

Coding Update: Rhinology

Michael J. Sillers, M.D., F.A.C.S

Alabama Nasal and Sinus Center

Clinical Professor

The University of Alabama-Birmingham

Birmingham, Alabama

Coding Update: Rhinology

- Teaching Objectives
 - Understand basic coding principles
 - Recognize new codes available in 2011
 - Learn to appropriately code for “new procedures”

Coding Update: Rhinology

- Coding 101
 - Common Procedural Terminology (CPT) is owned by AMA
 - CMS assigns value (RVU's) to codes for physician payment (MPFS) and facility/non-facility reimbursement
 - 3rd party payers *may* adopt CMS values, usually with a multiplier
 - A code in the book does not guarantee payment by 3rd party payers!

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- Coding 101
 - CPT codes have 3 components
 - Physician work-what we do
 - Practice expense-what it “costs”
 - Malpractice (~3% of total)
 - Site of service differential
 - Hospital (OPPS)
 - ASC
 - Non-facility (“office”)

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- New balloon dilation CPT codes-Medicare physician fee schedule (MPFS)
 - Proposed rule published in Federal Register 7/10
 - Final rule published 11/10
 - Rates/policies effective 1/1/11

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- **31295**-Nasal/sinus endoscopy, with balloon dilation of the **maxillary** sinus ostium
- **31296**-Nasal/sinus endoscopy, with balloon dilation of the **frontal** sinus ostium
- **31297**-Nasal/sinus endoscopy, with balloon dilation of the **sphenoid** sinus ostium
- *these codes are used when no tissue is removed- replace the 31299 code; when tissue removed, appropriate existing code is still used (31256,-76, -87)

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- Codes are billable/payable
- New codes carry “0” global days
- Are subject to multiple procedure reduction-100, 50, 50, 50 (not 25%)
- CMS has established Practice Expense (PE) RVU’s for non-facility (office) payment
- Additional work being done for facility reimbursement-Ambulatory payment classification (APC’s); compensate for device-dependent procedures

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- 61795-deleted as of January 1, 2011
 - Subdivided into 3 codes
 - 61781-stereotactic computer-assisted (navigation) procedures for the cranial, intradural region
 - **61782-stereotactic computer-assisted (navigation) procedures for the cranial, extradural***
 - 61783-stereotactic computer-assisted (navigation) procedures for the spinal region
- *61781 and 61782 should not be reported by the same provider in the same session (AMA 2011 CPT Changes: An Insider's View)

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- 55 yom with medically refractory CRS without polyps
- Septoplasty, bilateral partial ethmoidectomy, bilateral maxillary antrostomy, left sphenoidotomy, balloon dilation of the left frontal sinus followed by formal frontal sinusotomy; surgical navigation employed
- How do you code?

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- 470 30520
- 473.2 31254-50
- 473.2 31276
- 473.3 31287
- 473.0 31256-50
- 61782
 - balloon dilation of the frontal sinus was incident to the frontal sinusotomy (31276 vs.31296); cannot use 2 codes for same sinus

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- Patient returns 1 week post-op. Post-op course and pathology discussed, ethmoid cavities debrided, and treatment plan outlined. How do you code?
- 473.2 31237-50
- 473.3, 473.0, 473.1 99213-79,25
 - Do not include 470 (deviated nasal septum); this may inadvertently kick this into global period for septoplasty

Coding for Endoscopic Skull Base Surgery

- 58 yo male with several month h/o progressive nasal obstruction, intermittent epistaxis, and headache.
- Examination reveals obstructing left nasal mass
- CT/MRI-5 cm soft tissue mass with destruction of CP and apparent dural but no brain parenchymal invasion.
- Biopsy shows ENB

Coding for Endoscopic Skull Base Surgery

- Endoscopic transnasal approach with complete spheno-ethmoidectomy, septectomy and MT resection. “3 hand technique” with 2 surgeons (ENT/Neuro)
- Cribriform plate resected on each side along with dural margin. Brain parenchymal margins are clear by frozen section
- Multilayered skull base reconstruction performed

Coding for Endoscopic Skull Base Surgery

- Modifiers
 - -62 “Two surgeons”
 - -52 “Reduced services” –appended to existing open codes
 - Some advocate the use of this with the “approach” code
 - Some will append modifier to all codes-approach, definitive and repair
 - Least coding compliant
- Add-on codes
 - 61781,-82 “Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, -extracranial

Coding for Endoscopic Skull Base Surgery

- *Unlisted Procedures
 - Otolaryngologist submits 31299-“Unlisted procedure, accessory sinuses” –can append modifiers and add-on code (-62, 61782)
 - Neurosurgeon submits 64999-“Unlisted procedure, nervous system”- can append modifiers and add-on code (-62, 61781)
 - This is the most labor-intensive but also the most coding compliant
 - Requires valuation of services
 - Requires negotiation with payers
 - May not get consistently reimbursed
 - AAO-CPT committee actively pursuing endoscopic skull base codes in cooperation with Neurosurgery
- *coding recommendations compliments of Mary LeGrand with Karen Zupko and Associates