Coding Update: Rhinology

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• Teaching Objectives
  – Understand basic coding principles
  – Recognize new codes available in 2011
  – Learn to appropriately code for “new procedures”
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• 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, ballon 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 sphenoid-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 “Steroetactic 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