

Oral Surgery Coding & Reimbursement Alert

Reader Question: Base Parotidectomy Code Selection on Lobes Removed and Facial Nerve Dissection

Question: Our surgeon performed superficial parotidectomy with nerve dissection for a patient. He closed the defect with an alloderm graft. There are so many options for reporting parotidectomy and I am not sure about which of these codes to report for the procedure. Also, someone asked me to report 15777 for the alloderm graft but the descriptor for the code says "breast/ trunk." So, is the use of 15777 right for the graft that our surgeon used?

Michigan Subscriber

Answer: As you have mentioned, there are many options for reporting a parotidectomy. The CPT® code choices that you have when your surgeon performs a parotidectomy are:

- 42410 (Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection)
- 42415 (...lateral lobe, with dissection and preservation of facial nerve)
- 42420 (...total, with dissection and preservation of facial nerve)
- 42425 (...total, en bloc removal with sacrifice of facial nerve)
- 42426 (...total, with unilateral radical neck dissection)

You will have to choose the appropriate code by looking for the following information in the patient's chart notes:

- Whether the gland was excised totally or only the lateral lobe was removed
- Whether the facial nerve was dissected and preserved or was sacrificed completely
- If your surgeon also performed a radical neck dissection with the parotidectomy.

Since your surgeon performed a superficial parotidectomy, you will have to report the procedure with either 42410 or 42415 as this was not a total removal of the parotid gland. You will next have to see if the facial nerve was dissected and preserved during the procedure. Since there was a nerve dissection in your case, you will have to report the procedure with 42415.

As you have mentioned, the add-on CPT® code +15777 (Implantation of biologic implant [e.g., acellular dermal matrix] for soft tissue reinforcement [i.e., breast, trunk] [List separately in addition to code for primary procedure]) is exclusively used for placement of biological implants in the area of the breast and trunk. In the notes for 15777, it clearly states that "for implantation of biologic implants for soft tissue reinforcement in tissues other than breast and trunk, use 17999 (Unlisted procedure, skin, mucous membrane and subcutaneous tissue)."

Alternatively, you can also consider using a code from the range, 15275-15278 (Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits...) depending on the amount of area that your surgeon closed with the graft.

Monitoring: Since in your case, your surgeon dissected and preserved the facial nerve, you will have to see if another person such as a surgeon, physician assistant, nurse practitioner or any other qualified professional performed intraoperative nerve monitoring. If such monitoring was performed by another individual during the procedure, you can report this with 95940 (Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes [List separately in addition to code for primary procedure]) for every 15 minutes of one-on-one monitoring performed.



You will have to report the monitoring service using the NPI of this individual who is performing the service and this claim should be separate from the surgeon who is performing the procedure.