



oral maxillofacial / head & neck physician & facility coding & billing guide 2024 Medicare National Average Payments

Physician Reimbursement

CPT ¹ Code	CPT Code Description	RVUs ^A	2024 ² Payment
Nerve Repair Coding Options			
64910	Nerve repair; with synthetic conduit or vein allograft (e.g. nerve tube), each nerve	22.98	\$765
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	26.96	\$897
+64913 ^B	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	5.12	\$170
Maxillofacial Repair & Reconstruction Coding Options			
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g. mandibular staple bone plate)	30.22	\$1,006
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	25.36	\$844
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g. for hemifacial microsomia)	47.09	\$1,568
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	36.70	\$1,222
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	42.42	\$1,412
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	39.94	\$1,330
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	42.66	\$1,420
21045	Excision of malignant tumor of mandible; radical resection	36.00	\$1,198
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g. locally aggressive or destructive lesion[s])	29.57	\$984
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (e.g. locally aggressive or destructive lesion[s])	36.22	\$1,198
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g. locally aggressive or destructive lesion[s])	29.83	\$984
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (e.g. locally aggressive or destructive lesion[s])	34.42	\$1,206
21454	Open treatment of mandibular fracture with external fixation	14.71	\$490
21465	Open treatment of mandibular condylar fracture	23.93	\$797
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	34.98	\$1,164
21422	Open treatment of palatal or maxillary fracture (LeFort I type)	18.75	\$624
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	23.95	\$797
21299	Unlisted craniofacial and maxillofacial procedure	0.00	Carrier Determined

CPT/HCPCS Modifier Options	
Modifier ^C	Description
-22	Increased Procedural Service
-50	Bilateral Procedure
-51	Multiple Procedures
-58	Staged or Related Procedure or Service by Same Physician or Other Qualified Healthcare Professional During the Postoperative Period
-59	Distinct Procedural Service
-XE	Separate Encounter
-XS	Separate Structure
-XP	Separate Practitioner
-XU	Unusual Non-Overlapping Service

A. Total RVU (Relative Value Unit) – Total includes work RVU, Practice Expense RVU and Malpractice RVU. Information presented herein reflects the Facility Setting.
 B. Report Add-on code +64913 with 64912. Do not report these codes with 69990 (includes operating microscope). Multiple procedure reduction guidelines may apply.
 C. The CPT codes in this Guide are unilateral procedures. If performed bilaterally, some payors require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payors.

Outpatient Facility Reimbursement

CPT Code	HOPD APC Description	APC	HOPD SI ^D	HOPD ³ 2024 Payment	ASC SI ^E	ASC ⁴ 2024 Payment
Nerve Repair Coding Options						
64910	Level 2 Nerve Procedures	5432	J1	\$6,354	J8	\$4,288
64912	Level 2 Nerve Procedures	5432	J1	\$6,354	J8	\$4,579
+64913	Bundled into Primary C-APC Payment	-	N	No separate payment	N1	No separate payment
Maxillofacial Repair & Reconstruction Coding Options						
21244	Level 5 ENT Procedures	5165	J1	\$5,586	J8	\$3,773
21246	Level 5 ENT Procedures	5165	J1	\$5,586	J8	\$3,477
21247	Level 5 ENT Procedures		C			Not covered
21193	Level 5 ENT Procedures	5165	J1	\$5,586		Not covered
21194	Level 5 ENT Procedures	5165	J1	\$5,586	G2	\$2,761
21195	Level 5 ENT Procedures	5165	J1	\$5,586	J8	\$3,477
21045	Level 5 ENT Procedures		C			Not covered
21046	Level 5 ENT Procedures	5165	J1	\$5,586	A2	\$2,761
21047	Level 5 ENT Procedures	5165	J1	\$5,586	A2	\$2,761
21048	Level 5 ENT Procedures	5165	J1	\$5,586	R2	\$2,761
21049	Level 5 ENT Procedures	5165	J1	\$5,586		Not covered
21454	Level 5 ENT Procedures	5165	J1	\$5,586	J8	\$3,494
21465	Level 5 ENT Procedures	5165	J1	\$5,586	A2	\$2,761
21470	Level 5 ENT Procedures	5165	J1	\$5,586		Not covered
21422	Level 5 ENT Procedures	5165	J1	\$5,586		Not covered
21423	Level 5 ENT Procedures		C			Not covered
21299	Level 1 ENT Procedures	5161	T	\$233		Not covered

