

## Internal Medicine Coding Alert

### Reader Question: Sort Out Nosebleed Cauterization Codes

**Question:** I used to report 17250 when my internist cauterized a nosebleed. But I recently learned that 30901 may be more appropriate. What is the difference between the codes, and which one should I use?

Virginia Subscriber

**Answer:** You should assign 30901\* (Control nasal hemorrhage, anterior, simple [limited cautery and/or packing] any method) when your internist uses "limited cautery and/or packing" to control a nosebleed. Procedural code 30901 seems more appropriate than 17250\* (Chemical cauterization of granulation tissue [proud flesh, sinus or fistula]), because the descriptor for 30901 more accurately describes the procedure. Coders should report 17250 when their physicians cauterize granulation tissue, not when they simply control a nosebleed.