

Oral Surgery Coding & Reimbursement Alert

Reader Questions: Check on Modifier 22 Use For Complications During Surgery

Question: Our surgeon recently performed surgery on a patient with an arteriovenous malformation (AVM) overlying a chronically infected submandibular gland with stone. How would I code this procedure? The patient underwent excision of arteriovenous malformation, as well as excision of left submandibular gland with stone.

New Jersey Subscriber

Answer: The AVM is not a surrounding tumor, it is an artery/vein malformation. You will have to report the surgical procedure with 42440 (Excision of submandibular [submaxillary] gland). This code will cover the excision procedure on the submandibular gland and also the process of freeing all the adhesions and vessels. The malformation that your surgeon encountered is an unexpected anatomical structure in the area, but its excision does not qualify as a distinct procedure.

Since your surgeon would have spent more than usual time and effort in handling this malformation in addition to the surgical excision of the salivary gland, it would probably be appropriate to bill for the AVM excision by attaching the modifier 22 (Increased procedural services) to the 42440 you are reporting for the main surgical procedure.

Remember to increase the fee and include a cover letter with the claim and a copy of the operative note that explains the increased complexity and justification for additional payment. In all probability, when first processed, the modifier 22 will be ignored and will have to be appealed for the appropriate reimbursement.