

Member View Point:

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Should Excision of Concha Bullosa be Reimbursed in Addition to that for Endoscopic Surgery?

As one of the two practicing otolaryngologists who was intimately involved in the discussions with HCFA/CMS and with AMA Relative Value Committee (RUC) when the revised FESS CPT codes were established, I believe that I have a good understanding of both the intent and the manner in which work values were derived for FESS. These meetings established the multiple procedure codes, which we now utilize. Following the meetings with HCFA/CMS, and prior to the presentation to the RUC, Dr. Kuhn and I participated in developing the vignettes with which otolaryngologists were surveyed so as to subsequently develop appropriate work values for the time involved in the procedure.

The work values for both ethmoidectomy and concha bullosa resection were derived as separate procedures. The work value for ethmoidectomy does, however, include other forms of middle turbinate resection. Accordingly, physicians performing ethmoidectomy should not bill for middle turbinate resection unless a concha bullosa resection is performed. Unfortunately, some bundling software utilized by third party carriers has subsequently bundled ethmoidectomy and any form of turbinectomy (including inferior turbinectomy). This was not the original intent and is inappropriate. Inferior turbinectomy was not in the descriptive vignettes utilized for the derivation of work values.

Appropriate resection of a concha bullosa, with preservation of middle turbinate integrity, and preservation of the mucosa on both sides of the preserved lamella, and resection of areas of exposed bone does indeed create a significant time commitment. I believe that the work value for the procedure developed from the otolaryngologist survey was appropriate. When performed in conjunction with ethmoidectomy (neither codes for which include the work value for concha bullosa resection) the work value for the concha bullosa will reduce by 50%. This is also appropriate. However, the procedure does indeed still include work which was not accounted for in the ethmoidectomy code. Accordingly therefore, it should be billed as a secondary procedure.

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