HCPCS Level II Coding Options	
HCPCS ⁵ Code	HCPCS Code Description
C9399	Unclassified Drugs or Biologicals
L8699	Prosthetic Implant, Not Otherwise Specified
C1762	Connective Tissue, Human (Includes Fascia Lata)

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁶ Code	Procedure Description
Nerve Repair Coding Options	
00UK0KZ	Supplement Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00UM0KZ	Supplement Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00UP0KZ	Supplement Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00US0KZ	Supplement Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00UR0KZ	Supplement Accessory Nerve with Nonautologous Tissue Substitute, Open Approach
00UK0JZ	Supplement Trigeminal Nerve with Synthetic Substitute, Open Approach
00UM0JZ	Supplement Facial Nerve with Synthetic Substitute, Open Approach
00UP0JZ	Supplement Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00US0JZ	Supplement Hypoglossal Nerve with Synthetic Substitute, Open Approach
00UR0JZ	Supplement Accessory Nerve with Synthetic Substitute, Open Approach
00RK0KZ	Replacement of Trigeminal Nerve with Nonautologous Tissue Substitute, Open Approach
00RM0KZ	Replacement of Facial Nerve with Nonautologous Tissue Substitute, Open Approach
00RP0KZ	Replacement of Glossopharyngeal Nerve with Nonautologous Tissue Substitute, Open Approach
00RS0KZ	Replacement of Hypoglossal Nerve with Nonautologous Tissue Substitute, Open Approach
00RR0KZ	Replacement of Accessory Nerve with Nonautologous Tissue Substitute, Open Approach
00RK0JZ	Replacement of Trigeminal Nerve with Synthetic Substitute, Open Approach

d. HOPD Status Key: C = Inpatient only procedure; J1 = Comprehensive APC rules apply; all covered Part B services are packaged into a single payment; N = No separate payment; payment is packaged into payment for other services; Q1 = Packaged APC payment if billed on the same date of service as an HCPCS code assigned status indicator S, T, V; S = Significant procedure, not discounted when multiple procedure performed; T = Procedure, discounted 50% when another procedure with a T status is billed.

e. ASC Status Key: A2, G2, & R2: Payment based on OPFS relative payment rate and subject to the multiple procedure discount (50%); J8: Device-intensive procedure and subject to the multiple procedure discount (50%)

Inpatient Facility Reimbursement

ICD-10-PCS Hospital Procedure Codes	
ICD-10-PCS ⁵ Code	Procedure Description
Nerve Repair Coding Options	
00RM0JZ	Replacement of Facial Nerve with Synthetic Substitute, Open Approach
00RP0JZ	Replacement of Glossopharyngeal Nerve with Synthetic Substitute, Open Approach
00RS0JZ	Replacement of Hypoglossal Nerve with Synthetic Substitute, Open Approach
00RR0JZ	Replacement of Accessory Nerve with Synthetic Substitute, Open Approach
Maxillofacial Repair & Reconstruction Coding Options	
0NBT0ZZ	Excision of Right Mandible, Open Approach
0NBV0ZZ	Excision of Left Mandible, Open Approach
0NRT07Z	Replacement of Right Mandible with Autologous Tissue Substitute, Open Approach
0NRV07Z	Replacement of Left Mandible with Autologous Tissue Substitute, Open Approach
0NQV0ZZ	Repair Left Mandible, Open Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NRV0JZ	Replacement of Left Mandible with Synthetic Substitute, Open Approach
0NRT0JZ	Replacement of Right Mandible with Synthetic Substitute, Open Approach
0NTT0ZZ	Resection of Right Mandible, Open Approach
0NTV0ZZ	Resection of Left Mandible, Open Approach
0NDV0ZZ	Extraction of Left Mandible, Open Approach
0NDT0ZZ	Extraction of Right Mandible, Open Approach
0NQTXZZ	Repair Right Mandible, External Approach
0NQVXZZ	Repair Left Mandible, External Approach
0NRT0KZ	Replacement of Right Mandible with Nonautologous Tissue Substitute, Open Approach
0NRV0KZ	Replacement of Left Mandible with Nonautologous Tissue Substitute, Open Approach
0N5T0ZZ	Destruction of Right Mandible, Open Approach
0N5V0ZZ	Destruction of Left Mandible, Open Approach
0NTT0ZZ	Resection of Right Mandible, Open Approach
0NTV0ZZ	Resection of Left Mandible, Open Approach
0NQT0ZZ	Repair Right Mandible, Open Approach
0NQV0ZZ	Repair Left Mandible, Open Approach

