ENT BILLING AND CODING

Kathi A. Flaherty, CPC
ENT Medical Services
E & M Coding
Important Coding Rules
Office Procedures
Office Testing
OR Procedure
ENT Medical Services

- Allergy
- Audiological
- Cosmetic
- Head & Neck
- Otology
- Pediatric
- Neuro-Otology {Vestibular}
- Sino-Nasal
- Skullbase
- Sleep
- Swallowing Therapy
- Voice
**ENT SINGLE SYSTEM EXAM**

- **Constitutional**
  - 3 of 7 Height, Weight, BP
  - General Appearance
  - Assessment of Communication

- **Neck**
  - Masses overall appearance
  - Examination of Thyroid

- **Head & Face**
  - Inspec. Head & Face Scar skin lesions  **Skin**
  - Palpation/Percussion of Face
  - Examination Salivary Glands
  - Assessemement Facial Strength  **Cranial Nerves= Neuro**
Ear Nose & Throat
- Otoscopic Examination
- Assessment of Hearing
- External Inspections Ears & Nose
  - Inspect Nasal Mucosa, Septum, Turbinates
  - Inspection Lips Teeth and Gums Exam of Oropharynx
  - Inspection of Pharyngeal wall, pyriform sinuses
- Examination by mirror of Larynx= epiglottis, FVC, TVC Larynx mobility { not required for children
- Examination by mirror of the Nasopharynx mucosa, adenoids, posterior choanae, eustachian tube
ENT SINGLE SYSTEM EXAM

- **Eyes** Test Ocular motility gaze alignment

- **Respiratory** Inspection chest assessment of respiratory effort Auscultation of lungs\{sounds\}

- **Cardiovascular** Auscultation of the Hearth Exam Peripheral vascular system

- **Lymphatic** Palpation of lymph nodes

- **Neurological test** cranial nerves,
  - / **Psychiatric** orientation to time, place and person
ORGAN SYSTEM EXAM

- Constitution
- Eye
- Ear, Nose, Mouth Throat
- Cardio
- Resp
- Gi

- Gu
- Musculo
- Skin
- Neuro
- Psych
- Hemi/lymph/Imm
ENT CODING

IMPORTANT RULES
CPT code 92511 (nasopharyngoscopy with endoscope) should not be reported separately when performed as a cursory examination with other respiratory endoscopic procedures.
**RULES THAT APPLY TO ENDOSCOPIC PROCEDURES**

- When a diagnostic or surgical endoscopy of the respiratory system is performed, it is a standard of practice to evaluate the access regions. A separate HCPCS/CPT code should not be reported for this evaluation of the access regions.

  For example

  If an endoscopic anterior ethmoidectomy is performed, a diagnostic nasal endoscopy should not be reported separately simply because the approach to the ethmoid sinus is transnasal.

  A fiberoptic bronchoscopy routinely includes an examination of the nasal cavity, pharynx, and larynx. A separate HCPCS/CPT code should not be reported with the bronchoscopy HCPCS/CPT code for this latter examination whether it is limited ("cursory") or complete.
RULES THAT APPLY TO ENDOSCOPIC PROCEDURES

- A diagnostic endoscopy is **not separately reportable** with a surgical endoscopy per CPT Manual instructions.

- If an endoscopic procedure fails and is converted into an open procedure, the endoscopic procedure is not separately reportable with the open procedure.
Biopsy with an extensive nasal procedure

A biopsy performed in conjunction with a more extensive nasal/sinus procedure is not separately reportable unless the biopsy is examined pathologically prior to the more extensive procedure, and the decision to proceed with the more extensive procedure is based on the result of the pathologic examination.
If medically reasonable and necessary endoscopic procedures are performed on two regions of the respiratory system with different types of endoscopes, both procedures may be separately reportable.

For example, if a patient requires diagnostic bronchoscopy for a lung mass with a fiberoptic bronchoscope and a separate laryngoscopy for a laryngeal mass with a fiberoptic laryngoscope at the same patient encounter, HCPCS/CPT codes for both procedures may be reported separately.

It must be medically reasonable and necessary to utilize two separate endoscopes to report both codes.
If the findings of a diagnostic endoscopy lead to the performance of a non-endoscopic surgical procedure at the same patient encounter, the diagnostic endoscopy may be reported separately.

