



CODING COMPANION



ENT/Allergy/ Pulmonology

A comprehensive illustrated guide
to coding and reimbursement

2020



Power up your coding
optum360coding.com

Contents

Getting Started with Coding Companion	i	Lymph Nodes	358
Resequencing of CPT Codes	i	Lips	372
ICD-10-CM	i	Vestibule of Mouth	386
Detailed Code Information	i	Tongue/Floor of Mouth	400
Appendix Codes and Descriptions	i	Dentoalveolar	432
CCI Edit Updates	i	Palate/Uvula	447
Evaluation and Management	i	Salivary Gland	467
Index	i	Pharynx/Adenoids/Tonsils	483
General Guidelines	i	Esophagus	505
 		Stomach	533
Evaluation and Management Services Guidelines	1	Thyroid	536
 		Parathyroid	547
ENT/Allergy/Pulmonology Procedures and Services	2	Nervous System	551
Evaluation and Management	2	Ocular System	560
Skin	3	External Ear	564
Repair	26	Middle Ear	580
Destruction	66	Inner Ear	638
General Musculoskeletal	75	Temporal Bone	644
Head	85	Operating Microscope	649
Neck/Thorax	175	HCPCS	650
Nose	180	Appendix	652
Accessory Sinuses	213	 	
Larynx	248	Correct Coding Initiative Update 23.3	693
Trachea/Bronchi	286	 	
Lungs/Pleura	330	Index	731
Arteries/Veins	348		

Getting Started with Coding Companion

Coding Companion for ENT/Allergy/Pulmonology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)
could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

Excision

Mastoid

Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

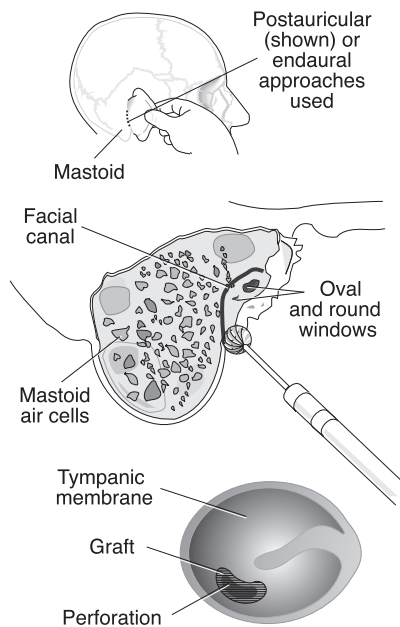
Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

69604 Revision mastoidectomy; resulting in tympanoplasty



The patient has previously undergone a mastoidectomy; this procedure is more extensive and includes tympanoplasty

Explanation

Through a postauricular or endaural incision, the physician revises the site of a previous mastoidectomy. The posterior canal may be taken down. Ossicles may be removed. The physician performs a tympanoplasty in conjunction with the revision mastoidectomy. The edges of the tympanic membrane perforation are roughened ("rimming the perforation") and a fascia graft is placed under or over the tympanic membrane remnant. No ossicular reconstruction is done. Absorbable packing may be placed in the middle ear. The canal and mastoid cavity are packed, and the incision is sutured. A dressing is applied.

Coding Tips

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). For a planned secondary tympanoplasty after a mastoidectomy, see 69631 and 69632.

ICD-10-CM Diagnostic Codes

- H65.21 Chronic serous otitis media, right ear
- H65.22 Chronic serous otitis media, left ear
- H65.23 Chronic serous otitis media, bilateral
- H65.411 Chronic allergic otitis media, right ear
- H65.412 Chronic allergic otitis media, left ear
- H65.413 Chronic allergic otitis media, bilateral
- H65.491 Other chronic nonsuppurative otitis media, right ear
- H65.492 Other chronic nonsuppurative otitis media, left ear

- H65.493 Other chronic nonsuppurative otitis media, bilateral
- H66.11 Chronic tubotympanic suppurative otitis media, right ear
- H66.12 Chronic tubotympanic suppurative otitis media, left ear
- H66.13 Chronic tubotympanic suppurative otitis media, bilateral
- H66.21 Chronic atticoantral suppurative otitis media, right ear
- H66.22 Chronic atticoantral suppurative otitis media, left ear
- H66.23 Chronic atticoantral suppurative otitis media, bilateral
- H66.3X1 Other chronic suppurative otitis media, right ear
- H66.3X2 Other chronic suppurative otitis media, left ear
- H66.3X3 Other chronic suppurative otitis media, bilateral
- H70.091 Acute mastoiditis with other complications, right ear
- H70.092 Acute mastoiditis with other complications, left ear
- H70.093 Acute mastoiditis with other complications, bilateral
- H70.11 Chronic mastoiditis, right ear
- H70.12 Chronic mastoiditis, left ear
- H70.13 Chronic mastoiditis, bilateral
- H71.01 Cholesteatoma of attic, right ear
- H71.02 Cholesteatoma of attic, left ear
- H71.03 Cholesteatoma of attic, bilateral
- H72.01 Central perforation of tympanic membrane, right ear
- H72.02 Central perforation of tympanic membrane, left ear
- H72.03 Central perforation of tympanic membrane, bilateral
- H72.811 Multiple perforations of tympanic membrane, right ear
- H72.812 Multiple perforations of tympanic membrane, left ear
- H72.813 Multiple perforations of tympanic membrane, bilateral
- H95.01 Recurrent cholesteatoma of postmastoidectomy cavity, right ear
- H95.02 Recurrent cholesteatoma of postmastoidectomy cavity, left ear
- H95.111 Chronic inflammation of postmastoidectomy cavity, right ear
- H95.112 Chronic inflammation of postmastoidectomy cavity, left ear
- H95.191 Other disorders following mastoidectomy, right ear
- H95.192 Other disorders following mastoidectomy, left ear
- H95.193 Other disorders following mastoidectomy, bilateral ears

AMA: 69604 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
69604	14.2	15.17	2.02	31.39
Facility RVU	Work	PE	MP	Total
69604	14.2	15.17	2.02	31.39

	FUD	Status	MUE	Modifiers		IOM Reference
69604	90	A	1(2)	51	50 N/A N/A	None

* with documentation

Terms To Know

chronic. Persistent, continuing, or recurring.

tympanoplasty. Surgical repair of the structures of the middle ear, including the eardrum and the three small bones, or ossicles.