MEDICAL CODING FOR FACIAL INJURIES & RECONSTRUCTION

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Medical Coding

- Objectives:
  - Become familiar with facial anatomy and common injuries
  - Gain knowledge of commonly performed surgical procedures as it relates to medical coding and CPT codes
  - Case presentation

Medical Coding

- Andrew Carnegie: “...Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results”
Statistics—Nationwide

- Over 300 million people in the U.S. currently
- Trauma is the leading cause of death in the first 4 decades of life; surpassed only by cancer & atherosclerosis as the major cause of death in all age groups
- 60 million injuries occur annually in U.S.
- Trauma-related costs exceed $400 billion annually
Statistics—Nationwide

- Over 30 million injuries require medical care
- 12% (3.6 million) will require hospitalization
- 9 million injuries will be disabling
- 300,000 will be permanently disabled

Statistics
Shands, Jacksonville

Trauma Service Census:
- Between 2001 to 2009, 4200-4700 patients seen in Trauma Center annually

Statistics
Shands, Jacksonville

Oral & Maxillofacial Surgery Service:
- 70-100 consults/month to Trauma Center/ER
  - Facial Fractures
  - Facial soft tissue trauma
  - Head and neck infections
  - Others
Statistics
Shands, Jacksonville

- 75-83% of all consults involve Maxillofacial trauma
- 57% involve facial fractures
  - 70% require surgical intervention
  - 73% admitted (Trauma/OMFS)
Florida Crime Statistics

Surgical Anatomy

- Division of face into three distinct regions:
  - Lower face
  - Mid face
  - Upper face
Regional Anatomy

- 3 main areas in the face:
  - Upper face
  - Mid face
  - Lower face

Regional Anatomy

Mandible

- Condyle
- Symphysis
- Body
- Angle

Regional Anatomy

Mandible:

- Coronoid
- Symphysis
- Ramus
Regional Anatomy
Mid and Upper Face

- Frontal Sinus
- Zygoma (ZMC)
- Maxilla (Lefort I)
- Orbital Floor

Facial Anatomy

- LeFort Fractures
  - Dr. Renee LeFort
Fracture Repair

- Open Reduction Internal Fixation vs. Closed Reduction
- Observation

Mandibular Fractures

- Clinical evaluation:
  - Mobility of jaw
  - Malocclusion
  - Lower lip numbness
  - Bony crepitus or step off
  - Ecchymosis and hematoma

Mandibular Fractures

- Application of Arch Bars (wiring of teeth)
  - Re-established bite (occlusion)
  - Easy method of stabilization of mandibular or maxillary fractures
  - Analogous to splinting of fractured limbs
Coding—Mandibular Fractures

- CPT codes:
  - 21451—observation
  - 21453—closed reduction—arch bars
  - 21470—use of incision to ORIF; plates & screws

Mandibular Fractures

- Open Reduction and Internal Fixation
  - Unstable, unfavorable fractures
  - Inability to use arch bars
  - Lack of proper dentition

Repair—Multiple approaches
Coding—Mid Face Fractures

- ORIF ZMC Fx—
  - Simple—21356
  - Complicated, multiple approaches—21365
- Orbital floor Fx—21390, 21387

22 y.o. Male s/p GSW to the Mandible
Coding—Gun Shot wound to Mandible

- Tracheostomy—31600
- Multiple debridement and irrigation—11012
- Placement of reconstruction plate—21244
- Exploration of vessels in neck—20100
- Free microvascular fibula flap—15757

Conclusion

- Understanding of facial anatomy and injury pattern can assist in medical coding
- Communication between physician and coder is paramount
- When in doubt, talk to the physician!