If a "scout" endoscopic procedure to evaluate the surgical field (e.g., confirmation of anatomic structures, assess extent of disease, confirmation of adequacy of surgical procedure such as tracheostomy) is performed at the same patient encounter as an open surgical procedure, the endoscopic procedure is not separately reportable.
**RULES THAT APPLY TO ENDOSCOPIC PROCEDURES**

- Dx endoscope same encounter as procedure

Example: If a patient presents with nasal obstruction, sinus obstruction and multiple nasal polyps, it may be reasonable to perform a biopsy prior to, or in conjunction with, polypectomy and Ethmoidectomy.

Example: A separate biopsy code (e.g., CPT code 31237 for nasal/sinus endoscopy) should not be reported with the removal nasal/sinus endoscopy code (e.g., CPT code 31267) because the biopsy tissue is procured as part of the surgery, not to establish the need for surgery.
RULES THAT APPLY TO ENDOSCOPIC PROCEDURES

- When endoscopic service(s) are performed, the most comprehensive code describing the service(s) rendered should be reported. If multiple services are performed and not adequately described by a single CPT code, more than one code may be reported.
- Additionally, only medically necessary services may be reported.
- Incidental examination of other areas should not be reported separately.
COMMON OFFICE PROCEDURES

- Nasopharyngoscopy
- Nasal Endoscopy
- Flexible Laryngoscopy
- Strobescopy
- FEES {Flexible Endoscopic Evaluation of Swallowing}
- Esophagoscopy
- Binocular Microscope
- Cerumenectomy
- Biopsies
- Cosmetic injection
- Mastoid Debridement
DIAGNOSTIC ENDOSCOPY

31231 Nasal Endoscopy
the anterior portion of
the nasal cavity
{ meatus, turbinates,
opening of sinus
cavities}

92511 Nasopharyngoscopy
only looks at eustacian
tubes, adenoids and
Choanae { where the
pharynx and the nasal
passages meets, at the
end of the hard palate

31575 Flexible Laryngoscopy when the
scope is pushed further down to the
level of the Larynx
Flexible Laryngoscopy

- Diagnostic 31575
- Biopsy 31576
- Excision 31578
- Injection 31599

Esophagoscopy

- Diagnostic 43200
31579  Stroboscopy

92612  FEES: Endoscopic Evaluation of Swallowing by cine or video recording
   92700 Unlisted  if no recording

92613  Physician interpretation & report
Sinuses and Nasal Cavity Anatomy

- Frontal sinus
- Ethmoid sinus
- Sphenoid sinus
- Maxillary sinus

The middle meatus is a tiny opening where most of your sinuses drain.

Turbinates are curved ridges in your nose that humidify and warm the air you breathe.

The septum is a thin “wall” that separates the air passages in your nose.
Nasal Endoscope

- Diagnostic 31231 *description reads bilateral
- Debridement, bx, polypoidectomy 31237
- Control Epistaxis 31238
- Injection 30999 or 31299
CONTROL OF EPISTAXIS

- **30901**  Control nasal hemorrhage, anterior, simple *(limited cautery and/or packing)* any method

- **30903**  Control nasal hemorrhage, anterior, **complex** *(extensive cautery and/or packing)* any method

- **30905**  Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial

- **30906**  subsequent

- **30915**  Ligation arteries; ethmoidal

- **30920**  internal maxillary artery, transantral

- **31238**  Endoscopy with control of nasal hemorrhage

- **31299**  Sphenoid Artery Ligation
Control of bleeding is an integral component of endoscopic procedures and is not separately reportable.

Example,

Control of nasal hemorrhage (CPT code 30901) is not separately reportable for control of bleeding during a nasal/sinus endoscopic procedure.

