CPT® 2017 brings several code changes for otorhinolaryngology, a specialty that has seen few, if any, code changes in the past several years. The changes are primarily new codes, with some code revisions, to keep the codes up to date with contemporary clinical practice.

**Flexible Laryngoscopy Code Revisions**

The laryngoscopy codes revised for 2017, and what’s different from 2016, are shown in Table A. These procedures involve the use of a flexible laryngoscope and are typically performed in the office setting, but may occur in the operating room.

New guidelines state not to report 31575 with 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)*, unless both are performed for separate conditions using separate endoscopes. Reporting both codes is not common, as both procedures are performed transnasal. The clinical rationale to support both codes should be documented clearly if both are reported. Both procedures should be separately documented, as well.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
<th>What’s Different</th>
</tr>
</thead>
<tbody>
<tr>
<td>31575</td>
<td>Laryngoscopy, flexible; diagnostic</td>
<td>The word “fiberoptic” is removed.</td>
</tr>
<tr>
<td>31576</td>
<td>with biopsy(ies)</td>
<td>The code now includes multiple biopsies, if performed.</td>
</tr>
<tr>
<td>31577</td>
<td>with removal of foreign body(s)</td>
<td>The code now includes the removal of multiple foreign bodies, if performed.</td>
</tr>
<tr>
<td>31578</td>
<td>with removal of lesion(s), non-laser</td>
<td>The code now includes the removal of multiple lesions, if performed, using a method other than laser for the removal.</td>
</tr>
<tr>
<td>31579</td>
<td>Laryngoscopy, flexible or rigid telescopic, with stroboscopy</td>
<td>The word “fiberoptic” is replaced with “telescopic.”</td>
</tr>
</tbody>
</table>

**New Flexible Laryngoscopy Codes**

New flexible laryngoscopy codes allow us to report procedures more commonly performed by otolaryngologists in the past several years. These procedures are also typically performed in the office setting, using a flexible laryngoscope, but may occur in the operating room. Here are the 2017 codes, with examples for practical application:

31572  Laryngoscopy, flexible, with ablation or destruction of lesion(s) with laser, unilateral

Code 31572 includes the removal of any number of lesions using the laser.

**Example:** Flexible laryngoscopy with laser ablation of recurrent laryngeal papillomatosis

31573  Laryngoscopy, flexible, with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneously, transoral, or via endoscope channel), unilateral

Code 31573 includes one or more injections at the same session.
Example: Flexible laryngoscopy with injection of steroids into the right vocal cord

31574  Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral

Code 31574 includes one or more injections at the same session. The procedure is commonly known as a percutaneous injection laryngoplasty.

Example: Flexible laryngoscopy with vocal cord augmentation using a filler substance

All of these laryngoscopy codes are unilateral, which means modifier 50 Bilateral procedure may be appended if performed on both paired structures of the larynx/pharynx. CPT® guidelines state paired structures include true vocal cords, arytenoids, false vocal cords, ventricles, pyriform sinuses, and aryepiglottic folds.

Open Laryngoplasty: New, Revised, Deleted Codes

There are six new, three revised, and two deleted codes in the Larynx Repair section of CPT® 2017.

Direct laryngoscopy and bronchoscopy are included in all the open larynx repair codes for airway evaluation prior to the definitive procedure at the same operative session.

The following four codes reflect procedures for resection of laryngeal stenosis. These codes are differentiated by the age of the patient, and whether an indwelling stent was placed.

CPT® codes for patients younger than 12 years of age:

31551  Laryngoplasty, for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age

31553  for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age

New flexible laryngoscopy codes allow us report procedures more commonly performed by otolaryngologists in the past several years.
CPT® guidelines state paired structures include true vocal cords, arytenoids, false vocal cords, ventricles, pyriform sinuses, and aryepiglottic folds.

CPT® code for patients aged 12 years or older:

- **31552** Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older
- **31554** for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

The graft harvest and placement is included in the above codes and should not be separately reported, even when performed through a separate incision.

The remaining two new airway CPT® codes are for specific procedures:

- **31591** Laryngoplasty, medialization, unilateral

Code 31591 is typically performed for vocal fold paralysis.

- **31592** Cricotracheal resection

Code 31592 is usually performed for subglottic stenosis.

There are three revised airway procedure codes in 2017. These are listed in Table B, with an explanation of the difference in code description from 2016.

Two airway procedure codes, 31582 and 31588, were removed to correspond with the new and revised codes, noted above.

**Moderate Sedation**

Deletion of the “moderate sedation included” symbol (⊙) affected many otolaryngology endoscopy codes, such as 31615 Tracheobronchoscopy through established tracheostomy incision, the
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bronchoscopy codes (e.g., 31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)), and many esophagoscopy codes (e.g., 43200 Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)).

Kim Pollock, RN, MBA, CPC, CMDP, is a senior consultant and speaker with KarenZupko & Associates, Inc., a physician practice management consulting and training firm based in Chicago, Ill. She is a former otolaryngology nurse and administrator and co-author of The Essential Guide to Coding in Otolaryngology (Plural Publishing).

Table B

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>31580</td>
<td>Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion</td>
<td>“2-stage” is removed to clarify that the code describes a service performed on the day of repair.</td>
</tr>
<tr>
<td>31584</td>
<td>with open reduction and fixation of (eg, plating) of fracture, includes tracheostomy, if performed.</td>
<td>The code is revised to clarify that fixation and tracheostomy are included when performed.</td>
</tr>
<tr>
<td>31587</td>
<td>Laryngoplasty, cricoid split, without graft placement</td>
<td>The code is revised to clarify that a graft is not placed and a tracheostomy may be separately reported.</td>
</tr>
</tbody>
</table>

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