Hitting the Jackpot – Sinuses, Scopes, and Surgery

Candice Fenildo holds an Associates Degree in Health Sciences and is Certified in Healthcare Compliance (CHC), a Certified Professional Coder (CPC), a Certified Professional Biller (CPB), a Certified Professional Medical Auditor (CPMA), a Certified Otolaryngology Coder (CENTC) and a Certified Coding Instructor (CPC-I) through AAPC. Candice has over 17 years combined experience in coding, billing and AR management for Multi-Specialty Physicians; including ENT, Vascular, Cardiology, Rheumatology, Ophthalmology, and General Surgery. Candice has also lectured nationwide on a variety of coding and compliance topics.

Candice is currently serving her fourth year on the AAPC Chapter Association Board of Directors (AAPCCA), the Governing Board for AAPC Local Chapters, as the 2016-2017 Chair. Candice has held multiple positions with her local Coding chapter and enjoys mentoring and guiding new members.
Agenda

- Sinuses
- Global Surgery Package Definition
- Endoscopic Sinus Surgery
- Stereotactic Guidance
- Post Op Sinus Debridement
- Balloon Dilation in Sinus Surgery
- Turbinate Procedures
- Documentation guidelines for scopes
Disclaimer

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This presentation is a general summary that explains certain aspects of the Medicare Program and other reimbursement and compliance information, but is not a legal document.

THIS PRESENTATION CONTAINS ABBREVIATED CODE DEFINITIONS, IS NOT A SUBSTITUTE FOR YOUR CODE BOOKS, AND DOES NOT INCLUDE ALL CHANGES YOU MAY NEED TO KNOW. TO CODE AND BILL ACCURATELY.
ENT Anatomy

Courtesy of WebMD
Medical Terminology for Sinuses

- **Sinus**: Air filled cavities surrounding the eyes and nose which are lined with mucous producing membranes. They partially determine the structure of the face.

- **Nasal Polyps**: An overgrowth of tissue in the nose which can obstruct the airway.

- **Rhinitis**: An inflammation of the mucous membrane lining the nose and is usually associated with nasal discharge.
Medical Terminology for Sinuses

- **Deviated Septum**: A common physical disorder of the nose where the septum, the bone that separates the nostrils, leans to the left or right causing an obstruction in the nasal passageway.

- **Turbinate**: A bone that divides the nasal airway to warm the air before it enters your lungs, defend against germs in inhaled air, fight infection and direct the flow of air.
Sinusitis
Endoscopy
Diagnostic Endoscopy

- CPT 31231

It is typically performed in the office setting using rigid or flexible endoscopes, often, but not always with topical decongestion and/or anesthesia, though can be performed in the operating room as well. Many practitioners often also utilize a video monitor and a recording device for documentation and education purposes.
Indications for CPT 31231

- Evaluate for chronic sinonasal symptoms unexplained by anterior rhinoscopy
- Assess interval response to medical or surgical therapy in patients with chronic sinusitis and recurrent acute sinusitis
- Monitor for recurrence of nasal polyps
- Evaluate and manage epistaxis
- Perform endoscopically guided cultures
- Assess facial pain suggestive of rhinogenic origin
- Evaluate clear rhinorrhea suggestive of cerebrospinal fluid leak
- Perform initial diagnosis and interval surveillance for sinonasal neoplasms
Diagnostic Endoscopy

- Requirements in Documentation
  - Procedure
  - Procedure note (areas viewed; procedure in detail)
  - Indication for the procedure (medical necessity, i.e.: why the manual inspection that is included in the exam section of the E/M service was not sufficient)
  - Findings upon review (do not include the findings in the exam section of the E/M note since this is a separate procedure note)
  - Topical agents used
  - Patient status
  - Complications.
Diagnostic Endoscopy

