasal region repair codes
Recommendations by the AAOMS Committee on Health Care and Advocacy (CHCA) for procedures used for treating patients with cleft lip and palate deformities for which there are no specific CPT codes:

Prosthetetic devices used as adjuncts for cleft lip and palate treatment:

42280  Maxillary impression for palatal prosthesis: Use 42280 for taking an impression in the office, you may choose to use the -22 modifier if the impression is made under anesthesia.

42281  Insertion palatal prosthesis: use 42281 if the prosthesis is fabricated by a laboratory (NOT by the provider) and delivered/inserted by the provider where limited adjustments are required.

21085  Impression and custom preparation of oral surgical splint:  
The AAOMS CHCA does NOT recommend the use of this code for cleft palate prosthesis. This code should be used for provider fabricated splints in conjunction with orthognathic surgery.

21084  Speech aid prosthesis

21076  Prepare facial/oral prosthesis: includes taking impression(s), custom preparation and delivery/insertion for the prosthesis. It is assigned a 10 day global surgical package, therefore, Subsequent adjustments beyond 10 days may be billed with and E&M code. Pre-surgical Nasoalveolar moulding (NAM) best fits within this code

Tongue Flap for closure of a large palatal fistula:

15576  Tongue flap: anterior of posterior based pedicled flap.

21110  Application of intermaxillary fixation: MMF not in conjunction with facial fracture.

15600  Sectioning (division and inset) of the flap at the trunk: use this code when the tongue flap is “taken down” post-op. Includes plasty of the dorsal tongue and pedicle attached to the palate.

The AAOMS Committee on Health Care and Advocacy recommends that the oral and maxillofacial surgeon use the CPT codes described for cleft lip and palate surgery 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  A planned, staged or related procedure/service by the same physician during the 90 day GSP postoperative period.

-59  Distinctly separate services

-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 (Cheilioschisis, 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

520.1 Tooth codes pertinent to cleft palate codes
520.0 Congenital missing teeth
520.6 Impacted teeth, eruption disturbance
520.1 Supernumerary tooth
520.3 Mottled teeth
520.1 Decayed teeth
521.6 Ankylosed tooth

“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 (GSP)
The global surgical package concept is in effect for the CPT codes used to describe cleft lip and palate surgery. 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 is generally 90 days.

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

Coding and billing decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this paper is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.