Properly dealing with controlled substances, latex exposures

**Question:** I am moving my office and want to transfer the controlled substances I store onsite. Are there any forms I need to complete before making the transfer?

**Answer:** Yes. To transfer Schedule II substances, the receiving registrant must issue an Official Order Form (DEA Form-222, US Official Order Forms – Schedules I & II) to the registrant transferring the drugs. The transfer of Schedule III-V controlled substances must be documented in writing (not on any specific form unless required by state law) to show the drug name, dosage form, strength, quantity and date transferred. The document must include the names, addresses, and DEA registration numbers of the parties involved in the transfer of the controlled substances.

If you have further questions, visit http://www.deadiversion.usdoj.gov to locate a DEA representative in your state.

**Question:** What steps should I take to limit latex exposures in my office?

**Answer:** A recent FDA letter concerning latex-containing caps on prefilled syringes made it clear that latex exposures in healthcare settings are difficult to eradicate. Still, there are a number of steps you can take to limit the exposure of your patients and staff:

- Provide staff members with non-latex gloves when there is little potential for contact with infectious materials, such as during routine housecleaning.
- Provide reduced-protein, powder-free gloves when workers need appropriate barrier protection for handling infectious materials.
- Educate workers and provide them with training materials about latex allergies.
- Periodically screen high-risk workers for latex allergy symptoms.
- Evaluate current prevention strategies when a worker is diagnosed with a latex allergy.
- Educate workers on the need to wash their hands with soap and water after removing latex gloves.
- Advise workers not to use oil-based hand creams or lotions—unless they have been shown to reduce latex-related problems—when wearing latex gloves.
- Ensure workers use good housekeeping practices to remove latex-containing dust from the workplace by identifying areas contaminated with latex dust for frequent cleaning (e.g., upholstery, carpets, and ventilation ducts).
- Make sure that workers change ventilation filters and vacuum bags frequently in latex-contaminated areas.
- Routinely check for latex-free alternatives when ordering supplies or make them a part of purchasing contracts.

For additional information on latex allergies and prevention, please visit the American Latex Allergy Association Web site at www.latexallergyresources.org.

C O D I N G  C O R N E R

Coding a coronectomy; anesthesia services

**Question:** The surgeon I work for is performing a procedure called coronectomy/partial odontectomy. How would I code this type of procedure?

**Answer:** A coronectomy/partial odontectomy is the removal of the crown of an impacted tooth while intentionally leaving behind the roots. This code was previously reported using the appropriate extraction code, such as D7230 or D7240, depending on how much of the crown was covered by bone. Now this procedure can be reported with a new CDT code that became effective January 1.

D7231 coronectomy - intentional partial tooth removal

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.

**Question:** A carrier is questioning my claim for general anesthesia, noting that the time billed does not match my documentation. Will you please clarify the start and stop times when administering anesthesia?

**Answer:** According to CPT 2011, “time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision.”

CDT has similar guidelines for reporting the start and stop times of anesthesia. According to the CDT 2010/2011 anesthesia descriptors, “Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.”

**New course offering!**

AAOMS is offering a new online Anatomy and Terminology course. This course will set the foundation for the increased medical terminology, anatomy and disease process knowledge that will be demanded by the new ICD-10-CM coding system that will take effect on October 1, 2013. At the same time, the course may also be beneficial to OMS clinical staff involved in patient care and any other staff members with patient contact who want to be well versed in oral and maxillofacial surgery. For more information, watch your mail or the Coding and Billing Workshops page of the AAOMS Web site at http://www.aaoms.org/coding_workshops.php.

**Audio CD/MP3 recording: Making the Transition to ICD-10-CM**

On September 15, 2010, AAOMS hosted its first educational offering devoted solely to ICD-10-CM. If you missed the live webinar, “Making the Transition to ICD-10-CM”, it is not too late to order an audio CD or MP3 recording of the event. The webinar, presented by distinguished AAOMS coding and billing workshop speaker, Dawn W. Jackson, DrPh, RHIA, CCS-P, FAHIMA, focuses on preparations providers must make in anticipation of the new diagnostic coding system. OMSs are encouraged to listen in along with coding and billing staff as ICD-10-CM will be a major change affecting not only coding, but also documentation.

For information on other AAOMS webinars, the Questions & Answers from the webinar on “Making the Transition to ICD-10-CM” and to order a CD or MP3 recording, visit the Meetings and Continuing Education page at aaoms.org.