How to Code When Using Balloon Sinus Catheterization During ESS

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Balloon catheter sinus dilation has become part of the practice of otolaryngology-head and neck surgery today. In some of the specialty, this has been polarized by this issue because there have been supporters on both sides with respect to its use and coding. The American Academy of Otolaryngology—Head & Neck Surgery Bulletin March 2007 Vol.26 No.3. It is stated that traditional endoscopic sinus surgery codes, namely ESS codes, can be used provided two criteria are met. Firstly, an endoscope must be used to insert the balloon sinus instrumentation, and secondly, mucosa and bone must be moved thereby enlarging the sinus ostium. Consequently, when frontal sinus surgery is being performed, it is reasonable to use CPT#31276 provided the scope is being used by the operating surgeon and one visualizes the balloon being inserted into the frontal recess. The Academy endorses the use of CPT #31256 when doing maxillary sinus surgery and #31257 when doing sphenoid sinus surgery.

At this time, the American Rhinologic Society would like to clarify the issue of coding for balloon sinus catheterization. The purpose of this revised position statement is to set forth for the membership of the ARS the practice guidelines for coding balloon catheter sinus dilation. The purpose of this revised position statement is to set forth for the membership of the ARS the practice guidelines for coding balloon catheter sinus dilation. The purpose of this revised position statement is to set forth for the membership of the ARS the practice guidelines for coding balloon catheter sinus dilation. The purpose of this revised position statement is to set forth for the membership of the ARS the practice guidelines for coding balloon catheter sinus dilation.

The Spring meeting of the American Rhinologic Society is over and once again has been extremely successful. In content, attendance, overall satisfaction of both presenters and attendees and more particularly of the attendees, the Spring meeting has been a success. The ARS Pediatric Rhinology Committee, chaired by Dr. Metin Onerci, Dr. Harrius Baarn, Dr. Ben Vonk and Dr. Mathew Ewend, Chief of Neurosurgery at UNC.

American Rhinologic Society Revised Position Statement on Endoscopic Balloon Catheter Sinus Dilation Technology

Surgical techniques and instrumentation are available and are currently utilized by experienced otolaryngologists for the management of sinus disease and rhinosinusitis refractory to medical therapy. The American Rhinologic Society (ARS) has crafted its position statement and its place among the armamentaria available to otolaryngologists and their patients in dealing with sinus disease based on up-to-date scientific evidence.

Balloon catheter dilation is a recently introduced Food & Drug Administration (FDA) approved instrumentation that has been shown to have a role in the management of sinonasal disease. The purpose of this revised position statement is to set forth for our members and other interested persons, the current opinion of the American Rhinologic Society (ARS) regarding balloon catheter dilation technology and its place among the armamentaria available to otolaryngologists and their patients in dealing with sinus disease based on up-to-date scientific evidence.

Two studies describe safety and effectiveness of balloon catheter sinus dilation technology and have been highlighted in a review of balloon dilation technology. A third study specifically targeted at safety and outcomes of balloon catheter sinus dilation, presented at the American Academy of Otolaryngology—Head and Neck Surgery (AAHS) (Toronto, Canada, September 2009) was recently described. A level 2 study indicates that the balloon catheter sinus dilation instrumentation and techniques required for dilation of sinus ostia are safe and do provide patent ostial openings over a 6 month period in the maxillary, sphenoid, and frontal sinuses.

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Dr. Michael Setzen will moderate a panel on patient advocacy and coding.

Under the leadership of Dr. Alexander Chiu, we are going to have video posters on display at the poster sessions that will offer brief operative clips that will run continuously. This is a new initiative that I am certainly very popular. Lastly, Dr. Gerald B. Healy, the President Elect of the American Rhinologic Society will be our keynote speaker. Dr. Healy’s interest in patient safety and the value of simulation in education and training will make for a very timely offering. In closing, I want to thank the efforts of the Program Committee members Drs. Dean Cohen. Dr. Richard Schlosser and Richard Lebowitz. Without their review and rating of every abstract, the program would not be able to achieve the excellence that it has achieved. I look forward to seeing many of you in Washington, DC in September!