



2020 CODING AND REIMBURSEMENT GUIDE Cleft Palate

Renuva® Allograft Adipose Matrix

HCPCS	Description	Hospital Outpatient			ASC	Physician Facility
		SI*	APC	Payment	Payment	MPFS
J3590	Unclassified biologics	N	N/A	Packaged	Packaged	N/A

Important Billing Instructions: When reporting an unclassified biologic, payers require that additional information to be provided in Box 80 of the UB-04 claim form. While reporting requirements will vary across payers, typical information requested include the name of the product, strength, dosage administered and route of administration. Please check with local payers for additional reporting requirements.

CPT Codes and Descriptors

CPT	Description	Hospital Outpatient			ASC Payment	Physician Facility MPFS
		SI*	APC	Payment		
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	C	N/A	N/A	N/A	\$1,388.01
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	C	N/A	N/A	N/A	\$1,426.62
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	C	N/A	N/A	N/A	\$1,481.84
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	C	N/A	N/A	N/A	\$1,621.51
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	C	N/A	N/A	N/A	\$1,692.24
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	C	N/A	N/A	N/A	\$1,783.55
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	J1	5165	\$4,850.53	\$2,246.55	\$861.82
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	J1	5165	\$4,850.53	\$2,246.55	\$1,657.60

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CPT	Description	Hospital Outpatient			ASC	Physician Facility MPFS
		SI*	APC	Payment		
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	J1	5165	\$4,850.53	\$2,246.55	\$1,054.90
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	J1	5165	\$4,850.53	\$2,246.55	\$1,249.42
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	J1	5165	\$4,850.53	\$2,246.55	\$1,048.40
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	J1	5164	\$2,619.29	\$1,055.06	\$1,076.55
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	J1	5165	\$4,850.53	\$2,246.55	\$1,135.38
42200	Palatoplasty for cleft palate, soft and/or hard palate only	J1	5165	\$4,850.53	\$2,246.55	\$983.80
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	J1	5164	\$2,619.29	\$1,055.06	\$1,025.67
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	J1	5165	\$4,850.53	\$2,246.55	\$1,144.04
42215	Palatoplasty for cleft palate; major revision	J1	5165	\$4,850.53	\$2,246.55	\$745.61
42220	Palatoplasty for cleft palate; secondary lengthening procedure	J1	5165	\$4,850.53	\$2,246.55	\$613.16
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	J1	5165	\$4,850.53	\$2,246.55	\$1,019.17
42226	Lengthening of palate, and pharyngeal flap	J1	5165	\$4,850.53	\$2,246.55	\$912.71
42227	Lengthening of palate, with island flap	J1	5165	\$4,850.53	\$2,246.55	\$853.52
42235	Repair of anterior palate, including vomer flap	J1	5165	\$4,850.53	\$2,246.55	\$747.05
42260	Repair of nasolabial fistula	J1	5165	\$4,850.53	\$2,246.55	\$684.98
42280	Maxillary impression for palatal prosthesis	T	5162	\$441.72	\$121.26	\$112.60
42281	Insertion of pin-retained palatal prosthesis	J1	5165	\$4,850.53	\$2,246.55	\$167.46



ICD-10 CM Diagnosis Codes

ICD-10-CM	Description
J34.2	Deviated nasal septum
Q30.2	Fissured, notched and cleft nose
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q35.9	Cleft palate, unspecified
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip

ICD-10-PCS Procedure Codes and Descriptors

F0DZ8UZ	Prosthesis Device Fitting using Prosthesis
0CQ00ZZ	Repair Upper Lip, Open Approach
0CQ0XZZ	Repair Upper Lip, External Approach
0CQ20ZZ	Repair Hard Palate, Open Approach
0CQ30ZZ	Repair Soft Palate, Open Approach
0CQ3XZZ	Repair Soft Palate, External Approach
0CR207Z	Replacement of Hard Palate with Autologous Tissue Substitute, Open Approach
0CR307Z	Replacement of Soft Palate with Autologous Tissue Substitute, Open Approach
0CU20JZ	Supplement Hard Palate with Synthetic Substitute, Open Approach
0CU207Z	Supplement Hard Palate with Autologous Tissue Substitute, Open Approach
0CU2X7Z	Supplement Hard Palate with Autologous Tissue Substitute, External Approach
0CU30JZ	Supplement Soft Palate with Synthetic Substitute, Open Approach
0CU307Z	Supplement Soft Palate with Autologous Tissue Substitute, Open Approach
0CX30ZZ	Transfer Soft Palate, Open Approach
0CX3XZZ	Transfer Soft Palate, External Approach
0CX00ZZ	Transfer Upper Lip, Open Approach
0CX0XZZ	Transfer Upper Lip, External Approach
0CX10ZZ	Transfer Lower Lip, Open Approach

