

## Part B Insider (Multispecialty) Coding Alert

### Otolaryngology: One Code Change Could Net You Extra Pay in 2014

**Hint: The change you'll love is 'unilateral.'**

What ENT practice hasn't struggled with cerumen removal coding in the past? A new change effective Jan. 1 could help quell that confusion going forward.

Learn the New Details for 69210

The most significant change for ENTs is with 69210; currently, the descriptor is "Removal impacted cerumen (separate procedure), 1 or both ears." The new descriptor, effective January 1, 2014, will be "Removal impacted cerumen requiring instrumentation, unilateral" (underlining added for emphasis).

**Impact:** Three important revisions to the descriptor are worth noting and will make a difference in your coding:

- The specification that the code requires instrumentation;
- The designation as a unilateral code (instead of for one or both ears, as in previous years);
- The separate procedure designation was removed.

"The 69210 is a big change, making it unilateral," says **Barbara J. Cobuzzi, MBA, CENTC, CPC-H, CPC-P, CPC-I, CHCC**, president of CRN Healthcare Solutions, a consulting firm in Tinton Falls, N.J. "This means we can use the 50 modifier when done bilaterally."

The current national, non-facility rate for 69210 (based on the national conversion factor of \$34.023) is \$53.08 with a national average total RVU of 1.56. Being able to include modifier 50 (Bilateral procedure) on the claim might increase your physician's reimbursement depending on how the RVUs are adjusted now that this code is being changed to a unilateral code.

"I hope Medicare appropriately adjusts their fee schedule modifier indicators," Cobuzzi adds.

Verify tactic: Coding guidelines for Medicare and many other payers state that the practitioner must use some type of instrumentation to remove the impacted cerumen from the patient's ear. Vacuum evacuation and forceps removal are classified as instrumentation, but removing cerumen by lavage, cotton swab, or drops isn't.

Some practitioners over the years, however, would submit claims with 69210 that did not include (or didn't have clear documentation of) instrumentation. The descriptor update for 2014 doesn't change the service being provided, but puts the expectation in black and white.

"I think it is good that it includes that in the description," Cobuzzi says. "There has been too much abuse by non-otolaryngologists using the code when they removed the wax via drops or lavage. That has caused the RVUs to drop because of over usage."

Remember: If your physician does not use instrumentation to remove cerumen, you should report the appropriate E/M code based on documentation (99201-99205 for a new patient or 99211-99215 for an established patient).

Don't Miss the These Dysphagia Codes

CPT® 2014 will also introduce three new Category II codes related to dysphagia (787.20) for measuring PQRS.

- 3759F □ Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS) [AAN]

- 3760F □ Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS) [AAN]
- 3761F □ Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS) [AAN].

This means that the otolaryngology practice has additional options for the reporting the PQRS quality measures.