New Endoscopic Sinus Surgery Codes

January 18, 2018

Question:
I heard there are new endoscopic sinus surgery codes. What’s the scoop?

Answer:

Yes! There are a couple new codes this year that bundle an endoscopic total ethmoidectomy with a:

- frontal sinusotomy – new code 31253
- sphenoidotomy without tissue removal – new code 31257
- sphenoidotomy with tissue removal – new code 31259.

Use one of the bundled codes first before using a code(s) for other sinuses addressed (maxillary, sphenoid, anterior ethmoidectomy).

*This response is based on the best information available as
Epistaxis Control

January 4, 2018

**Question:**
Can you explain when to use 30901 and 31231 rather than 31238? I’m confused.

**Answer:**
Sure! We discuss these codes in our national ENT coding workshop series (click here for future course dates/locations). CPT 30901/30903 are used when you control epistaxis via means such as cautery but an endoscope is not used. CPT 31238 is reported when the epistaxis is treated while you’re using an endoscope (ie, the scope and instrument to control epistaxis are parallel to each other in the nose). CPT 31231 is a diagnostic code and may not be separately reported with either 30901/30903 or 31238 for services rendered at the same session due to the codes’ “separate procedure” designation by CPT.

*This response is based on the best information available as of 12/14/17.*
92504 Binocular Microscopy

December 14, 2017

Question:
I used the microscope to examine both ears during an office visit because the middle ear Otoscopic exam was abnormal. Can I report 92504 with modifier 50 (bilateral procedures)?

Answer:
No. CPT 92504 describes using a microscope for an examination – it represents payment for using a separate piece of equipment for your exam. The code is not reported twice, nor is modifier 50 appended, when both ears are examined.

*This response is based on the best information available as of 12/14/17.

Moderate Sedation Denials. How do we get paid for 99153?

November 30, 2017

Question:
We are billing the new moderate sedation codes, but are getting denied on the second 15 minutes, 99153. Almost all our patients have sedation for more than 15 minutes. What are we doing wrong?

Answer:
You are doing nothing wrong! The codes you are referencing are
listed below. Code 99151 or 99152 are paid without a problem. It’s code 99153 that is the issue. When Medicare valued these new codes as part of the Medicare Physician Fee Schedule, 99152 (or G0500 for GI endoscopy procedures) had an RVU assigned. Code 99153, for the second 15 minutes, (or a minimum of 23 minutes total of sedation) did not have a professional fee value assigned, indicating that Medicare will not pay for these additional minutes. Medicare considers all physician work for moderate sedation to be covered by the single code; 99153 (or G0500 for GI endoscopy procedures). Continue to bill per CPT guidelines that allow this second code. Private payors may pay for this code. Write off the Medicare denial.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>x99151</td>
<td>Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time, patient younger than 5 years of age</td>
</tr>
<tr>
<td>x99152</td>
<td>Initial 15 minutes of intra-service time, patient age 5 years or older</td>
</tr>
<tr>
<td>Ë99153</td>
<td>Each additional 15 minutes intra-service time (List separately in addition to code for primary service)</td>
</tr>
</tbody>
</table>
**Dizziness and E/M Code Level**

November 16, 2017

**Question:**
When I see an adult new patient with a chief complaint of dizziness, I can automatically code a level 4, 99204, right?

**Answer:**
Oh, only if E/M coding were that easy! Don’t forget, for 99204 you must have medical necessity for and perform a comprehensive History and a comprehensive Exam (8 organ systems for the 1995 guidelines, meet the assessment “bullets” which include a laryngeal mirror exam for the 1997
guidelines). Lastly, the medical decision making must be of moderate complexity. Meeting all 3 of these requirements is mandatory for 99204 and may not be easily met when the chief complaint is dizziness. There is potential for the counseling time requirement of 45 minutes of face-to-face time, with greater than 50% of it being spent counseling, to be met to support 99204. Be sure to appropriately document this and your specific discussion points if choosing the code based solely on time counseling on the dizziness.

*This response is based on the best information available as of 11/16/17.

Direct Laryngoscopy and Laryngectomy

November 2, 2017

Question:
Can I bill 31525 (31526) for a diagnostic laryngoscopy performed at the same operative session as the laryngectomy (31360)? I do this map out the tumor for the laryngectomy and make sure there are no secondary tumors that may have occurred since I scoped the patient previously.

Answer:
A diagnostic endoscopy is included in a definitive therapeutic surgical procedure code when performed on the same anatomic structure at the same operative session in the situation you describe. Therefore, it should not be separately reported.
Esophagoscopy and Glossectomy

October 19, 2017

Question:
Can I bill 43191 for the rigid esophagoscopy (or 43200 for a flexible esophagoscopy) performed at the same operative session as the glossectomy (eg, 41150)? I do this to map out the tumor for removal and make sure there are no other tumors that may have occurred since I saw the patient a week before.

Answer:
No. A “scout” or “mapping” diagnostic endoscopy is included in the definitive procedure performed on the same anatomic structure at the same operative session in the situation you describe.

*This response is based on the best information available as of 10/19/17.*
Abdominal Fat Graft

October 5, 2017

Question:
I billed 15770 (Graft; derma-fat-fascia) for an abdominal fat graft. After reviewing my operative report, the insurance company denied the code saying it was wrong. What code should I use?

Answer:
CPT 15770 is a composite graft meaning more all layers – dermis, fat and fascia – are used to repair a defect. In your situation, you used only one layer – fat. Therefore, the correct code is 20926, Tissue grafts, other (eg, paratenon, fat, dermis).

*This response is based on the best information available as of 10/05/17.

Endoscopic Sphenopalatine Artery Ligation

September 21, 2017

Question:
I did an endoscopic ligation of the left sphenopalatine artery for recurrent epistaxis in a patient with Coumadin-induced coagulopathy. I don’t see a CPT code for this procedure – can I use 30920?
Answer:
No, you’ll need to use an unlisted code such as 30999. Your comparison code can be 30920 (Ligation arteries; internal maxillary artery, transantral). However, using 30920 is not accurate as this code requires a transantral approach (which you didn’t do) and it requires ligation of the internal maxillary artery (which wasn’t done). That said, be on the lookout in 2018 as there may likely be a new CPT code for this procedure. Kim Pollock will be doing a webinar with the 2018 coding updates for ENT as it appears there will be several!

*This response is based on the best information available as of 09/21/17.

Post-Op hemorrhage repair. Is it billable?

September 7, 2017

Question:
Can I bill for taking the patient back to the OR to explore and repair post-op hemorrhage on day post-op? I heard that all complications are included in the payment of the original surgery.

Answer:
Yes, you may bill for this. CPT and Medicare agree that taking the patient back to the OR to treat a complication is billable. A modifier 78, unplanned return to the OR) is appended to the procedures performed to treat the hemorrhage. The appropriate ICD-10 code for a postoperative hemorrhage
would also be reported.

*This response is based on the best information available as of 09/07/17.*