Codify
BY AAPC

Outpatient Facility Coding Alert

Watch 3 Areas to Keep Your Endoscopic Sinus Surgery Claims on Track

Tip: Start with anatomy know-how.

Endoscopic sinus surgeries pose multiple obstacles for coders, but they're not insurmountable. Keep these trouble spots in mind to avoid the pitfalls and have squeaky-clean claims.

Learn Your Anatomy You need a strong understanding of anatomy before delving into otolaryngology coding. Physicians can perform surgery in any of the four sinus areas: sphenoid, frontal, maxillary, or ethmoid. Surgeons might document certain anatomic "landmarks" such as the ethmoid labyrinth or turbinate dimensions or distances from other structures.

Tip: Teach your surgeons the importance of documenting the sinus(es) involved in the procedure. You have a wide range of sinus surgery codes to choose between, so any notes the surgeon includes can help you code more accurately.

Read Beyond the Opening Summary
The physician's opening chart notes might seem clear-cut, but they don't always tell everything you need from a coding perspective.

Example: Summary notes might refer to SRM, or submucous resection. You would normally report SRM with 30140 (Submucous resection inferior turbinate, partial or complete, any method). If you read further into the documentation and find notes of cauterization or radiofrequency, however, you could be looking at turbinate cautery instead of resection. For those procedures you should report 30801 (Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method [e.g., electrocautery, radiofrequency ablation, or tissue volume reduction]; superficial) or 30802 (Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method [e.g., electrocautery, radiofrequency ablation, or tissue volume reduction]; intramural [i.e., submucosal]).

The national freestanding facility payment rate swings from $1006.35 for 30140 to $301.38 for 30801 or $681.79 for 30802. Those kinds of differences mean you need to be certain of the procedure before automatically reporting 30140 for a note of SRM.

Watch Payment Indicators
Several payment indicators currently apply to nasal and sinus endoscopic procedures performed in a freestanding ASC:

- P2 - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight.
- A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
- G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

Payment indicators keep coding and reimbursement accurate in two primary ways. First, the indicator identifies whether a service is eligible for ASC payment and the methodology used to determine payment. Second, indicators show which services' costs are packaged into payment for other services, which may be paid separately in addition to the procedure, and which surgical procedures are excluded from Medicare payment.