AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

Clinical Indicators: LeFort Fracture

Procedure	CPT	Days[1]
LeFort I		
Treatment of palatal or maxillary fracture, with interdental wire fixation of denture or splint		
• closed	21421	90
• open	21422	90
• complicated, multiple approaches	21423	90
LeFort II		
Closed treatment of nasomaxillary complex fracture with interdental wiring fixation or fixation of denture or splint	21345	90
Open with wiring and/or local fixation	21346	90
• requiring multiple approaches	21347	90
• multiple approaches with bone grafting	21348	90
LeFort III		
Closed treatment of craniofacial separation using interdental wire fixation of denture or splint	21431	90
Open treatment of craniofacial separation, with wiring and/or internal fixation	21432	90
• complicated, multiple approaches	21433	90
• complicated, using internal and/or external fixation	21435	90
• complicated, multiple approaches, internal fixation with bone grafting	21436	90

Additional Procedures	CPT	Days[1]
Tracheostomy, planned (separate procedure)	31600	0
Bone graft, any donor area; minor or small (e.g., dowel or button)	20900	90
Bone graft, any donor area; major or large	20902	90
Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	20908	90
Cartilage graft; costochondral	20910	90
Graft; rib cartilage, autogeneous to face, chin, nose or ear (includes obtaining graft)	21230	90

1 RBRVS Global Days

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Indications

1. History

a) Trauma, indicate mechanism of injury
b) Rhinorrhea
c) Visual problems
d) Malocclusion/dental status
e) Trismus
f) Facial numbness
g) Difficulty with sense of smell

2. Physical Examination

a) Nasal/oral bleeding
b) Oral/facial lacerations
c) Occlusal status (required)
d) Eye exam, vision and extraocular mobility
e) Airway compromise
f) Facial hypesthesia/anesthesia
g) Intracranial injury/mental status and Glasgow coma scale
h) Complete cranial nerve exam
i) Facial bony deformity or instability, especially the palate, nasal complex, and midface from the skull base
j) Otoscopic exam with attention to otorrhea
k) Gross hearing testing and tuning forks
l) Trismus
m) Anosmia/Hyposmia
n) Cerebral spinal rhinorrhea

3. Tests (as required)

a) Cervical spine radiographs (required)
b) CT scan/facial bones/head
    - axial/coronal
c) Panorex if CT is not available to evaluate the mandible
e) Consultation with appropriate specialists with particualar attention for ophthalmology and neurosurgery

Postoperative Observations

a) Adequate airway patency
b) Presence or absence of bleeding
c) Tolerable degree of pain/nausea
d) Evaluate sensory integrity especially in teh V@ and V3 distribution
e) Document occlusal status
f) Wire cutters or scissors at bedside if appropriate
g) Monitor intake and output to detect inappropriate antidiuretic hormone syndrome.
h) Change in mental status
i) CSF leak (i.e., rhinorrhea, otorrhea)

Outcome Review

1. One Week

a) Incision healing well, including intraoral incisions
b) Evidence of infection
c) Fixation stable
d) Oral hygiene
e) Occlusal status
f) Extraocular movements
g) Nutritional status
h) Vision stable
i) Cerebral rhinorrhea

2. Beyond One Month

a) Nonunion/Malunion
b) Occlusal status
c) Oral-antral fistulas
d) Facial appearance/telecanthus
e) Cerebral fluid rhinorrhea
f) Nutritional status
g) Nasal sinus complaints
h) Epiphora/dacrocystorhinitis
i) Anosmia/hyposmia
j) Facial hypesthesia/anesthesia
k) Vision status/diplopia
l) Persistent diplopia

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Associated ICD-9 Diagnostic Codes (Representative, but not all-inclusive codes)

349.81	Cerebral spinal fluid rhinorrhea
800.1	Closed with cerebral laceration and contusion
800.20	Closed fracture of vault of skull w/subrachnoid, subdural and extradural hemorrhage
800.30	Closed fracture of vault of skull w/other and unspecified intracranial hemorrhage
800.40	Closed fracture of vault of skull w/intracranial injury
800.70	Open fracture of vault of skull w/subrachnoid, subdural and extradural hemorrhage
800.80	Open fracture of vault of skull w/other and unspecified intracranial hemorrhage
801.00	Closed fracture of base of skull without intracranial injury
801.10	Closed fracture of base of skull w/cerebral laceration and contusion
801.20	Closed fracture of base of skull w/subarachnoid, subdural and extradural hemorrhage
801.30	Closed fracture of base of skull w/other and unspecified intracranial hemorrhage
801.40	Closed fracture of base of skull w/intracranial injury
802.4	Malar and maxillary bones, closed fracture
802.5	Malar and maxillary bones, open fracture
802.6	Orbital floor (blow out), closed
802.7	Orbital floor (blow out), open
802.8	Other facial bones, closed fracture
802.9	Other facial bones, open fracture
804.00	Closed fractures involving skull or face with other bones
905.0	Late effect of fracture of skull and face bones
787.2	Dysphagia

Additional Information

Assistant Surgeon—Code dependent
Supply Charges—N
Prior Approval—N
Anesthesia Code(s) -- 00190

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Patient Information

A LeFort fracture is a fracture of the midface bone, cheek bones, and the bones under the eye. These fractures may occur alone or in combination with fractures of the jaw. Injuries to the eyes or brain are common. Treatment goals are to obtain proper alignment of teeth and restoration of midface or nasal appearance, including length and projection. Treatment includes wiring or plating of bone fragments and the wiring of the upper and lower teeth together. The risk of airway compromise may require the establishment of a breathing passage in the neck (tracheostomy). Complications include bleeding, infection, poor alignment of the teeth, difficulty breathing, excess tearing, a change in vision or double vision, decreased or lack of sense of smell, recurrent sinus infections, numbness of face, increased distance between the eyes, drainage of spinal fluid through the nose or ear, and nonhealing or assymetric healing of facial bones along the fracture line.

Important Disclaimer Notice (Updated 8/7/14)

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