

Outpatient Facility Coding Alert

Reader Question: Note These Guidelines on Middle Turbinate, Endoscopic Sinus Services

Question: Can I report a middle turbinate resection in addition to an endoscopic polypectomy? Without any National Correct Coding Initiative (NCCI) guidance available, I am not sure if these two services are separately reportable.

Delaware Subscriber

Answer: As you are aware, the existing turbinectomy codes apply exclusively to the excision of the inferior turbinate. For middle turbinate resection procedures, you should report code 30999 (Unlisted procedure, nose) with all the appropriate documentation included. However, when your provider performs middle turbinate resections in addition to certain endoscopic services, you should not report a separate code for the middle turbinate resection. The American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) further explains why you should bundle middle turbinate resections into certain endoscopic services:

- "Turbinate surgery, while carried out transnasally, involves separate anatomical sites, application of separate clinical judgment, surgical technique and instrumentation and thus should be reported and reimbursed separately from sinus and septal operations. However, in a strict anatomic sense, the middle turbinate is part of the ethmoid bone. Therefore, if the middle turbinate is removed when performing endoscopic ethmoidectomy or endoscopic polypectomy, the removal of the middle turbinate would not be reported separately."

These scenarios prove especially tricky since you cannot rely on any NCCI guidance to steer you in the right direction. Instead, you need to either utilize authoritative sources such as the AAO-HNS or contact the patient's payer to determine coding eligibility.