

Oral Surgery Coding & Reimbursement Alert

Reader Question: Base Rami Reconstruction Reporting on Graft & Fixation Used

Question: Our oral surgeon recently performed a reconstruction of the mandibular rami by performing an osteotomy. What CPT® codes do I report for the procedure that my surgeon performed?

New York Subscriber

Answer: An osteotomy is a procedure where your surgeon will make changes to the jaw bones by cutting the bone and then moving and realigning it. When your oral surgeon performs a reconstruction of the mandibular rami, you have to choose the apt CPT® code to report the procedure by identifying the following:

- The type of changes to the bone that your clinician performed
- Whether or not any graft material was used
- If your surgeon used internal fixation to stabilize the mandible after the procedure.

If your oral surgeon performed a combination of a horizontal and a vertical osteotomy procedure for the reconstruction of the rami, then you will have to report from these two options depending on whether or not your clinician used any bone graft material during the procedure:

- 21193 (Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft)
- 21194 (...with bone graft [includes obtaining graft]).

If on the other hand, if your maxillofacial surgeon performs a sagittal split, then you will have to report from these two options depending on whether or not any internal fixation was used to stabilize the mandible:

- 21195 (Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation)
- 21196 (...with internal rigid fixation).

Coding tip: As you can see from the descriptors to the codes mentioned above, these codes carry the term "rami" indicating that these procedures are bilateral and should not be reported twice when your surgeon performs the procedures on either side. However, in the instance where your clinician performs the procedure unilaterally, you will have to report the appropriate CPT® code for the procedure with the modifier 52 (Reduced services) appended to the code along with documentation to let the payer know that the procedure was done only on one side.