- Properly Reporting CPT 92511 vs 31575

Patient is appropriately prepped and anesthetized, endoscope was passed through the nose and Eustachian tubes, choanae and adenoids were inspected. Mild nasal obstruction noted in addition to hypertrophied adenoids.
Diagnostic Endoscopy

• Properly Reporting 31575 vs 92511

The endoscope was advanced along the floor of the nose and into the nasopharynx. In the nasopharynx, the endoscope was directed inferiorly into the oropharynx and supraglottis. The examination was performed during quiet respiration, with a sniff maneuver and with phonation. The endoscope was removed under direct visualization. The patient tolerated the procedure without any immediate complications noted.
**Diagnostic Endoscopy**

- **Indications for 31575**

Flexible fiberoptic laryngoscope: A pencil–thin, flexible fiberoptic instrument that is inserted through the nose and is threaded down the throat; it is used to see the difficult parts of intranasal and throat area structures; the image is transmitted from the tip point of the fiber end to the camera, providing a better and clearer view; the procedure is relatively noninvasive and does not produce trauma.
Surgery Package
## Global Surgery Package

### What's included in the code for a procedure

<table>
<thead>
<tr>
<th>CPT</th>
<th>MCR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia. Moderate (conscious) sedation may be reported as indicated in CPT.</strong></td>
<td><strong>Anesthesia of any kind given by the operating surgeon. Exception: moderate (conscious) sedation may be reported by the surgeon when appropriate.</strong></td>
</tr>
<tr>
<td><strong>Subsequent to the decision for surgery, one related E&amp;M encounter on the date immediately prior to or on the date of procedure (including history and physical)</strong></td>
<td><strong>E&amp;M in which the decision is made is separately billable. Visits to perform history and physicals are not separately reportable</strong></td>
</tr>
<tr>
<td>• Immediate postoperative care, including dictating operative notes, talking with the family and other physicians, Writing orders, Evaluating the patient in the post-anesthesia recovery area;</td>
<td>• Discussion with patient/family about the nature of the procedure, alternative treatment risks, benefits and other informed consent issues. • Scheduling surgery • Writing preoperative admission notes and orders • Dictating the operative record • Writing postoperative orders and, postoperative prescribed care</td>
</tr>
</tbody>
</table>
## Global Surgery Package - Cont.

### What's included in the code for a procedure

<table>
<thead>
<tr>
<th>CPT</th>
<th>MCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postoperative pain management including catheter placement by</td>
<td>Postoperative pain management including catheter placement by</td>
</tr>
<tr>
<td>operating surgeon</td>
<td>operating surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No mention about the number of days included in follow-up</strong></td>
<td>Major procedure has a global period of 90 days</td>
</tr>
<tr>
<td></td>
<td>Minor procedure has a global period of 0 or 10 days</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Typical postoperative follow-up care</strong></td>
<td>Follow-up care including treatment of complications unless they</td>
</tr>
<tr>
<td></td>
<td>require a return to the operating room for the prescribed follow-up</td>
</tr>
<tr>
<td></td>
<td>period</td>
</tr>
</tbody>
</table>
FESS
(Functional Endoscopic Sinus Surgery)
## Endoscopic Sinus Surgery

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31254</td>
<td>Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)</td>
</tr>
<tr>
<td>31255</td>
<td>Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)</td>
</tr>
<tr>
<td>31256</td>
<td>Nasal/sinus endoscopy, surgical with maxillary antrostomy;</td>
</tr>
<tr>
<td>31267</td>
<td>with removal of tissue from maxillary sinus</td>
</tr>
<tr>
<td>31276</td>
<td>Nasal/sinus endoscopy, surgical with frontal sinus exploration, <strong>with or without</strong> tissue removal</td>
</tr>
<tr>
<td>31287</td>
<td>Nasal/sinus endoscopy, surgical with sphenoidotomy;</td>
</tr>
<tr>
<td>31288</td>
<td>with removal of tissue from the sphenoid sinus</td>
</tr>
</tbody>
</table>
Endoscopic Sinus Surgery

- 31233 - Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)

- 31235 - Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
Image-guided surgical instruments in the operative field are accurate to within 2mm.

