

Outpatient Facility Coding Alert

Reader Question: Bleed Site Helps Determine Epistaxis Code

Question: How do we bill for nose bleed, which generally occurs due to acute hemorrhage from the nostril, nasal cavity, or nasopharynx?

Missouri Subscriber

Answer: When there is an acute hemorrhage from the nostril, nasal cavity, or nasopharynx, we call it nose bleed or epistaxis. When you coded following ICD-9, you would report 784.7 (Epistaxis) for nosebleed. You would also use the same code to report hemorrhage from the nose or bleeding from the nose.

ICD 10: Now that you use ICD-10, you still have only a single code for an epistaxis diagnosis: R04.0.

Documentation: If the patient presents with nosebleed, you should be on the lookout for encounter specifics in order to report the appropriate procedure codes. Terms like 'hemostasis (control of bleeding),' 'bovie,' 'silver nitrate,' and 'chemical cauterization' on your physician's notes will give you a clue on how to tackle a nosebleed treatment encounter.

Coder tips: To choose the appropriate epistaxis treatment code, first look at the bleed site: anterior or posterior. You have two code choices for each site:

- 30901 □ Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
- 30903 □ Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
- 30905 □ Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
- 30906 □ ... subsequent.

Also keep a check on coding edits for procedures that are bundled and not billable together.

If a patient suffers from nasal hemorrhage postoperative, you would not report R04.0. Instead you should use T88.8XXA (Other specified complications of surgical and medical care, not elsewhere classified, initial encounter) because you would be reporting postoperative complications.