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code ^F	Diagnosis Description
Nerve Repair Coding Options	
S04.31XA	Injury of Trigeminal Nerve, Right Side, Initial Encounter
S04.32XA	Injury of Trigeminal Nerve, Left Side, Initial Encounter
S04.51XA	Injury of Facial Nerve, Right Side, Initial Encounter
S04.52XA	Injury of Facial Nerve, Left Side, Initial Encounter
S04.71XA	Injury of Accessory Nerve, Right Side, Initial Encounter
S04.72XA	Injury of Accessory Nerve, Left Side, Initial Encounter
S04.891A	Injury of Other Cranial Nerves, Right Side, Initial Encounter
S04.892A	Injury of Other Cranial Nerves, Left Side, Initial Encounter
Maxillofacial Repair & Reconstruction Coding Options	
C41.1	Malignant Neoplasm of Mandible
C79.51	Secondary Malignant Neoplasm of Bone
D16.5	Benign Neoplasm of Lower Jaw Bone
D48.0	Neoplasm of Uncertain Behavior of Bone and Articular Cartilage
D49.2	Neoplasm of Unspecified Behavior of Bone, Soft Tissue, and Skin
M27.2	Inflammatory Conditions of Jaws
M87	Osteonecrosis

F. ICD-10-CM Injury Codes – The 7th character changes with encounter level. A=Initial Encounter. Only the initial encounter code is listed in this Guide. Additional codes exist for the other encounter levels.

Inpatient Facility Reimbursement

ICD-10-CM Diagnosis Codes	
ICD-10-CM ⁷ Code ⁶	Diagnosis Description
Maxillofacial Repair & Reconstruction Coding Options	
S02.600B	Fracture of Unspecified Part of Body of Mandible, Unspecified Side, Initial Encounter for Open Fracture
S02.601B	Fracture of Unspecified Part of Body of Right Mandible, Initial Encounter for Open Fracture
S02.602B	Fracture of Unspecified Part of Body of Left Mandible, Initial Encounter for Open Fracture
S02.609B	Fracture of Mandible, Unspecified, Initial Encounter for Open Fracture

MS-DRG	MS-DRG Description	2024 ⁸ Payment
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$26,960
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$15,618
042	Peripheral/Cranial Nerve and Other Nervous System Procedure without CC/MCC	\$12,181
140	Major Head and Neck Procedures with MCC	\$26,453
141	Major Head and Neck Procedures with CC	\$14,505
142	Major Head and Neck Procedures without CC/MCC	\$10,817
143	Other Ear, Nose, Mouth, and Throat O.R. Procedure with MCC	\$23,285
144	Other Ear, Nose, Mouth, and Throat O.R. Procedure with CC	\$12,116
145	Other Ear, Nose, Mouth, and Throat O.R. Procedure without CC/MCC	\$8,550

G. ICD-10-CM Injury Codes – The 7th character changes with encounter level. B - initial encounter for open fracture. Only the initial encounter code for an open fracture is listed in this Guide. Additional codes exist for the other encounter levels.

References:

1. CPT 2024 Professional Edition, ©2023 American Medical Association (AMA); CPT is a trademark of the AMA.
2. 2024 Medicare Physician Fee Schedule, www.cms.gov
3. 2024 Medicare Hospital Outpatient Prospective Payment System, www.cms.gov
4. 2024 Medicare ASC Payment Rates, www.cms.gov
5. 2024 HCPCS, www.cms.gov
6. 2024 ICD-10-PCS, www.cms.gov
7. 2024 ICD-10-CM, www.cms.gov
8. 2024 IPPS Final Rule, Medicare DRG payment rates determined based on a hospital base rate of \$7,001.60

Disclaimer: The information is for educational purposes only and should not be construed as authoritative. The information is current as of January 2024 and is based upon publicly available source information. Codes and values are subject to frequent change without notice. The entity billing Medicare and/or third-party payors is solely responsible for the accuracy of the codes assigned to the services or items in the medical record. When making coding decisions, we encourage you to seek input from the AMA, relevant medical societies, CMS, your local Medicare Administrative Contractor and other health plans to which you submit claims. Items and services that are billed to payors must be medically necessary and supported by appropriate documentation. It is important to remember that while a code may exist describing certain procedures and/or technologies, it does not guarantee payment by the payors.

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