The Dilemma Surrounding Use of CPT 31276

Michael Setzen MD, *Chair of the Patient Advocacy Committee* and Sanford M. Archer, MD, Member Patient Advocacy Committee

Michael Setzen, MD

At our most recent Patient Advocacy Committee Meeting of the American Rhinologic Society in Washington DC, September 16th, 2007, it was brought to the attention of the Committee that there was confusion surrounding the use of CPT 31276.

CPT 31276 describes Nasal/sinus endoscopy, surgical, with frontal sinus exploration with or without removal of tissue from the frontal sinus.

The dilemma revolves around the uncertainty in applying 31276 and what the descriptor mandates is necessary in the surgical treatment for one to be able to use this code appropriately and fairly so that one can be reimbursed without denial.

Merely opening into the frontal recess by inserting a probe or suction catheter into the frontal sinus does not allow the use CPT 31276 and it is for this reason that the committee elected to clarify the use of this code more appropriately. It was the opinion of the committee that frontal sinus exploration requires the need to evaluate the nasal frontal recess with an endoscope and enlarge the opening passage into the frontal sinus with whatever modality one chooses be it a curette, a debrider, a balloon, or a curved suction. Furthermore, one must visualize the interior of the frontal sinus if at all possible. In so doing, two clinical goals will be achieved, and there is demonstrably additional physician work that goes beyond ethmoidectomy. Firstly, drainage from the frontal sinus will be enhanced and secondly, the mucosa of the frontal sinus will be evaluated.

It is understood that prior to performing surgery on the frontal sinus there must have been good documentation that the patient was, indeed, suffering from frontal sinus disease as documented on history, examination, or sinus CT.

One must continue to use common sense, good ethical judgment, and clear documentation when using this CPT code or ANY CPT code for that matter to avoid coding audits and potential penalties.

The committee will continue to evaluate 31276 and will respond again in the near future.

Should you have any questions with respect to 31276 and should you have been denied reimbursement when this code was applied appropriately, please feel free to contact the ARS Patient Advocacy Committee or the AAO-HNS Health Policy department at healthpolicy@entnet.org.

(Commentary was reviewed by Dr. Richard Waguespack, Chair of the AAO-HNS CPT/RVU Committee, and Ms. Linda Ayers, MHCM, Senior Director of Strategic Alliances & Health Policy at the AAO-HNS).

Secretary's Report

Brent Senior, MD

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2007 has proven to be a very successful year for the ARS. The highest attendance level in several years at our Annual Meeting in Washington DC (309) was accompanied by an increase in membership of nearly 10% to over 1100. We have been particularly encouraged by the significant growth occurring in the resident and fellow section, with a 33% increase in this category alone. While undoubtedly reflecting the high level of interest in the specialty among practitioners in general, these younger members bring new enthusiasm and excitement to the society. We hope to harness some of this in the newly minted Residents and Fellows Ad Hoc Committee under the leadership of Seth Brown, debuting with a packed reception in Washington DC. Look for more resident and fellow events in the coming years at our Annual and Spring meetings.

A significant focus this last year has been on achieving reaccredidation from the ACCME. We are pleased to announce that the society received a statement of full accredidation through November 2011without any deficiencies noted. Thanks to Drs. Marvin Fried, Jim Stankiewicz, Jim Palmer, and our Administrator, Wendi Perez for all their hard work.

Credentials Committee

John Delgaudio, MD

I would first like to take this opportunity to express my gratitude in being appointed to serve the American Rhinologic Society as Chair of the Credentials Committee for the next three years. Looking forward, our goal is to make membership in the ARS as easy to attain as possible so that we can increase our membership at every level.

The requirements for Regular membership have been revised. Candidates for regular membership need to have graduated from an approved Otolaryngology residency program and eligible to sit for the Otolaryngology Board exam. Sponsorship from existing Members or Fellows of the ARS is no longer required.

The resident member requirements are that the applicant be an active resident in good standing in an approved Otolaryngology residency program. Membership is free for residents, and we hope that after completion of their training they will convert to regular membership.

Fellow status is the highest category of membership in the ARS and requires that the member be practicing for at least three years and have performed 50 rhinologic cases over the preceding two years. Letters of recommendation from two Fellows of the ARS are required.

International member status is also available in the ARS. International membership has the same requirements as regular membership. International members are also eligible for Fellow status under the same guidelines as mentioned above.

The membership requirements for each category, along with membership dues, can be found on the ARS website.