0M5
An essential coding, billing, and reimbursement resource for oral and maxillofacial surgery

2016

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
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### Introduction

Coding systems and claim forms are the realities of modern health care and have evolved to become the basis of reimbursement for health care services. Coding Guide for OMS (oral and maxillofacial surgery) provides a comprehensive look at the coding and reimbursement systems used by providers. It is organized topically and numerically, and can be used as a comprehensive coding and reimbursement resource and as a quick look-up resource for coding.

#### Coding Systems

The coding systems discussed in this Coding Guide for OMS seek to answer two questions: what was wrong with the patient (i.e., the diagnosis or diagnoses), and what was done to treat the patient (i.e., the procedures or services rendered).

The Centers for Medicare and Medicaid Services (CMS), in conjunction with the American Medical Association (AMA), the American Dental Association (ADA), and several other professional groups, has developed, adopted, and implemented a two-level coding system describing services rendered to the patient.

Physicians’ Current Procedural Terminology, Fourth Edition (CPT®, HCPCS Level I), the Healthcare Common Procedure Coding System (HCPCS Level II), and the Code on Dental Procedures and Nomenclature® codes are used to indicate what services or supplies were rendered and which procedures were performed during the patient’s visit.

#### CDT Codes

The Current Dental Terminology (CDT) codes are developed by the American Dental Association (ADA). It should be noted that the CDT code book as published by the ADA contains a number of components, such as the Code on Dental Procedures and Nomenclature (Code) and a comprehensive look at the coding and reimbursement systems used for health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part. Some of these revisions include:

* Information relevant to ambulatory and managed care encounters
* Expanded injury codes
* Creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition
* The addition of sixth- and seventh-character subclassifications
* Incorporation of common fourth- and fifth-character subclassifications
* Classifications specific to laterality
* Classification refinement for increased data granularity

This new structure also allows for further expansion than was possible with the ICD-9-CM classification system.
Facial Bones (continued)

Skull
- Frontal bone
- Frontonasal suture
- Fronto-maxillary suture
- Naso-maxillary suture
- Ramus of mandible
- Body of mandible
- Body of maxilla
- Mental foramen
- Nasal bones
- Septal cartilage
- Alveolar process of maxilla
- Mandible
- Nasal septum
- Nasal bone
- Supraorbital margin
- Zygomatic bone
- Zygomatic process of frontal bone
- Nasal septum
- Zygomatic bone
- Zygomatic process of maxilla
- Nasal bone
- Nasal bone
- Nasal bone

Nose
- Lateral nasal cartilages
- Septal cartilage
- Greater alar cartilage
- Lateral crus
- Septal cartilage
- Medial crus
**D0340**

**2D cephalometric radiographic image - acquisition, measurement and analysis**

*Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.*

**Explanation**

A lateral or frontal x-ray projection is taken to examine the entire skull, jaw, and related tooth positions in a cephalometric image. The machine holds the patient's head in the same position each time an image is taken so that a series of the individual cephalograms taken can be directly compared for growth and development over time.

**Coding Tips**

This code has been revised for 2016 in the official CDT nomenclature and description. Obtaining, measuring, and analysis of the image are included in the reporting of this service. Any evaluation, prophylaxis, fluoride, restorative, or extraction service is reported separately. When reporting digital subtraction of two or more images (of the same modality), report D0394 in addition to the appropriate code for obtaining the image.

**Documentation Tips**

Third-party payers may require clinical documentation and/or x-rays before making payment determination. Check with payers to determine any specific coverage requirements.

**Reimbursement Tips**

This service may not be covered by the patient's dental insurance. However, coverage may be available through the patient's medical insurance. Check with third-party payers for specific coverage information. Services submitted to the payer of medical coverage will require that the service be reported with the appropriate CPT code.

**Terms To Know**

"radiograph." Image made by an x-ray.

**CPT Codes**

70350  Cephalogram, orthodontic

**ICD-10-CM Diagnostic Codes**

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

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* with documentation

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**D0350**

**2D oral/facial photographic image obtained intra-orally or extra-orally**

**Explanation**

This code is used for reporting traditional photographic images taken of the face or the inside of the mouth with an intraoral or extraoral camera. This is not for conventional x-rays or any type of radiographic imaging.

**Coding Tips**

To report three-dimensional photographic imaging for diagnostic purposes, see D0351. Any evaluation, prophylaxis, fluoride, restorative, or extraction service is reported separately. This code excludes conventional radiograph.

**Documentation Tips**

Third-party payers may require clinical documentation and/or x-rays before making payment determination. The documentation should clearly indicate the medical necessity of the service.

**Reimbursement Tips**

Often, this service is covered only when performed in conjunction with covered orthodontic services. Check with payers to determine their specific requirements.

**Terms To Know**

extraoral. Outside of the mouth or oral cavity.

intraoral. Within the mouth.

**CPT Codes**

There are no direct CPT cross codes.

**ICD-10-CM Diagnostic Codes**

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

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© 2015 Optum360, LLC  These CDT RVUs are not developed by CMS. CDT © 2015 American Dental Association. All Rights Reserved.
D0351 3D photographic image
This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.

Explanation
The provider takes a three-dimensional photographic image of the dental or maxillofacial structures for diagnostic purposes. Three-dimensional photography allows for hemispherical and full spherical output that assists the dentist in analyzing the aesthetic aspect of the smile, occlusal planes, wear patterns, and other details otherwise hard to detect during a regular patient examination.

Coding Tips
For two-dimensional photographic imaging, see D0350. When computer-aided design/computer-aided manufacturing (CAD-CAM) device (therapeutic purposes) is performed, see D0393-D0395.

Documentation Tips
Pertinent documentation to evaluate the medical appropriateness should be included with the claim when this code is reported.

