

Outpatient Facility Coding Alert

You Be the Coder: Check NCCI When Pairing 69610 With 69436

Question: We've got a patient that was set to have a tube removal and replacement. After the surgeon accessed to the tube's location, she opted to remove the tube and patch the area using a paper patch instead of replacing the tube. She then inserted a tube in a different location for drainage purposes. Should I report both the tympanoplasty and paper patch repair?

Kentucky Subscriber

Answer: The fact that the surgeon did not follow through with her original surgical intentions should not give you cause for concern from a coding perspective. Your job is to code what's documented within the operative note - nothing more and nothing less. First, let's address the coding of the patch repair. So long as the surgeon doesn't use a harvested tissue graft to repair the drum defect, you'll report code 69610 (Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch).

Next, you'll be looking toward code 69436 (Tympanostomy (requiring insertion of ventilating tube), general anesthesia) for the placement of the ventilation tube. However, before submitting each respective code, you'll want to make sure no National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits exist between 69436 and 69610. As you'll see, the NCCI edit reveals a modifier "1" indicator between the two codes, with 69436 being the column 2 code (and lower-valued code).

This means that you should only be reporting 69610 in this clinical scenario, since both were performed on the same ear in the same operative session.