Image-guided sinusitis surgery allows surgeons to avoid the most common cause of intracranial injury.
Stereotactic Navigational Planning

- Include in the “Indications for Surgery” paragraph the medical necessity of need for stereotactic guidance.
- Document pre-incision surgical planning including downloading and verifying images.
- Document registration of data.
- Document instrument calibration.
- Document Target Registration Error (TRE).
- Document anatomic localization and confirmation during surgery.
- Include “endoscopic” approach and intra-operative computer findings.
- +61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural
AAO-HNS Policy on Indications for Use

- Revision sinus surgery
- Distorted sinus anatomy of development, postoperative, or traumatic origin.
- Extensive sino-nasal polyposis.
- Pathology involving the frontal, posterior ethmoid and sphenoid sinuses.
- Disease abutting the skull base, orbit, optic nerve and carotid artery.
- CSF rhinorrhea or conditions where there is a skull base defect.
- Benign and malignant sino-nasal neoplasms.
Endoscopic Sinus Surgery

Coding tips:

- One CPT® code per sinus
- A diagnostic endoscopy (31231) is included in all surgical sinus codes
- Nasal polypectomy (31237) is included in all surgical sinusotomy codes
- Anterior ethmoidectomy (31254) is included in frontal sinus exploration (31276)
- Middle turbinate surgery is included and not separately reported
  - exception: May separately report 31240 for endoscopic resection of concha bullosa when appropriately documented (e.g., pre-op diagnosis, CT scan findings). Otherwise, middle turbinate surgery is included in the endoscopic sinus surgery
Endoscopic Sinus Surgery

Documentation tips:

- Document use of the endoscope
- Document each procedure performed on each sinus
- Document tissue removal from within (not at the opening) the individual sinus(es)
  - Tissue = polyps, mucocele, fungus, cyst
  - Debris or Mucous is NOT tissue ☞
2016 CAT III Code

- 0406T = Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;
- 0407T = with biopsy, polypectomy or debridement
Balloon Surgery

Codes were created for the reporting of Endoscopic Balloon Sinus Dilation in 2011 CPT® and the introductory guidelines to the endoscopic sinus surgery section was modified

►A surgical sinus endoscopy includes a sinusotomy (when appropriate) and diagnostic endoscopy. Codes 31295-31297 describe dilation of sinus ostia by displacement of tissue, any method, and include fluoroscopy if performed.

Codes 31233-31297 are used to report unilateral procedures unless otherwise specified.
CPT sinus surgery Codes that are specific to balloon dilation

<table>
<thead>
<tr>
<th>Maxillary Sinus</th>
<th>31295 Nasal/sinus endoscopy, surgical, with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Do not report 31295 in conjunction with 31233, 31256, 31267 when performed on the same sinus)</td>
</tr>
<tr>
<td>Frontal Sinus</td>
<td>31296 Nasal/sinus endoscopy, surgical, with dilation of frontal sinus ostium (eg, balloon dilation)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 31296 in conjunction with 31276 when performed on the same sinus)</td>
</tr>
<tr>
<td>Sphenoid Sinus</td>
<td>31297 Nasal/sinus endoscopy, surgical, with dilation of sphenoid sinus ostium (eg, balloon dilation)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 31297 in conjunction with 31235, 31287, 31288 when performed on the same sinus)</td>
</tr>
</tbody>
</table>

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Properly Choosing your CPT

1. Read entire operative note
2. Code from operative note
3. Look for details about the real problem that support procedure done
4. Indicate medical necessity for each CPT® procedure code by linking the line item to the ICD-10-CM code that supports each procedure
   - Removal of antral disease
     - chronic maxillary sinusitis (J32.0) with maxillary antrostomy (31256, *Nasal/sinus endoscopy, surgical, with maxillary antrostomy*)
     - chronic ethmoid sinusitis (J32.2) with total ethmoidectomy (31255, *Nasal/sinus endoscopy, surgical; with ethmoidectomy, total [anterior and posterior]*)
5. Code the story told by documentation
6. J32.9 (*chronic sinusitis unspecified*) IF UNKNOWN
Debridement: The removal of foreign material, and devitalized, or infected tissue from or adjacent to a traumatic or infected lesion until surrounding healthy tissue is seen.

