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

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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Facial Bones (continued)

Skull

Frontalis bone

Frontonasal suture

Fronto-maxillary suture

Ramus of mandible

Body of mandible

Mental foramen

Nasal bone

Nasal cartilage

Supraorbital margin

Zygomatic process of frontal bone

Zygomatic bone

Zygomatic-maxillary suture

Nasal septum

Alveolar process of maxilla

Mandible

Nasal septum

Nasal bones

Nose

Lateral nasal cartilages

Septal cartilage

Greater alar cartilage

Lateral crus

Septal cartilage

Medial crus
medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

**Medicare Edits**

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<tr>
<td>D0120</td>
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* with documentation

**Explanation**

The limited evaluation is problem focused on a particular dental health problem or concern presented by the patient. It includes the interpretation of information acquired through additional, separately reportable diagnostic oral health tests. It may lead to the decision that other definitive procedures are also required. Report code D0145 when the patient is younger than 3 years and the primary caregiver is counseled.

**Coding Tips**

Code D0140 reports a type of evaluation that is typically provided if the patient presents with trauma, acute infection, other oral care emergency, or when the patient has been referred for a specific problem. When an oral health assessment is performed by someone other than the dentist, for example, a licensed dental hygienist, some third-party payers may require that modifier DA Oral health assessment by a licensed health professional other than a dentist, be appended to codes D0140-D0145. Check with the third-party payer for specific requirements. Report code D0160 when a detailed and extensive oral evaluation is provided. When a comprehensive examination is performed, see code D0150. Documentation for code D0145 should include oral and physical health history, evaluation of caries susceptibility, and development of appropriate oral health regimen, including discussion of said regimen with caregiver. Because of the level of care required by children under the age of 3, code D0145 may be reported for re-evaluations if all of the above components are performed and documented. If the service provided is medical and not dental in nature, see the appropriate CPT evaluation and management codes. These codes do not distinguish between an established or new patient. Any radiograph, prophylaxis, fluoride, restorative, or extraction service is reported separately.

**Documentation Tips**

Documentation supporting an evaluation must indicate if the evaluation was complete, periodic, or limited. Treatment plan documentation should reflect any treatment failure, change in diagnosis, and/or a change in treatment plan. There should also be evidence of any initiation or reinstatement of a drug regime, which requires close and continuous skilled medical observation. Providers should include sufficient documentation in the medical record to accurately describe and verify the services rendered. Additionally, records should be legible and signed with the appropriate name and title of the provider of the service. 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 structures and rationale of disease process, and the type of service performed on intraoral structures other than teeth.
42220
Palatoplasty for cleft palate; secondary lengthening procedure

Explanation
The physician revises the previous cleft palate incisions to lengthen the soft palate. Wound dehiscence (splitting), infection, or scarring after initial surgeries could cause developmental growth restrictions or velopharyngeal incompetence. The defect will dictate the repair performed. Typically, the soft palate lengthening is accomplished with the use of mucosal advancement flaps. Incisions are made in the palatal mucosa adjacent to the alveolar (tooth-bearing) bone. The mucosa is elevated and loosened from the bony palate. The pedicle flaps using posterior palatine blood supply are developed and sutured to increase the anterior-posterior length of the soft palate. The physician sutures all remaining midline incisions in layers.

Coding Tips
The benefits of palatal closure include restoration of swallowing and speech functions. When 42220 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. For palatoplasty for a cleft palate, with closure of the alveolar ridge (soft tissue), see 42205; with bone graft, see 42210. For palatoplasty for a cleft palate, major revision, see 42215; attachment pharyngeal flap, see 42225. For plastic repair of a cleft lip/nasal deformity, see 40700–40761.

Documentation Tips
Providers should include sufficient documentation in the medical record to accurately describe and verify the services rendered. Additionally, records should be legible and signed with the appropriate name and title of the provider of the service.

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

Terms To Know

cleft palate. Congenital fissure or defect of the roof of the mouth opening to the nasal cavity due to failure of embryonic cells to fuse completely.