

Part B Insider (Multispecialty) Coding Alert

Reader Question: 31238: Know the Ropes for Nosebleed Control

Question: A patient came into our office with a nosebleed. My physician provided epistaxis control using an endoscope. I reported 30901 and 31231. The patient's payer keeps bundling the nosebleed control into the endoscopy code. Should I appeal this?

Answer: No. The problem is with your coding, not the payer's policy. CPT® includes a specific code for endoscopic epistaxis control: 31238 (Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage). In this procedure, the physician uses an endoscope for a diagnostic evaluation of the bleeding nose and then places electrocautery instruments or lasers parallel to the endoscope to stop internal nose bleeding.

In contrast, code 30901 (Control nasal hemorrhage, anterior, simple [limited cautery and/or packing], any method) accounts for only cautery and/or packing to control the nosebleed (such as 784.7, Epistaxis). When the doctor uses an endoscope for a diagnostic evaluation of the nose and the bleed, pulls out the endoscope, and then performs the control of the nasal hemorrhage, you should consider these codes bundled. This follows Correct Coding Initiative (CCI) edits as well as CPT® definition. Because 31231 (Nasal endoscopy, diagnostic, unilateral or bilateral [separate procedure]) is a "separate procedure," you should report the appropriate hemorrhage control code (30901-30906)

Tip: You should pay close attention to how the otolaryngologist's procedure note describes endoscopic use. Ask your physician to make it clear in the procedure note what the role the endoscope played in the control of the nosebleed. This information directly affects the coding and reimbursement, because if he used the endoscope to assist in the control of the hemorrhage, you should report 31238.

ICD-10: When your coding system changes in 2013, 784.7 will become R04.0 (Epistaxis).