

Variations In CPT Coding for Craniofacial Surgery: A Need for Review and Change

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Abstract

Background: The practice of craniofacial surgery offers a broad range of clinical cases, many requiring innovative reconstructive plans. Unfortunately, surgeons must choose from a limited number of codes to document the surgical procedures performed, and these may be inadequate to accurately describe complex reconstructions. A survey was utilized to study the coding practices of surgeons performing craniofacial procedures, in order to determine whether coding for these procedures might be standardized or expanded.

Methods: An online survey was designed with six sample cases to cover a variety of procedures encountered in the field of craniofacial surgery. The survey was sent to members of three professional organizations centered on the practice of craniofacial and/or maxillofacial surgery, who were asked to read the vignettes and choose from a series of multiple-choice responses to code the cases, or write in their own response. Codes were based on the American Medical Association Current Procedural Terminology listings. Responses were compiled and tabulated.

Results: One hundred twenty eight people initiated the survey. The largest common coding responses for each vignette were selected by 45.2% of respondents for the case describing placement of an internal mandibular distractor; 45.3% for the case of scaphocephaly remodeling; 67.1% for a case of cranioplasty for trigonocephaly; 47.2% for hypertelorism repair with periorbital osteotomies; 60% for LeFort III advancement with external distractors; and 53.6% for the case describing removal of an internal mandibular distractor device. Between four and twelve codes were identified for possible use in each clinical scenario.

Conclusion: There appears to be wide variability among those who routinely perform craniofacial surgery as to the appropriate ways to code these procedures. We hope to bring this to the attention of coding committees for further discussion to hopefully bring about more accurate and descriptive codes for craniofacial surgical procedures.