INGENIX®

Coding Companion for ENT/ Allergy/Pulmonology

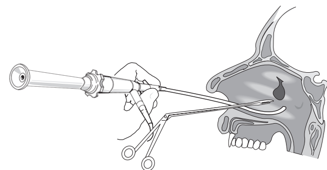
A comprehensive illustrated guide to coding and reimbursement

Contents

Skin 1
Repair 17
Casts and Strapping 37
Destruction 38
General Musculoskeletal 44
Head 51
Heck and Thorax 85
Nose 87
Accessory Sinuses 120
Larynx 150
Trachea and Bronchi 183
Lungs and Pleura 212
Arteries and Veins 220
Lymph Nodes 225
Lips 234
Vestibule of Mouth 248
Tongue and Floor of Mouth 262
Dentoalveolar Structures 291
Palate and Uvula 305
Salivary Gland 325
Pharynx, Adenoids, and Tonsils 347
Esophagus 369
Thyroid Gland 398
Parathyroid 409
Nervous System 411
External Ear 413
Middle Ear 429
Inner Ear 481
Temporal Bone 489
Operating Microscope 493
Appendix 494
CCI 542
Evaluation and Management Codes 543
Index 563

31237

31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)



Instruments are placed parallel to endoscope; diseased mucosa is removed

Explanation

The physician uses an endoscope for a diagnostic evaluation of the nose. An endoscope has a rigid fiberoptic telescope that allows the physician both increased visualization and magnification of internal anatomy. Topical vasoconstrictive agents are applied to the nasal mucosa and nerve blocks with local anesthesia are performed. The endoscope is placed into the nose and a thorough inspection of the internal nasal structures is accomplished. Any identified lesions can be removed by intranasal instruments placed parallel to the endoscope. Scalpels, forceps, snares, and other instruments are used to remove diseased mucosa or lesions from the internal nose. The nose may be packed if excessive bleeding occurs.

Coding Tips

A surgical sinus endoscopy includes a sinusotomy. Surgical sinus endoscopy includes diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure. This separate procedure by definition is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services it may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59. This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). Topical vasoconstrictive agents, nasal packing, and local anesthesia are not reported separately.

HCPCS Level II

A4270 Disposable endoscope sheath, each

A4550 Surgical trays

ICD-9-CM Procedural

21.30 Excision or destruction of lesion of nose, not otherwise specified

21.31 Local excision or destruction of intranasal lesion

21.32 Local excision or destruction of other lesion of nose

22.11 Closed (endoscopic) (needle) biopsy of nasal sinus

Anesthesia

31237 00160

ICD-9-CM Diagnostic

210.7 Benign neoplasm of nasopharynx

212.0 Benign neoplasm of nasal cavities, middle ear, and accessory sinuses

228.09 Hemangioma of other sites

446.4 Wegener's granulomatosis

470 Deviated nasal septum

471.0 Polyp of nasal cavity

471.1 Polypoid sinus degeneration

471.8 Other polyp of sinus

471.9 Unspecified nasal polyp

472.0 Chronic rhinitis — (Use additional code to identify infectious organism)

473.0 Chronic maxillary sinusitis — (Use additional code to identify infectious organism)

473.1 Chronic frontal sinusitis — (Use additional code to identify infectious organism)

473.2 Chronic ethmoidal sinusitis — (Use additional code to identify infectious organism)

473.3 Chronic sphenoidal sinusitis — (Use additional code to identify infectious organism)

473.8 Other chronic sinusitis — (Use additional code to identify infectious organism)

473.9 Unspecified sinusitis (chronic) — (Use additional code to identify infectious organism)

478.0 Hypertrophy of nasal turbinates

478.11 Nasal mucositis (ulcerative) — ((Use additional code to identify infectious organism. Use additional E code to identify adverse effects of therapy: E879.2, E930.7, E933.1)

478.19 Other diseases of nasal cavity and sinuses — (Use additional code to identify infectious organism)

478.21 Cellulitis of pharynx or nasopharynx — (Use additional code to identify infectious organism)

478.25 Edema of pharynx or nasopharynx

478.26 Cyst of pharynx or nasopharynx — (Use additional code to identify infectious organism)

478.29 Other disease of pharynx or nasopharynx — (Use additional code to identify infectious organism)

CCI Version 12.3

31231-31235, 36000, 36410, 37202, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, 92502, 92511, C8950, C8952, J2001

