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Introduction

The first section of the guide provides comprehensive information about the coding and reimbursement process. It has four chapters: “Introduction,” “The Reimbursement Process,” “Documentation—An Overview,” and “Claims Processing.”

Definitions and Guidelines

The second section provides the definitions and guidelines for using the 2011–2012 CDT and the 2011 CPT codes, as well as the ICD-9-CM codes that most commonly support medical necessity of the service, any associated HCPCS Level II codes, and reimbursement information.

Procedure Code Definitions and Guidelines

This section begins with the standard coding definitions and guidelines for CDT and CPT codes. In addition, immediately following the coding definitions and guidelines, you will find illustrations that assist in correct procedure code assignment. Following the illustrations section is a listing of the most common CDT and CPT codes applicable to oral maxillofacial surgery (OMS) services presented in numeric order. At the top of each page you will find a code or code range with its official description, followed by an explanation of the procedure or supply. Dental codes are crosswalked to other HCPCS Level II codes, common ICD-9-CM codes, relative value units, and, when applicable, CPT procedure codes, coding tips, terms to know, pertinent sections from official Medicare manuals, and reference numbers. A listing of official Medicare manual references completes this section. All this information is designed to allow the user to appropriately code and bill for services.

Evaluation and Management

This section provides documentation guidelines and tables showing CPT evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also included.

Following the illustrations section is a listing of the most common CDT and CPT codes applicable to OMS services presented in numeric order. At the top of each page you will find a code or code range with its official description, followed by an explanation of the procedure or supply. CDT codes are crosswalked to other HCPCS Level II codes, common ICD-9-CM codes, relative value units, and, when applicable, CPT procedure codes, coding tips, terms to know, pertinent sections from official Medicare manuals, and reference numbers. A listing of official Medicare manual references completes this section. All this information is designed to allow the user to appropriately code and bill for services.

The explanations and coding tips found in the sections titled “Definitions and Guidelines” and “Procedure Code Definitions and Guidelines” sections are researched and written by OptumInsight technical staff. The coding tips are based upon information found in CPT, CDT, CMS, and other appropriate specialty societies, as well as information based on third-party payer policies. This information has been reviewed by the American Association of Oral and Maxillofacial Surgeons (AAOMS).

ICD-9-CM Guidelines and Index

An overview of the 2012 ICD-9-CM coding conventions and guidelines is presented in this section. A comprehensive alphabetic index of ICD-9-CM diagnosis codes specific to OMS services is in the index at the end of this section. A separate ICD-9-CM index lists the E codes commonly associated with the circumstances and conditions that could cause injury to teeth and oral structures and may require OMS services.

Appendix

The appendix contains the unlisted codes most frequently used by the OMS as well as some CPT codes that do not lend themselves to illustrations.

CCI Edits

To access the comprehensive coding initiative (CCI) edits please go to http://www.shopingenix.com/NonProd/4874/. You will be updated via e-mail every quarter when the newly released CCI edits are available so that you may remain current.
D7940
osteoplasty - for orthognathic deformities
Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity.

Explanation
The physician corrects bony disorders of the jaw. Disorders may be acquired due to trauma or surgery, congenital, or developmental in nature. The technique utilized may vary by the type of deformity. The jaw can be advanced, set back, tilted or augmented with bone grafts. A combination of these procedures may be necessary. Following any significant surgical movement fixation may be accomplished with mini-plates and screws or with a combination of interosseous wires and intermaxillary fixation (IMF). Rigid fixation (screws and plates) has the advantage of needing limited or no IMF. However, if interosseous wiring is used, IMF is maintained for approximately six weeks.

Coding Tips
This procedure is usually not covered by dental insurance but rather by medical insurance. When covered by the patient’s medical insurance, report the appropriate CPT code using the CMS-1500 claim form. Coverage varies by payer. Check with the payer for their specific coverage guidelines.

