

Outpatient Facility Coding Alert

Guidelines: Stay on Top of 92502 Guidelines and Policies With This Guide

Use all sets of authoritative resources at your disposal.

There are some instances where an otolaryngology patient will need to be placed under general anesthesia in order for the physician to perform a routine exam of more of more sites. These circumstances may vary depending on the patient encounter, but there's a few important details to know about how to report these procedures correctly.

Given the confounding nature of the visit, you won't be reporting any typical otolaryngologic CPT® code.

Have a look at the underlying nuances behind these services and how to accurately code for them.

See What Circumstances Warrant 92502

Patient circumstances don't always allow for a routine otolaryngologic evaluation to go off without a hitch. There are a plethora of affecting patient conditions that may require that the patient be placed under general anesthesia in order for the physician to perform a proper generalized or site-specific evaluation. In these instances, you should report the service using code 92502 (Otolaryngologic examination under general anesthesia).

Before getting into rules and guidelines dictating when you should report 92502, you'll want to consider all the various instances that may require the use of this special circumstance code. First, some children may be considered for this service if they do not have the temperament to withstand the type of extensive otolaryngologic examination included in 92502. However, other children and adults with mental disabilities, or behavioral or temperamental issues, will also be considered.

Additionally, certain developmental impairments may prevent the physician from effectively communicating with the patient the purpose of the examination. Patients with an autism diagnosis, for instance, may be considered eligible for this procedure if their caregivers feel the examination may be frightening or traumatic to the patient.

Lastly, the surgeon may perform this examination on a patient that has already been placed under general anesthesia for a separate reason. For instance, a trauma victim that requires a diagnostic otolaryngologic checkup may be billed for a 92502 by an on-call otolaryngologist.

Reference Guidelines From Respective Sources

Before reporting 92502, you'll want to make sure you address all the related rules and guidelines surrounding the use of this code. First, have a look at two sets of guidelines applicable to all codes listed under the Special Otorhinolaryngologic Services in the Medicine chapter:

- "Diagnostic or treatment procedures that are reported as evaluation and management services (eg, otoscopy, anterior rhinoscopy, tuning fork test, removal of non-impacted cerumen) are not reported separately."
- "Special otorhinolaryngologic services are those diagnostic and treatment services not included in an evaluation and management service, including office or other outpatient services (99201-99215), or office or other outpatient consultations (99241-99245)."

Essentially, these two sets of guidelines convey the same piece of information. In other words, don't report a separate diagnostic or therapeutic service that would typically fall under an evaluation and management (E/M) code with 92502.

The services performed in 92502 include these E/M bundled services. This brings you to the next National Correct Coding Initiative (NCCI, or CCI) Policy Manual guideline involving separate otolaryngologic procedures that also require general anesthesia:

- "CPT® code 92502 is not separately reportable with any other otolaryngologic procedure performed under general anesthesia."

This guideline is relatively straightforward. Use the example of a tympanoplasty performed in addition to a 92502 examination. Performing an NCCI edits check on 92502 and 69436 (Tympanostomy (requiring insertion of ventilating tube), general anesthesia), you'll see 92502 bundles into 69436 as a column 2 code. That means you'll only be reporting the tympanoplasty in this instance. The same concept applies to any other otolaryngologic surgical procedures that involve general anesthesia.

This gets a little trickier when you factor in a therapeutic procedure that does not bundle into an E/M code, but also does not require general anesthesia. Consider the example of 92502 and 69210 (Removal impacted cerumen requiring instrumentation, unilateral). Here, you'll simply perform another NCCI edits check to reveal that 69210 has a modifier indicator of "0," which means you can never bill it along with the column 1 code, 92502.

I.D. Examination Criteria for 92502

The final hurdle to overcome when learning when, how, and where to report 92502 involves the examination itself. It's a common misconception that in order to report 92502, the provider must perform a complete otolaryngologic examination. However, a thorough examination of one specific site justifies the use of 92502 without modifier 52 (Reduced Services). For instance, the provider may opt to put a child under general anesthesia in order to evaluate for a potential nasal fracture. An examination of the nose and nasal passageway is sufficient in order to justify reporting 92502.

"But, keep in mind that should the physician subsequently perform a closed treatment of the nasal fracture with stabilization, you may only code 21320 [Closed treatment of nasal bone fracture; with stabilization]," advises **Barbara J. Cobuzzi, CPC, COC, CPC-P, CPC-I, CENTC, CPCO**, of CRN Healthcare Solutions in Tinton Falls, New Jersey. "[The code] 92502 is considered bundled in the fracture repair," explains Cobuzzi. The same concept applies to examinations involving the ear, sinuses, pharynx, or larynx.

"However, keep in mind there is no 'official' guidance from the American Medical Association [AMA] or American Academy of Otolaryngology - Head and Neck Surgery [AAO-HNS] on the reporting of 92502," says **Jennifer M. Connell, CPC, COC, CENTC, CPCO, CPMA, CPPM, CPC-P, CPB, CPC-I, CEMA, CEMC**, owner of E2E Health Solutions in Victoria, Texas.