### Clinical Indicators: LeFort Fracture

**Procedure**

**LeFort I**
- Treatment of palatal or maxillary fracture, with interdental wire fixation of denture or splint
  - closed
  - open
  - complicated, multiple approaches

**CPT** | **Days**<sup>1</sup>  
--- | ---  
21421 | 90  
21422 | 90  
21423 | 90

**LeFort II**
- Closed treatment of nasomaxillary complex fracture with interdental wiring fixation or fixation of denture or splint
- Open with wiring and/or local fixation
  - requiring multiple approaches
  - multiple approaches with bone grafting

**CPT** | **Days**<sup>1</sup>  
--- | ---  
21345 | 90  
21346 | 90  
21347 | 90  
21348 | 90

**LeFort III**
- Closed treatment of craniofacial separation using interdental wire fixation of denture or splint
- Open treatment of craniofacial separation, with wiring and/or internal fixation
  - complicated, multiple approaches
  - complicated, using internal and/or external fixation
  - complicated, multiple approaches, internal fixation with bone grafting

**CPT** | **Days**<sup>1</sup>  
--- | ---  
21431 | 90  
21432 | 90  
21433 | 90  
21435 | 90  
21436 | 90

**Additional Procedures**

**CPT** | **Days**<sup>1</sup>  
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31600 | 0  
20900 | 90  
20902 | 90  
20908 | 90  
20910 | 90  
21230 | 90

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<sup>1</sup> RBRVS Global Days
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 particular 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
### Associated ICD-9 Diagnostic Codes (Representative, but not all-inclusive codes)

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

### Additional Information

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

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