Terms To Know
mandible. Lower jawbone giving structure to the floor of the oral cavity.
maxilla. Pyramidally shaped bone forming the upper jaw, part of the eye orbit, nasal cavity, and palate and lodging the upper teeth.

CPT Codes
21125 Augmentation, mandibular body or angle; prosthetic material
21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21181 Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm

ICD-9-CM Diagnostic Codes
519.8 Other diseases of respiratory system, not elsewhere classified — (Use additional code to identify infectious organism)
524.10 Unspecified anomaly of relationship of jaw to cranial base
524.11 Maxillary asymmetry
524.12 Other jaw asymmetry
524.19 Other specified anomaly of relationship of jaw to cranial base
524.9 Unspecified dentofacial anomalies
526.9 Unspecified disease of the jaws
744.83 Macrostomia
744.9 Unspecified congenital anomaly of face and neck
754.0 Congenital musculoskeletal deformities of skull, face, and jaw
756.0 Congenital anomalies of skull and face bones
784.92 Jaw pain
784.99 Other symptoms involving head and neck
787.20 Dysphagia, unspecified
787.21 Dysphagia, oral phase
V41.6 Problems with swallowing and mastication

Please note that this list of associated ICD-9-CM codes is not all-inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

Medicare References
D7940 100-2,1,70; 100-4,4,20.5

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These CDT RVUs are not developed by CMS. CDT only © 2011 American Dental Association. All Rights Reserved. © 2011 Optum
21040

**Excision of benign tumor or cyst of mandible, by enucleation and/or curettage**

**Explanation**

The physician removes a cyst or benign tumor from the mandible by enucleation and/or curettage, not requiring osteotomy. Using an intraoral approach, the physician incises and reflects a mucosal flap of tissue inside the mouth overlying the tumor. In an extraoral approach, the physician approaches the defect through an external skin incision. The tumor is identified and removed from the mandible by scraping with a curette or by cutting the tumor out in such a way as to leave it intact and remove it whole. The mucosal flap is sutured primarily or subcutaneous tissue and skin incisions on the face are closed with layered sutures.

**Coding Tips**

When 21040 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. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. An excisional biopsy is not reported separately when a therapeutic excision is performed during the same surgical session. Local anesthesia is included in the service. Report any free grafts or flaps separately. For biopsy of bone, see codes 20220 and 20240. For excision of a malignant tumor of the mandible, see code 21044.

**Terms To Know**

- **benign**: Mild or nonmalignant in nature.
- **curettage**: Removal of tissue by scraping.
- **cyst**: Elevated encapsulated mass containing fluid, semisolid, or solid material with a membranous lining.
- **enucleation**: Removal of a growth or organ cleanly so as to extract it in one piece.
- **mandible**: Lower jawbone giving structure to the floor of the oral cavity.
- **tumor**: Pathological swelling or enlargement; a neoplastic growth of uncontrolled, abnormal multiplication of cells.

**CDT Codes**

- **D7410**: excision of benign lesion up to 1.25 cm
- **D7411**: excision of benign lesion greater than 1.25 cm
- **D7412**: excision of benign lesion, complicated — Requires extensive undermining with advancement or rotational flap closure
- **D7450**: removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
- **D7451**: removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
- **D7460**: removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
- **D7461**: removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm

**ICD-9-CM Diagnostic Codes**

- **213.1**: Benign neoplasm of lower jaw bone
- **526.0**: Developmental odontogenic cysts
- **526.1**: Fissural cysts of jaw
- **526.2**: Other cysts of jaws
- **526.3**: Central giant cell (reparative) granuloma
- **526.81**: Exostosis of jaw
- **526.89**: Other specified disease of the jaws
- **528.1**: Cancrum oris
- **733.20**: Unspecified cyst of bone (localized)
- **733.21**: Solitary bone cyst
- **733.22**: Aneurysmal bone cyst
- **733.29**: Other cyst of bone
- **733.99**: Other disorders of bone and cartilage

Please note that this list of associated ICD-9-CM codes is not all-inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

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