Use CPT 31237 to report post-operative endoscopic debridement's performed outside the global surgery period following FESS.

Following intranasal procedures performed endoscopically, particularly those involving the paranasal sinuses.
Post-Operative Endoscopic Sinus Surgery Debridement

- Not used for non-endoscopic procedures
- Do not separately report an E&M service unless evaluating a completely different problem.
- Use Modifier -79 if debridement's are performed postop to a septoplasty ad FESS
- Use Modifier -24 if an E/M is billed within the global period of a procedure that is not related.
Turbinate Procedure Codes

- **Resection:** “The act of cutting out or removing”
- **Ablation:** “To remove or destroy the function of”
- **Cautery:** “An agent or device used for scarring, burning or cutting the skin or other tissue by means of heat, cold, electric current or caustic chemicals”
- **Fracture:** “The breaking of a part, especially a bone”
Turbinate Procedure Codes

- 30130 *Excision turbinate, partial or complete, any method*
- 30930 *Fracture nasal inferior turbinate(s), therapeutic*
- 30140 *Submucous resection turbinate, partial or complete, any method*
  - Removes all or part of turbinate bone
  - Remove tissue/mucosa
  - Do not report 30801, 30802, 30930 with 30140 (or 30130)
- 31240 *Nasal/sinus endoscopy, surgical; with concha bullosa resection can be coded separately when coding and billing for FESS*
Epistaxis
Epistaxis (Nose Bleeds)

Causes:

- Infection
- Inflammation
- Trauma
- Foreign Body
- Malignancy
Epistaxis (Nose Bleeds)

Treatments:

- "Basic methods" can include ice or brief direct pressure.
- CPT code 30901 Control nasal hemorrhage, anterior, simple (limited packing, cautery)
- CPT code 30903 Control nasal hemorrhage, anterior, complex (extensive packing, cautery)
- CPT code 30905 Control nasal hemorrhage, posterior with posterior packs and/or cautery
  - 30906 - Subsequent
Epistaxis (Nose Bleeds)

Treatments:

- CPT code 31238 { Nasal sinus endoscopy, with control nasal hemorrhage. }
Medical Necessity
“Medical necessity is the overarching criterion for payment, in addition to the individual requirements of a CPT code.

“Documentation should support the service billed.”
Medical Necessity

- Services must meet specific medical necessity requirements in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations.
- For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.
Complying with Medical Record Documentation Requirements

- Medicare Learning Network / Fact Sheet
- CERT
- **Remember** Providers should submit adequate documentation to ensure that claims are supported as billed.
Watch for Warnings

Med Learn Matters

- https://www.youtube.com/watch?v=fKiOkEiD3J4&list=PLaV7m2-zFKpigb1UvmCh1Q2cBKilSGk-V&index=6

- Check LCD’s/NCD’s
Watch for Warnings

- Modifier -25
  - Medicare claims data CY 2015
  - Routine E/M is included in the valuation of zero day global services.
  - 83 CPT codes have been flagged as potentially misvalued
  - 31231, 92511, 31575, 31238, 69210
Happy Coding!
Any Questions?
References

- www.entnet.org
- www.fda.gov
Candice Fenildo CHC, CPC, CPMA, CPB, CENTC, CPC-I
Acevedo Consulting Incorporated
561.278.9328
info@acevedoconsulting.com
www.AcevedoConsultingInc.com