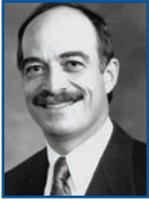


Unraveling the Confusion Surrounding Middle Turbinate CPT Coding

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Currently, only one CPT code exists for work done on the middle turbinate, namely 31240. An ARS member recently contacted the committee and asked what CPT code can be used when doing other work on the middle turbinate e.g. realigning a retroverted middle turbinate obstructing the OMC. Use the unlisted code 30999 unless work is being done to gain access to the ethmoid during ethmoidectomy; in this case, the turbinate work is part of the ethmoidectomy.

A second ARS member appealed to the committee with problems related to carriers bundling 31240 with 30130, 30140, and 30520. This is inappropriate as there are no CCI edits that allow the bundling of 31240 with any of these codes. In fact, as of the first quarter of 2008, the only nasal codes that have CCI edits with 31240 are 31231, 92511 (no modifier over-ride allowed) and 31233, 31235, and 31237 (allow modifier over-rides, e.g. modifier-59). This confusion relates to the fact that many carriers have not updated their computers to reflect the CPT language change, which took place late in 2006. CPT codes 30140 and 30130 had the term inferior added, thereby describing procedures performed only upon the inferior turbinate. The work of septoplasty does not include anything performed upon the turbinates. Should these codes be bundled, then a letter of appeal to the insurance carrier must explain that this editorial change took place in 2006. Members must contact the AAO-HNS Practice Affairs Department so the Academy can assist in helping challenge this inappropriate bundling. Members must ask their carriers what bundling rules they are using so that the Academy may contact the proprietary organization to request that they change their rules.

Another dilemma surrounds the issue of coding 31240 at the time that partial or total ethmoid surgery is performed endoscopically;

namely, can you code for 31240 at the time you code for 31254 or 31255? The answer is yes, you should be able to bill 31240 based on the original valuation of the RVUs. The reason being that when these codes were created with the AMA and valued by the AMA-RUC with the approval of CMS, Doctors David Kennedy and Fred Kuhn were of the opinion that the work involved in concha bullosa resection was over and above that performed on the ethmoid sinus. There is an additional work necessary to preserve the mucosa on both sides of the turbinate, preserve the lamella and resect areas of exposed bone while preserving middle turbinate integrity. This requires additional expertise and effort and therefore should be allowed to be billed over and above the CPT code for ethmoid surgery. As alluded to in the paragraph above, CCI edits support this logic.

Once again, the patient advocacy committee of the ARS welcomes any problems related to CPT coding and or reimbursement and we continue to strive to be helpful to our members and in so doing make membership in the ARS a valuable asset to rhinologists.

1. 31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection
2. 30130 Excision inferior turbinate, partial or complete, any method
3. 30140 Submucous resection inferior turbinate, partial or complete, any method
4. 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
5. 31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
6. 31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
7. 31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
8. 31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
9. 31254 Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)

Secretary's Report

Brent Senior, MD, *Secretary*



Brent Senior, MD

One of the most solid areas of growth in ARS membership in the last few years has been in our resident category. Reflecting increasing interest in rhinology during resident training, resident membership has nearly doubled in the last four years, improving the quality of research presented at our meetings while also injecting the society with a youthful energy in its day to day functioning. Recognizing the significance of these trends, recent initiatives such as free distribution of the American Journal of Rhinology to senior residents with the corporate support of Xoran, and establishment of the Resident and Fellows Committee by President Fried under the leadership of Seth Brown have aimed to build on these gains.

In light of this, a new initiative developed with the assistance of our society's administrator, Wendi Perez, is being launched this year: the ARS Fellow Travel Grant. This grant will be made available for travel to the Fall Meeting to fellows in rhinologic training in ARS sponsored San Francisco match training programs. With a purpose to assist in defraying travel costs to the Annual meeting, two awards of \$750 each will be made to the presenting fellows earning the highest scores on submitted abstracts as reviewed by the program committee. Now being rolled out for the Annual Meeting in Chicago in September 2008, we have already received positive feedback for this effort, and hope that with a successful launch, it may be able to be expanded in the future.

With residents and fellows truly representing the future of our society, the ARS looks forward to continuing to build on these gains among our members in training.