Postoperative period bleed that requires return to the operating room for treatment, a HCPCS/CPT code for control of the bleeding may be reported with modifier 78 indicating that the procedure was a complication of a prior procedure requiring treatment in the operating room. However, control of postoperative bleeding not requiring return to the operating room is not separately reportable.
- 30801 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); Superficial

- 30802 Intramural (i.e., submucosal)

- 30130 Excision inferior turbinate, partial or complete, any method

- 30140 Submucousa resection inferior turbinate, partial or complete, any method

- 30999 if procedure performed on Middle or Superior turbinate
NEW BALLOON SINOPLASTY
NEW CODES FOR 2011

- 31295 Nasal/sinus Endoscopy, surgical; with dilation of maxillary sinus ostium, transnasal or via canine fossa
- 31296 with dilation of frontal sinus ostium
- 31297 with dilation of sphenoid sinus ostium
Under direct visualization, the physician removes impacted cerumen (ear wax) using suction, a cerumen spoon or delicate forceps. If no infection is present, the ear canal may be irrigated.

Insurance carrier policy state documentation must support the need for a Physician/PA/CRNP to perform this procedure CPT 69210
**OTHER EXTERNAL EAR PROCEDURES**

- Debridement of mastoidectomy cavity 69220
- Myringotomy w/ aspiration 69420
- Myringotomy with tubes local or topical anesthesia 69433

- Code these under appropriate office exam code or Binocular microscope if used
  - Wick Procedure
  - Removal of tubes w/o general anesthesia
LABRINTHOTOMY INJECTIONS
69801 - NEWLY REVISED IN 2011, NO GLOBAL DAYS, UNILATERAL INNER EAR PASSAGES
Cannot be billed in addition to other procedures performed on the ear.
COSMETIC AND SELF-PAY SERVICES

- Radiesse & Botox injections for facialplasty
- Sing Therapy
- Voice Enhancement Therapy
- Transgender Voice Therapy
- Skype Voice Therapy
- Pillar Implants for Snoring
SWALLOWING & VOICE SCOPES

- 31579 Stroboscopy

- 92612 FEES: Endoscopic Evaluation of Swallowing by cine or video recording

- 92613 Physician interpretation & report

- 92700 Unlisted if no recording
OR
Procedures
Many....
31600 (Tracheostomy, planned (separate procedure)) includes the "separate procedure" designation. Therefore, pursuant to the CMS "separate procedure" policy, a tracheostomy is not separately reportable with laryngeal surgical procedures that frequently require tracheostomy (e.g., laryngotomy, laryngectomy, laryngoplasty)
CPT code 92502 (otolaryngologic examination under general anesthesia) is not separately reportable with any other otolaryngologic procedure performed under general anesthesia.
The Main Pediatric Procedure

- **Tonsillectomy** 42820-42821 42825-42826-
  Driven by patient age and if Adenoidectomy was also performed

- **Adenoidectomy** 42820-42821 42830-42831
  Driven by patient age, with tonsillectomy and if initial or revision

- **Myringotomy and Tube {UA} 69436**
  Unilateral procedure often contrary to Physician thought process BMT

- **Removal of Foreign Body**
  Nasal- 30310  Ear- 69205
The Endoscopic Pediatric Procedure

- Removal of Foreign Body
  - Esophagoscopy 43215
  - Bronchoscopy 31635

- Bronchial Lavage 31624

- Esophagoscopy with Biopsy 43202
Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch

Myringoplasty (surgery confined to drumhead and donor area)

Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction

with ossicular chain reconstruction (eg, postfenestration)

with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
The nose and mouth have mucocutaneous margins. Numerous procedures (e.g., biopsy, destruction, excision) have CPT codes that describe the procedure as an integumentary procedure (CPT codes 10000-19999), a nasal procedure (CPT codes 30000-30999), or an oral procedure (CPT codes 40000-40899). If a procedure is performed on a lesion at or near a mucocutaneous margin, only one CPT code which best describes the procedure may be reported. If the code descriptor of a CPT code from the respiratory system (or any other system) includes a tissue transfer service (e.g., flap, graft), the CPT codes for such services (e.g., transfer, graft, flap) from the integumentary system (e.g., CPT codes 14000-15770) should not be reported separately.
SINONASAL PROCEDURE WHAT IS IMPORTANT

- Approach
- Location Location Location
- Repair what?
- Excising what?
Location Location Location

How much is excised?

What type of repair?

What other procedures were performed.

40100--41155
NECK EXCISION WHAT IS IMPORTANT

- Location Location location
- What type of tissue is excised
- What else is performed

21550--21558
38510- 38746
**Region/Level I:** Submental and submandibular nodes.

