

## Oral Surgery Coding & Reimbursement Alert

### Reader Question: Reporting 41010 For Lower Lip Frenotomy? Not so Fast

**Question:** Our surgeon recently performed incision of frenum of upper and lower lip. I am thinking of reporting 40806 and 41010 for the procedures performed. Please tell me if I am right in using these codes for the procedures that our surgeon performed.

Illinois Subscriber

**Answer:** When reporting procedures related to the frenum, you will need to focus on which frenum your clinician operated upon to help you choose the appropriate codes for the procedure performed.

If the documentation mentions that your surgeon operated on the frenum associated with the lip, you will have to choose codes that are related to the labial frenum. On the other hand, if your clinician operated on the frenum associated with the tongue, you will have to choose codes that are related to the lingual frenum.

Since in your case, your clinician performed an incision procedure, you will have to choose from frenotomy codes. As you have mentioned, you have two codes to choose from to report an incision of the frenum (frenotomy):

- 40806 (Incision of labial frenum [frenotomy])
- 41010 (Incision of lingual frenum [frenotomy])

However, you are not right in choosing both 40806 and 41010 for the incision of the frenum performed by your surgeon on the upper and the lower lips. Since 41010 is for the incision of the lingual frenum, your claim will be denied if you use this code to report frenotomy of the lower lip.

Instead, you will need to report two units of 40806 for the incision procedures that your surgeon performed on both the upper and the lower lip. In order to let the payer know that your clinician performed two separate procedures, incision of the frenum of the upper and the lower lip, you will need to append the modifier 59 (Distinct procedural service) to the second unit of 40806 that you are reporting in the claim form.