Coding for Obstructive Sleep Apnea

I. INTRODUCTION

This paper discusses coding Obstructive Sleep Apnea (OSA) diagnosis and surgery. Proper coding provides a uniform language to describe medical, surgical, and dental services. Diagnostic and procedure codes are continually updated or revised.

Familiarity and compliance with previous papers, particularly the AAOMS paper on “ICD-9-CM Diagnostic Coding” and “Procedural Coding Guidelines Utilizing CPT, HCPCS, and CDT” are necessary in order to use these codes successfully. This paper is divided into three parts that correspond to the chronological evaluation of an OSA patient.

I. 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 OSA problems should be appropriately coded using the E/M codes. While attention should be directed to the place of service, the great majority of patients seen for evaluation will be seen on an outpatient basis in an OMS office.

Place of Service Codes:

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>11</td>
</tr>
<tr>
<td>Inpatient</td>
<td>21</td>
</tr>
<tr>
<td>Outpatient</td>
<td>22</td>
</tr>
</tbody>
</table>

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 higher level E&M codes for the initial examination, when appropriate. Required with these codes is the completion and documentation of a comprehensive OMS examination. In the case of an OSA patient, this would include not only a soft tissue, and musculoskeletal exam, sleep study and appropriate imaging, nasopharyngoscopy, but also a comprehensive dental examination with articulated study models.

III. CODING FOR OSA SURGICAL SERVICES

The codes describing OSA are found in the Musculoskeletal System, Respiratory System and Digestive System chapters of the CPT Manual's Surgery section. The following codes are to be used for OSA surgery:

20680 Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail rod or plate)
21085 Impression and custom preparation; oral surgical splint
21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142 Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143 Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21145 Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146 Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147 Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21196  Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21199  Osteotomy, mandible, segmental; with genioglossus advancement
21685  Hyoid myotomy and suspension
30400  Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410  Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420  Rhinoplasty, primary; including major septal repair
30430  Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435  Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450  Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460  Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462  Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465  Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520  Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540  Repair choanal atresia; intranasal
30545  Repair choanal atresia; transpalatine
30560  Lysis intranasal synechia
30580  Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600  Repair fistula; oronasal
30620  Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630  Repair nasal septal perforations
42145  Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)

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

20902  Bone graft, any donor area; major or large.

This code is used for obtaining autogenous bone or other tissues through a separate skin incision by a separate surgeon than the one performing the primary procedure. This code is only used when the primary procedure does not include obtaining graft. If the primary procedure does include harvest, and the harvest is done by a separate surgeon than the one placing the graft, then each would report the primary procedure code appended by modifier -62.

21089  Unlisted maxillofacial prosthetic procedure (sleep apnea device)
42226  Lengthening of palate, and pharyngeal flap (for VPI)
42280  Maxillary impression for palatal prosthesis
42281  Insertion of pin-retained palatal prosthesis
92511  Nasopharyngoscopy with endoscope (separate procedure)
E0485  Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486  Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment

Since OSA is more likely to be covered under medical insurance than dental, 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 OSA rather than the American Dental Association’s Current Dental Terminology (CDT) codes.

IV. MODIFIERS FOR SURGERY

The following code modifiers may have some application in the reporting of services for OSA surgery.

-50  Bilateral Procedure
-51  Multiple Procedures
Coding Paper

V. DIAGNOSIS CODING FOR OSA 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.

524.00 Unspecified anomaly (of jaw size)
524.01 Maxillary hyperplasia
524.02 Mandibular hyperplasia
524.03 Maxillary hypoplasia
524.04 Mandibular hypoplasia
524.05 Macrogenia
524.06 Microgenia
524.11 Maxillary asymmetry
524.12 Other jaw asymmetry
524.20 Unspecified anomaly of dental arch relationship
524.22 Class II Malocclusion
524.23 Class III Malocclusion
524.31 Crowding of teeth
780.50 Sleep disturbance, unspecified
780.51 Insomnia with sleep apnea, unspecified
780.57 Unspecified sleep apnea

VI. GLOBAL SURGICAL PACKAGE

The global surgical package concept is in effect for the CPT codes used to describe OSA. 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 OSA surgical services is 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 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.

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 obstructive sleep apnea (OSA). This paper is to aid the oral and maxillofacial surgeon with proper diagnosis (ICD-9-CM) and treatment (CPT) coding for obstructive sleep apnea. 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.

© 2013 American Association of Oral and Maxillofacial Surgeons. No portion of this publication may be used or reproduced without the express written consent of the American Association of Oral and Maxillofacial Surgeons.

Revised March 2013