

Larynx Repair

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Six new codes have been added to the Respiratory System/Larynx Repair subsection of the Current Procedural Terminology (CPT®) 2017 code set to report open treatment of laryngeal stenosis, open vocal cord medialization, and open cricotracheal resection. As a result of these code additions, codes 31580, 31584, and 31587 were revised, and codes 31582 and 31588 were deleted. This article provides an overview of these coding changes.

The code additions and revisions made in the Respiratory System/Larynx Repair subsection of the CPT 2017 code set were initiated when previous code 31588, Laryngoplasty not otherwise specified (eg, for burns, reconstruction after partial laryngectomy), was identified on the AMA/Specialty Society Relative Value Scale Update Committee (RUC) screen for codes with a 90-day global period with more than six postoperative office visits. This resulted in a review of the family of codes for larynx repair (31580-31588) by the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS), and the Triological Society to define laryngoplasty services for different patient populations. For example, it was noted that the work for the same procedure may be substantially different when performed on pediatric patients vs adults, or whether an indwelling stent (other than the endotracheal tube) was left in place at the end of the procedure. As a result, the larynx repair codes were significantly revised to differentiate services based on age (younger than 12 years, 12 years or older), to indicate whether tracheostomy is inherent to the procedure, and to provide coding guidance for graft harvest and removal of a stent or keel, when performed.

Repair

▲ 31580

Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion

▶(Do not report 31580 in conjunction with 31551, 31552, 31553, 31554)◀

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

▶(To report removal of the keel or stent, use 31599)t

▶(31582 has been deleted. To report, see 31551, 31552, 31553, 31554)◀

#▲**31551**

for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age

▶(Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft])◀

▶(Do not report 31551 in conjunction with 31552, 31553, 31554, 31580)◀

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

#●**31552**

for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older

▶(Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft])◀

▶(Do not report 31552 in conjunction with 31551, 31553, 31554, 31580)◀

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

#●**31553**

for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age

▶Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft]◀

▶(Do not report 31553 in conjunction with 31551, 31552, 31554, 31580)◀

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

▶(To report removal of the stent, use 31599)◀

#●**31554**

for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

▶(Do not report 31554 in conjunction with 31551, 31552, 31553, 31580)◀

▶(Do not report 31554 in conjunction with 31551, 31552, 31553, 31580)◀

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

▶(To report removal of the stent, use 31599)◀

▲ **31584**

with open reduction and fixation (eg, plating) of fracture, includes tracheostomy, if performed

▶(Do not report graft separately if harvested through the laryngoplasty incision [eg, thyroid cartilage graft])◀

▲ **31587**

Laryngoplasty, cricoid split, without graft placement

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

▶(31588 has been deleted. To report laryngoplasty not otherwise specified, use 31599)◀

● **31591**

Laryngoplasty, medialization, unilateral

● **31592**

Cricotracheal resection

▶(Do not report graft separately if harvested through cricotracheal resection incision [eg, trachealis muscle])◀

▶(Do not report local advancement and rotational flaps separately if performed through the same incision)◀

▶(To report tracheostomy, see 31600, 31601, 31603, 31605, 31610)◀

▶(To report excision of tracheal stenosis and anastomosis, see 31780, 31781)◀

Code 31580 was revised to report only the service performed on the day of repair (keel insertion), rather than including two separate procedures (repair with insertion of keel or

stent and later removal of keel or stent). This change was made to avoid having a single code that included two services performed on different days. Code 31582 was deleted to allow more specific reporting of laryngeal stenosis services—incorporating placement of a stent with or without a graft and the age of patient, due to inherent differences in work with each procedure. Important to note that the term 'indwelling stent' refers to a stent other than an endotracheal tube. When performing the services described by codes 31551 and 31552, the endotracheal tube is frequently left in place at the end of the procedure. When performing the services described by codes 31553 or 31554, a separate stent is secured into the airway and the patient is extubated at the end of the procedure.

Code 31584 was revised to specifically include fixation (eg, plating), which is typical, and to state that tracheostomy is inherent, when performed, since the nature of most laryngeal fractures that undergo open repair require tracheostomy to secure the airway. The descriptor for code 31587 was editorially revised to clarify that no graft is placed during this procedure.

Code 31588 was deleted to remove coding ambiguity. This code was used most frequently for medialization laryngoplasty, a procedure that is now reported with new code 31591 for open medialization of a vocal cord. Code 31592 was added to report removal of the cricoid and part of the upper trachea (as one specimen, with the resection usually limited to the first one or two tracheal rings) to treat subglottic stenosis.

Tracheostomy is inherent to code 31584, but it is not inherent to code 31551-31554, 31587, 31591, or 31592 and it may be reported separately. Graft harvest is also reported separately, if it is performed through an incision other than the incision used to perform the laryngoplasty. Lastly, this code family only applies to open laryngeal surgeries and should not be used when a procedure is performed entirely via an endoscope.

Coding Tip

Code 21495, Open treatment of hyoid fracture, was deleted in the 2017 code set as the revisions made to code 31584 now include fixation of fracture and tracheostomy, when performed.

Glossary

Cricoid split: An open surgical procedure to repair subglottic stenosis by transecting (divide by cutting across) the cricoid cartilage to enlarge the subglottic airway. The cricoid cartilage is the only complete ring of cartilage in the larynx and trachea.

Cricotracheal resection: An open surgical procedure to remove a portion of the cricoid cartilage and upper trachea.

Laryngeal stenosis: A congenital or acquired narrowing of the airway that results in difficulty breathing and may affect the supraglottis, glottis, and/or subglottis. The glottis refers to the region of the larynx at the level of the vocal cords; the supraglottis and subglottis are those parts of the larynx above and below the vocal cords, respectively.

Medialization laryngoplasty: An open surgical procedure performed to restore function to the larynx by moving the paralyzed, atrophied, or scarred vocal cord medially toward the midline to meet with the non-paralyzed or non-bowed side when it adducts. This includes placing a prosthesis, which is intended to improve glottic closure thereby improving voice and cough and helps prevent aspiration, also known as 'type I thyroplasty'.

Subglottic stenosis: A narrowing of the laryngeal airway just below the vocal cords (subglottis) and above the trachea. **Tracheostomy:** A surgical procedure to create an opening through the neck into the trachea (windpipe). A tube is usually placed through this opening to bypass the restricted airway, help remove secretions, and enable breathing. ♦

