

Part B Insider (Multispecialty) Coding Alert

Reader Question: Straighten Out Functions of Specific Sinusectomy Codes

Question: When should I report sinusectomy codes? When a surgeon suctions purulent mucoid material from any of the sinuses, is this considered removal of tissue and reported with codes 31254/31255, 31267, or 31288?

Answer: With all of these codes, the surgeon must perform a sinusostomy (opening up the sinus opening). You will find no different codes for tissue removal versus just opening up the sinuses when referring to the ethmoid sinuses. So, when working with 31254 (Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial [anterior]), 31255 (...with ethmoidectomy, total [anterior and posterior]), you do not have to be concerned with whether tissue removal is documented or not.

Before you can report 31267 (Nasal/sinus endoscopy, surgical with maxillary antrostomy; with removal of tissue from maxillary sinus), or 31288 (...with sphenoidotomy; with removal of tissue from the sphenoid sinus), there, however, has to be documentation of the removal of tissue, thus reason for your question and concern.

Suctioning of purulent material from sinuses during any of these nasal/sinus endoscopies is part of the procedure itself. You should not consider mucous and/or pus as tissue. Therefore, if only purulent material, mucous and/or pus is removed in the maxillary sinuses or sphenoid sinuses during a FESS, only 31256 (Nasal/sinus endoscopy, surgical, with maxillary antrostomy) or 31287 (Nasal/sinus endoscopy, surgical, with sphenoidotomy) may be coded respectively. In order to be able to code 31267 or 31288, the physician must remove actual tissue, a polyp, necrotic tissue, a cyst, a mucocele, etc. from the maxillary or sphenoid sinuses, respectively.