

Outpatient Facility Coding Alert

Reader Question: Differentiate Between Incision, Approach With Aural Glomus Tumor Excisions

Question: What CPT® code should I use to report a transcanal excision of an aural glomus tumor using a postauricular approach? My provider is advising I use 69550.

California Subscriber

Answer: There are three existing CPT® codes you may consider for transcanal excisions of an aural glomus tumor:

- 69550 - Excision aural glomus tumor; transcanal
- 69552 - Excision aural glomus tumor; transmastoid
- 69554 - Excision aural glomus tumor; extended (extratemporal).

The term "transcanal," in this case, means an incision in the external auditory canal. In this example, there is no postauricular incision as the provider is entering the external auditory canal and making an incision through the skin at the back of the canal near the ear drum to remove the glomus tumor. In this scenario, you should go with your provider's suggestion of 69550.

The confusion with this question lies with the phrasing of a "postauricular approach." In this case, the provider did not make a postauricular incision. If the provider did perform a postauricular excision, then he or she is most likely performing a transmastoid approach. A postauricular incision is the most common type of incision for accessing the mastoid cavity.