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Assist
31237	4.98	8.29	0	N/A

Medicare References: 100-2,15,260; 100-4,12,40.6; 100-4,12,90.3; 100-4,14,10

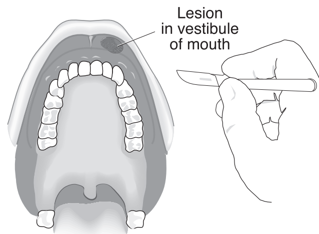
Accessory Sinuses

CPT only © 2006 American Medical Association. All Rights Reserved.

© 2006 Ingenix

40814

40814 Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair



Incision is made around the lesion and through submucosa; complex repair is required

Explanation

The physician removes a lesion in the vestibule of the mouth with complex repair. The vestibule consists of the mucosal and submucosal tissue of the lips and cheeks within the oral cavity, not including the dentoalveolar structures. An incision is made around the lesion and through submucosal tissue, removing the entire lesion. Complex repair of the surgical wound left after excision of the lesion is required. This may include advancement of tissue flaps, rearrangement of tissue, or complex suturing techniques.

Coding Tips

If only a portion of the lesion is removed, report 40808 for biopsy of the vestibule of the mouth. When 40814 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. An excisional biopsy is not reported separately if a therapeutic excision is performed during the same surgical session. Local anesthesia is included in the service. If specimen is transported to an outside laboratory, report 99000 for handling or conveyance. For the excision of a lesion of the vestibule of the mouth, simple, see 40810–40812. For the excision of a lesion of the vestibule with the excision of underlying muscle, see 40816. For excision of lesions from the lips and mucous membranes, see 11440–11446.

HCPCS Level II

A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour

A4306 Disposable drug delivery system, flow rate of less than 50 ml per hour

A4550 Surgical trays

ICD-9-CM Procedural

27.49 Other excision of mouth

27.59 Other plastic repair of mouth

Anesthesia

40814 00170

ICD-9-CM Diagnostic

140.4 Malignant neoplasm of lower lip, inner aspect

140.5 Malignant neoplasm of lip, inner aspect, unspecified as to upper or lower

144.9 Malignant neoplasm of floor of mouth, part unspecified

145.0 Malignant neoplasm of cheek mucosa

145.1 Malignant neoplasm of vestibule of mouth

145.8 Malignant neoplasm of other specified parts of mouth

145.9 Malignant neoplasm of mouth, unspecified site

171.0 Malignant neoplasm of connective and other soft tissue of head, face, and neck

210.4 Benign neoplasm of other and unspecified parts of mouth

214.8 Lipoma of other specified sites

215.0 Other benign neoplasm of connective and other soft tissue of head, face, and neck

230.0 Carcinoma in situ of lip, oral cavity, and pharynx

235.1 Neoplasm of uncertain behavior of lip, oral cavity, and pharynx

527.6 Mucocele of salivary gland

528.4 Cysts of oral soft tissues

528.6 Leukoplakia of oral mucosa, including tongue

528.8 Oral submucosal fibrosis, including of tongue

528.9 Other and unspecified diseases of the oral soft tissues

784.2 Swelling, mass, or lump in head and neck

Terms To Know

Cyst. An elevated encapsulated mass containing fluid, semisolid, or solid material with a membranous lining.

Lipoma. A tumor containing fat cells.

Soft tissue. Nonepithelial tissues outside of the skeleton that includes subcutaneous adipose tissue, fibrous tissue, fascia, muscles, blood and lymph vessels, and peripheral nervous system tissue.

Suture. Any one of numerous stitching techniques employed in wound closure:

Buried suture: A continuous or interrupted suture placed under the skin for a layered closure.

Continuous suture: A running stitch with tension evenly distributed across a single strand to provide a leakproof closure line.

Interrupted suture: A series of single stitches with tension isolated at each stitch, in which all stitches are not affected if one becomes loose, and the isolated sutures cannot act as a wick to transport an infection.

Purse-string suture: A continuous suture placed around a tubular structure and tightened, to reduce or close the lumen.

