

# How to Code When Using Balloon Sinus Catheterization During ESS

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Balloon sinus catheterization has become part of the practice of sinus surgery today. In spite of this, the specialty 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 has watched this polarization over the past 18-months and has heard both sides of the story and has crafted a position statement regarding CPT coding when balloon sinus catheterization is incorporated into endoscopic sinus surgery.

The dilemma has revolved around the fact that some experts have suggested that an unlisted sinus code, namely CPT #31299 be submitted when balloon sinus catheterization is used in conjunction with sinus surgery, as opposed to another school of thought recommending that this be regarded as a hybrid type case where endoscopic sinus surgery codes may be utilized.

In March of 2007, the Board of Directors of the American Academy of Otolaryngology- Head & Neck Surgery crafted its position statement and this was published in the American Academy of Otolaryngology- Head & Neck Surgery Bulletin March 2007 Vol.26 No.3. It is stated that traditional endoscopic sinus 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.

**2** 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 nasal frontal recess and mucosa and bone are moved to enlarge the drainage area. Likewise, the Academy endorses the use of CPT #31256

when doing maxillary sinus surgery and #31287 when doing sphenoid sinus surgery provided these 2 criteria are met.

The Academy of Otolaryngology- Head & Neck Surgery does not support the use of the ESS code for ethmoid surgery; namely, they do not endorse its use in CPT #31254 and #31255. Furthermore, no statement is made with respect to its use in #31267 and #31288 at this time.

The Academy position statement makes it clear that the physician should code for the work done based on the CPT descriptor for the code.

Furthermore, the statement states that sinus surgery (endoscopy) can be done with a laser, microdebrider, forceps, or balloon catheter in order to displace bone and mucosa.

Also, the statement states that if fluoroscopy is used, then one can use CPT #76000 for up to one hour of the physician's time.

It is implied from the position statement that if an endoscope is not used during the procedure, then an unlisted code must be utilized.

**3** One hopes that this will now clarify the use of CPT coding with respect to balloon sinus catheterization when this technology is used in conjunction with traditional endoscopic sinus surgery.

It is anticipated that insurance companies will need to be educated in this new guideline so that rhinologists using this technology can be fairly and appropriately reimbursed.

Should any Members of the ARS or the Academy experience difficulty with this reimbursement issue, please feel free to contact the Patient Advocacy Committee of the American Rhinologic Society for assistance.

Disclosures: Gyrus ACMI, BrainLab and Acclarent.

## 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.

Balloon catheter dilation is a recently introduced Food & Drug Administration (FDA) approved instrumentation that has been shown to have a role in the surgical management of sinus 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 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<sup>1,2</sup> and have appeared in peer reviewed otolaryngology literature. A third study specifically targeted at safety and outcomes of balloon catheter sinus dilation<sup>3</sup>, presented at the American Academy of Otolaryngology-Head and Neck

Surgery (AAO-HNS) (Toronto, Canada, September 2006) was closely reviewed and accepted for publication. This prospective 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.<sup>3</sup>

At this time, the American Rhinologic Society would like to clarify the present knowledge regarding this technology for its members and interested persons.

- Based on currently available scientific medical evidence, endoscopic balloon dilation technology is acceptable and safe for use in the management of sinus disease.
- Endoscopic balloon dilation technology is a tool, not a procedure, available to the operating surgeon at his/her discretion for the surgical management of sinus disease.
- Patients who are treated with this technology may require concurrent conventional endoscopic sinus surgery especially in the ethmoid sinuses much like any surgical

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