Reimbursement Tips
This service may not be covered by the patient’s dental insurance. However, coverage may be available through the patient’s medical insurance. Check with third-party payers for specific coverage information. Services submitted to the payer of medical coverage will require that the service be reported with the appropriate CPT code.

Terms To Know
photography. Still image pictures that may be digital or film generated.

CPT Codes
There are no direct CPT cross codes.

ICD-10-CM Diagnostic Codes
K08.21 Minimal atrophy of the mandible
K08.22 Moderate atrophy of the mandible
K08.23 Severe atrophy of the mandible
K08.24 Minimal atrophy of maxilla
K08.25 Moderate atrophy of the maxilla
K08.26 Severe atrophy of the maxilla
M26.01 Maxillary hyperplasia
M26.02 Maxillary hypoplasia
M26.03 Mandibular hyperplasia
M26.04 Mandibular hypoplasia
M26.05 Macrogenia
M26.06 Microgenia
M26.07 Excessive tuberosity of jaw
M26.211 Malocclusion, Angle’s class I
M26.212 Malocclusion, Angle’s class II
M26.213 Malocclusion, Angle’s class III
M26.220 Open anterior occlusal relationship
M26.221 Open posterior occlusal relationship
M26.23 Excessive horizontal overlap
M26.24 Reverse articulation
M26.25 Anomalies of interarch distance
M26.31 Crowding of fully erupted teeth
M26.32 Excessive spacing of fully erupted teeth
M26.33 Horizontal displacement of fully erupted tooth or teeth
M26.34 Vertical displacement of fully erupted tooth or teeth
M26.35 Rotation of fully erupted tooth or teeth
M26.36 Insufficient interocclusal distance of fully erupted teeth (ridge)
M26.37 Excessive interocclusal distance of fully erupted teeth
M26.51 Abnormal jaw closure
M26.52 Limited mandibular range of motion
M26.53 Deviation in opening and closing of the mandible
M26.54 Insufficient anterior guidance
M26.55 Centric occlusion maximum intercuspal discrepancy
M26.56 Non-working side interference
M26.57 Lack of posterior occlusal support

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Medicare References
Modifiers
None

* with documentation
42104-42107

42104  Excision, lesion of palate, uvula; without closure
42106  with simple primary closure
42107  with local flap closure

Explanation
The physician removes a lesion of the palate or uvula. Incisions are made completely around and under a lesion, typically in an elliptical shape, removing the lesion. Due to the small size of the lesion, no suturing or closure of the surgical wound is necessary in 42104. Removal of larger lesions requires simple closure in 42106 or local flap closure in 42107.

Coding Tips
An excisional biopsy is not reported separately if a therapeutic excision is performed during the same surgical session. Local or regional anesthesia is included in the service.

Documentation Tips
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 structure and rational of disease process and the type of service performed on intra-oral structure other than teeth.

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

Terms To Know

closure. Repairing an incision or wound by suture or other means.
excision. Surgical removal of an organ or tissue.
flap. Mass of flesh and skin partially excised from its location but retaining its blood supply that is moved to another site to repair adjacent or distant defects.
lesion. Area of damaged tissue that has lost continuity or function, due to disease or trauma.
palate. Partition that separates the nasal from the oral cavities.

CDT Codes

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<td>excision of benign lesion up to 1.25 cm</td>
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<td>D7440</td>
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ICD-10-CM Diagnostic Codes

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<td>C05.0</td>
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<td>C05.1</td>
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<td>C05.2</td>
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<td>C05.8</td>
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<td>C05.9</td>
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<td>C11.3</td>
<td>Malignant neoplasm of anterior wall of nasopharynx</td>
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<td>C46.2</td>
<td>Kaposi's sarcoma of palate</td>
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<td>42107</td>
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* with documentation
Resection of palate or extensive resection of lesion

Explanation
The physician resects the palate or area of a lesion. The physician excises the lesion and any adjacent tissue where the lesion may have spread. The surgical wound is repaired by intermediate or complex closure, adjacent tissue transfer, or graft.

Coding Tips
When 42120 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. Report any free grafts or flaps separately. For reconstruction of the palate with extra oral tissue, see codes 14040-14302, 15050, 15120, 15240, and 15576.

Documentation Tips
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 structure and rational of disease process and the type of service performed on intra-oral structure other than teeth.

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

Terms To Know
lesion. Area of damaged tissue that has lost continuity or function, due to disease or trauma.

palate. Partition that separates the nasal from the oral cavities.

resection. Surgical removal of a part or all of an organ or body part.

CDT Codes
D7415 excision of malignant lesion, complicated

ICD-10-CM Diagnostic Codes
C05.0 Malignant neoplasm of hard palate

Malignant neoplasm of soft palate
C05.8 Malignant neoplasm of overlapping sites of palate
C05.9 Malignant neoplasm of palate, unspecified
C06.9 Malignant neoplasm of mouth, unspecified
C11.3 Malignant neoplasm of anterior wall of nasopharynx
D00.00 Carcinoma in situ of oral cavity, unspecified site
D00.04 Carcinoma in situ of soft palate
D00.05 Carcinoma in situ of hard palate
D37.04 Neoplasm of uncertain behavior of the minor salivary glands
K09.1 Developmental (nonodontogenic) cysts of oral region
K09.8 Other cysts of oral region, not elsewhere classified
K09.9 Cyst of oral region, unspecified
K12.2 Cellulitis and abscess of mouth
K13.21 Leukoplakia of oral mucosa, including tongue
K13.4 Granuloma and granuloma-like lesions of oral mucosa
S02.8XXA Fractures of other specified skull and facial bones, initial encounter for closed fracture
S09.93XA Unspecified injury of face, initial encounter
T18.0XXA Foreign body in mouth, initial encounter

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