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ICD-10-PCS	Description
0CX1XZZ	Transfer Lower Lip, External Approach
0NB00ZZ	Excision of Skull, Open Approach
0NSR04Z	Reposition Right Maxilla with Internal Fixation Device, Open Approach
0NSS04Z	Reposition Left Maxilla with Internal Fixation Device, Open Approach
0NUR07Z	Supplement Right Maxilla with Autologous Tissue Substitute, Open Approach
0NUS07Z	Supplement Left Maxilla with Autologous Tissue Substitute, Open Approach
0QB20ZZ	Excision of Right Pelvic Bone, Open Approach
0QB30ZZ	Excision of Left Pelvic Bone, Open Approach
090K0ZZ	Alteration of Nasal Mucosa and Soft Tissue, Open Approach
09QK0ZZ	Repair Nasal Mucosa and Soft Tissue, Open Approach
09QKXZZ	Repair Nose, External Approach
09QM0ZZ	Repair Nasal Septum, Open Approach
09RK07Z	Replacement of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach
09RM07Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach
09RU07Z	Supplement Nose with Autologous Tissue Substitute, Open Approach
09UKM07Z	Supplement Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach
0NQB0ZZ	Repair Nasal Bone, Open Approach



Diagnostic Related Groups*

DRG	Description	Payment
131	Cranial/Facial Procedures with CC/MCC	\$16,604.33
132	Cranial/Facial Procedures without CC/MCC	\$9,813.92
133	Other Ear, Nose, Mouth and Throat O.R. Procedures with CC/MCC	\$13,255.43
134	Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC	\$7,465.25
137	Mouth Procedures with CC/MCC	\$8,232.09
138	Mouth Procedures without CC/MCC	\$5,318.47
154	Other Ear, Nose, Mouth and Throat Diagnoses with MCC	\$8,872.35
155	Other Ear, Nose, Mouth and Throat Diagnoses with CC	\$5,563.59
156	Other Ear, Nose, Mouth and Throat Diagnoses without CC/MCC	\$4,041.03
157	Dental and Oral Diseases with MCC	\$9,649.69
158	Dental and Oral Diseases with CC	\$5,350.58
159	Dental and Oral Diseases without CC/MCC	\$4,154.63
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC	\$19,473.49
516	Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	\$11,972.43
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures without CC/MCC	\$8,738.37
579	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	\$18,436.84
580	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	\$9,932.47
581	Other Skin, Subcutaneous Tissue and Breast Procedures without CC/MCC	\$7,747.41

*DRGs are assigned using the principal diagnosis and additional diagnoses, the principal procedure and additional procedures, sex and discharge status. The DRGs provided represent the most likely assignment for a patient admitted for cleft palate surgery.

***Notes:**

C = Inpatient procedure only

N = Payment is packaged into payment for other services (no separate payment).

T = Paid separately under OPSS, multiple procedure reduction applied

J1 = Comprehensive APC; all services reported on hospital claim will be packaged with payment for J1 procedure except services with a status indicator of F, G, H, L, & U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services. Please note that in the ASC setting, services reported on the same claim will continue to be paid separately according to the ASC payment indicator.

References

1. CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2020 Payment Rates (CMS-1717-FC); CN Addendum B and CN ASC Addenda.
2. CY 2020 Revision to Payment Policies under the Physician's Fee Schedule and Other Revisions to Part B (CMS-1715-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36.0896 effective January 1, 2020.
3. DRG values calculated using a base rate of \$5,711.89 and Capital Standard Payment of \$462.33. The national average hospital Medicare base rate is an average of the sum of four categories: Hospital Submitted Quality Data and is a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is a Meaningful EHR User, Hospital Submitted Quality Data and is NOT a Meaningful EHR User, Hospital Did NOT Submit Quality Data and is NOT a Meaningful EHR User. This information is provided as a benchmark reference only. There is no official publication of the average hospital base rate; therefore, the national average payments provided are approximate. Actual reimbursement will vary by geographic region, status as a teaching facility, share of low-income patients, status of submitting quality data, status as a meaningful electronic health user, participation in the Hospital Value-Based Purchasing (VBP), and Hospital Readmissions Reduction Program (HRRP). Calculations were based on data provided in FY 2020 IPPS Final Rule CN (Tables 1A, 1D, and 5CN).
4. ICD-10-CM Expert for Physicians 2020, ©2019 Optum360, LLC. All rights reserved.
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6. 2020 CPT Professional, ©American Medical Association

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REIMBURSEMENT SUPPORT

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