Oral Surgery Coding & Reimbursement Alert

You Be the Coder: Stick to Unlisted Code For RFA of the Palate and Uvula

Question: Could you please help me with the following in-office procedure? The diagnosis used was obstructive sleep apnea and snoring. The procedure note reads:

Radiofrequency Palatoplasy:

After appropriate consent, topical anesthetic was applied to the soft palate in the form of 20% benzocaine ointment. A total of 6 cc of a 1:1 mixture of 2% Lidocaine with epinephrine and sodium bicarb was injected into the soft palate. After allowing adequate time for anesthetic effect, the coblation device was used to create four lesions in the soft palate, each of 15 second durations, located in the midpoint of the palate, 1 cm laterally and also in the uvula itself. Patient tolerated the procedure well, no blood loss. Instructions given.

North Carolina Subscriber

Answer: For radiofrequency ablation (RFA) of the palate and uvula, you should submit 42299 (Unlisted procedure, palate, uvula).

Explanation: CPT® guidelines maintain that no other CPT® code fits appropriately to describe RFA of the palate or uvula, and debunk the option of using the uvulopalatopharyngoplasty code 42145 (Palatopharyngoplasty [e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty]) with modifier 52 (Reduced services). Code 42145 (or 42145-52) is inappropriate because the code represents an excisional removal of the uvula and palate. The RFA laser ablation (or reduction in size) does not meet the guidelines for an excisional removal as necessary for 42145.

Additionally, CMS has indicated that they consider a LAUP (laser-assisted uvulopalatoplasty) or RFA of the uvula or palate as experimental instead of standards of care. The only way a payer can differentiate a LAUP or RFA of the palate and uvula is by seeing the unlisted code and disallowing the excisional code, 42145, for these alternative methods of getting the palate and/or the uvula out of the way of the airway.

You should also report 42299 if the surgeon performs LAUP.