Retention suture: A secondary stitching that bridges the primary suture, providing support for the primary repair; a plastic or rubber bolster may be placed over the primary repair and under the retention sutures.

CCI Version 12.3

00170, 36000, 36410, 37202, 40808-40812, 40816❖, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, 92502, C8950, C8952, J2001

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

Medicare Edits

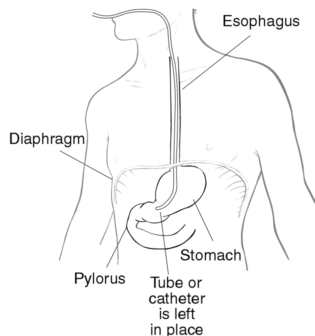
	Fac RVU	Non-Fac RVU	FUD	Assist
40814	7.69	8.97	90	N/A

Medicare References: 100-2,15,260; 100-4,12,90.3; 100-4,14,10

CPT only © 2006 American Medical Association. All Rights Reserved.
© 2006 Ingenix

43241

43241 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement



Explanation

The physician uses an endoscope to examine the upper gastrointestinal tract and places an intraluminal (through the endoscope) tube or catheter. The physician passes an endoscope through the patient's mouth into the esophagus. The entire esophagus, stomach, duodenum, and, sometimes, the jejunum are viewed. The physician then places a tube or catheter through the endoscope. The endoscope is removed.

Coding Tips

Moderate conscious sedation performed with 43241 is considered to be an integral part of the procedure and is not reported separately. However, anesthesia services (00100-01999) may be billed separately when performed by a physician (or other qualified provider) other than the physician performing the procedure.

HCPCS Level II

A4270 Disposable endoscope sheath, each
A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306 Disposable drug delivery system, flow rate of less than 50 ml per hour
A4550 Surgical trays

ICD-9-CM Procedural

42.81 Insertion of permanent tube into esophagus
45.13 Other endoscopy of small intestine
96.06 Insertion of Sengstaken tube

Anesthesia

43241 00740

ICD-9-CM Diagnostic

150.1 Malignant neoplasm of thoracic esophagus
150.2 Malignant neoplasm of abdominal esophagus
150.3 Malignant neoplasm of upper third of esophagus
150.4 Malignant neoplasm of middle third of esophagus
150.5 Malignant neoplasm of lower third of esophagus
150.8 Malignant neoplasm of other specified part of esophagus
150.9 Malignant neoplasm of esophagus, unspecified site
230.1 Carcinoma in situ of esophagus
239.8 Neoplasm of unspecified nature of other specified sites
456.0 Esophageal varices with bleeding
519.00 Unspecified tracheostomy complication — (Use additional code to identify infectious organism)
519.01 Infection of tracheostomy — (Use additional code to identify type of infection: 038.0-038.9, 682.1. Use additional code to identify organism: 041.00-041.9)
519.02 Mechanical complication of tracheostomy
519.09 Other tracheostomy complications — (Use additional code to identify infectious organism)
530.3 Stricture and stenosis of esophagus
530.4 Perforation of esophagus
530.5 Dyskinesia of esophagus
530.81 Esophageal reflux
536.2 Persistent vomiting
536.8 Dyspepsia and other specified disorders of function of stomach
538 Gastrointestinal mucositis (ulcerative) — (Use additional E code to identify adverse effects of therapy: E879.2, E930.7, E933.1)
578.9 Unspecified, hemorrhage of gastrointestinal tract
750.5 Congenital hypertrophic pyloric stenosis
787.01 Nausea with vomiting
787.2 Dysphagia
997.4 Digestive system complication — (Use additional code to identify complications)

CCI Version 12.3

00520, 00740, 00810, 31505, 31525, 31575, 36000, 36005-36015, 36410, 37202, 43200-43236, 43255, 44360, 44376, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 89130, 90760, 90765, 90772, 90774, 90775, 91000, 91055, 91105, 92511, 94760-94761, 99143-99144, C8950, C8952

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Assist
43241	3.98	3.98	0	N/A

Medicare References: 100-2,15,260; 100-4,12,90.3; 100-4,14,10

Esophagus

CPT only © 2006 American Medical Association. All Rights Reserved.
© 2006 Ingenix