**Region/Level II:** Upper jugular lymph nodes, including the jugulodigastric nodes.

**Region/Level III:** Mid-jugular nodes from the carotid bifurcation to the omohyoid muscle.

**Region/Level IV:** Nodes of the lower jugular area that extend from the omohyoid to the clavicle.

**Region/Level V:** All lymph nodes within the posterior triangle of the neck.

**Region/Level VI:** Nodes in the anterior compartment group, which includes the lymph nodes that surround the midline structures of the neck. (These nodes extend from the hyoid bone superiorly to the suprasternal notch inferiorly.)
**TYPES OF NECK DISSECTION**

- **Radical Neck 38720=**
  Removal of all cervical lymph node groups 1 through 5, and spinal Accessory nerve, sternomastoid muscle and internal jugular vein.

- **Modified Neck 38724=**
  Removal of all lymphatic structures but preservation of one or more of the non-lymphatic structures. Types I, II, III

- **Selected Neck 38724=**
  Removal of just a subset of lymph node groups {1-5} while typically preserving all non-lymphatic structures.

**Extended Neck Dissection**
Removal of one or more additional lymph node groups outside the territories described in RND, MND, SND.
Laryngectomy, total, with modified radical neck dissection
31360, Laryngectomy; total, without radical neck dissection
Modifier 59, Distinct Procedural Service should be appended to code 38724, Cervical lymphadenectomy (modified radical neck dissection)

Supraglottic laryngectomy with modified neck dissection
31367, Laryngectomy; subtotal supraglottic, without radical neck Dissection Modifier 59, Distinct Procedural Service should be appended to code 38724, Cervical (modified radical neck dissection)

Total parotidectomy with facial nerve dissection and a modified radical neck dissection 42420, Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve Modifier 59, Distinct Procedural Service should be appended to code 38724, (modified radical neck dissection)
For CPT code 42894, Resection of pharyngeal wall requiring closure with myocutaneous flap, is the work of developing the myocutaneous flap included in this code or does the code descriptor indicate that the dissection of the pharynx is so extensive it will require reconstruction?

Answer:

CPT code 42894 does not include the work of developing a myocutaneous flap; therefore, it would be appropriate to report it separately. Additionally, if a free flap is performed for reconstruction, it should also be reported separately.
61781 cranial, intradural (List separately in addition to code for primary procedure)

61782 cranial, extradural (List separately in addition to code for primary procedure)

61783 spinal (List separately in addition to code for primary procedure)

NEW codes for 2011
Revision sinus surgery.

Distorted sinus anatomy of development, postoperative, or traumatic origin.

Extensive sino-nasal polyposis.

Pathology involving the frontal, posterior ethmoid and sphenoid sinuses.

Disease abutting the skull base, orbit, optic nerve or carotid artery.

CSF rhinorrhea or conditions where there is a skull base defect.

Benign and malignant sino-nasal neoplasms
Benefits

- Benefits quicker recovery times
- shorter hospital stays
- decreased pain at the time of surgery
- minimal loss of blood during surgeries

Types of Surgery

- Thyroid
- Tongue Lesions
- Buccal Mucosa lesions
- Laryngeal Lesions

Coming Soon
- Neck Dissections
52 Modifier
- Tonsillectomy performed unilaterally only
- Audiogram performed unilaterally

50 Modifier
- Ear Procedure
- Neck Procedure
- Sino-Nasal Procedures

62 Modifier
- Skullbase
- Thoracic-Thyroid
CPT 92540 Basic vestibular evaluation, includes:

- 92541 spontaneous nystagmus test with eccentric gaze fixation
- 92542 positional nystagmus test, minimum of 4 positions, with recording,
- 92544 optokinetic nystagmus test, bi-directional foveal and peripheral stimulation, with recording,
- 92545 oscillating tracking test, with recording

CPT 92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording
Endoscopic Approach

- Skull-base
- Salivary gland .4mm endoscopes
- Thyroid
- Neck Dissection coming soon
- Skype Voice therapy
- Radiesse injections for facial wasting
Questions?
RESOURCES

- CPT Assist
- CCI
- AMA
- CMS
- HCPCS
- AMA