OPTUM360®

CODING COMPANION

ENT/Allergy/ Pulmonology

A comprehensive illustrated guide to coding and reimbursement

2022

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Contents

Getting Started with Coding Companion

Coding Companion for ENT/Allergy/Pulmonology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT Codes

For ease of use, evaluation and management codes related to ENT/Allergy/Pulmonology are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the pages following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Surgery
- Radiology
- Pathology and Laboratory
- Medicine Services
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version XX.X, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is http://www.optum360coding.com/ProductUpdates/. The 2022 edition password is: **XXXXXX22**. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)

could be found in the index under the following main terms:

Antrotomy
Transmastoid, 69501

OR

Excision
Mastoid
Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiv of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

99251-99255

★99251 Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.

★99252 Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

★99253 Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

★99254 Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.

★99255 Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.

Explanation

Inpatient consultation service codes describe encounters with patients admitted to the hospital, residing in nursing facilities, or to patients in a partial hospital setting where another qualified clinician's advice or opinion regarding diagnosis and treatment or determination to accept transfer of care of a patient is rendered at the request of the primary treating provider. The request for a consultation must be documented in the patient's medical record, as well as a written report of the findings of the consultation to the primary treating physician. During the course of a consultation, the physician consultant can initiate diagnostic or therapeutic services at the same encounter or at a follow-up visit. Other procedures or services performed in conjunction with the consultation may be reported separately. Codes do not differentiate between new or established patients and only one inpatient consultation services code should be reported per admission. Services are reported based on meeting all three key components (history, exam, and medical decision-making [MDM]) within each level of service. The most basic service, as represented by 99251, describes a problem focused history and exam with straightforward medical decision-making for a minor or self-limiting complaint encompassing approximately 20 minutes of time at the patient's bedside or on the unit. The mid-level services describe problems involving an expanded problem focused history and exam or a detailed history and exam as represented by 99252 and 99253, respectively. Medical decision-making for 99252 is the same (straightforward) as for a level one visit (99251) and is designated as low complexity for the level three service (99253). At these levels of service, the encounter can involve time at the patient's bedside or on the unit of 40 (99252) to 55 (99253) minutes involving minimal to low severity concerns. The last two levels of service in this category represent moderate to high-severity problems and both services involve comprehensive history and examination components. The differentiating factor between the two levels is the medical decision-making. Code 99254 involves moderate complexity MDM and approximately 80 minutes of time at the patient's bedside or on the unit, while the highest level of service in this category, 99255, involves MDM of high complexity and approximately 110 minutes at the patient's bedside or on the unit.

Coding Tips

These codes are used to report consultations in the inpatient setting. All three key components (history, exam, and medical decision making) must be met or exceeded for the level of service selected. Time may be used to select the level of service when counseling and coordination of care are documented as at least half of the time spent face-to-face with the patient. Consultation codes are not covered by Medicare and some payers. Report new or established inpatient E/M codes for consultation services. Consultation services should not be reported when the care and management of a problem or condition is assumed prior to the initial examination of the patient. In these situations, the appropriate initial or subsequent evaluation and management service should be reported. Do not report an inpatient and outpatient consultation when both are related to the same inpatient admission. For initial hospital care services, see 99221-99223; for subsequent hospital care services, see 99231-99233. For office or other outpatient consultation services, see 99241-99245. Telemedicine services may be reported by the performing provider by adding modifier 95 to these procedure codes. Services at the origination site are reported with HCPCS Level II code Q3014.

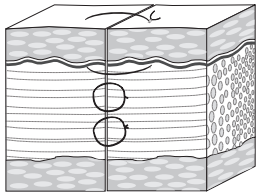
ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

AMA: 99251 2020,Sep,3; 2018,Jan,8; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Jan,7; 2016,Jan,13; 2016,Dec,11; 2015,Jan,16; 2014,Oct,8; 2014,Nov,14; 2014,Jan,11 **99252** 2020,Sep,3; 2018,Jan,8; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Jan,7; 2016,Jan,13; 2016,Dec,11; 2015,Jan,16; 2014,Oct,8; 2014,Nov,14; 2014,Jan,11 **99253** 2020,Sep,3; 2018,Jan,8; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Jan,13; 2016,Jan,7; 2016,Dec,11; 2015,Jan,16; 2014,Oct,8; 2014,Nov,14; 2014,Jan,11 **99254** 2020,Sep,3; 2018,Jan,8; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Jan,13; 2016,Jan,7; 2016,Dec,11; 2015,Jan,16; 2014,Oct,8; 2014,Nov,14; 2014,Jan,11 **99255** 2020,Sep,3; 2018,Jan,8; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Jan,13; 2016,Jan,7; 2016,Dec,11; 2015,Jan,16; 2014,Oct,8; 2014,Nov,14; 2014,Jan,11

12051-12057

12051 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052 2.6 cm to 5.0 cm
12053 5.1 cm to 7.5 cm
12054 7.6 cm to 12.5 cm
12055 12.6 cm to 20.0 cm
12056 20.1 cm to 30.0 cm
12057 over 30.0 cm



Layered suturing

Explanation

The physician performs a repair of a wound located on the face, ears, eyelids, nose, lips, and/or mucous membranes. A local anesthetic is injected around the laceration, and the wound is cleansed, explored, and often irrigated with a saline solution. Due to deeper or more complex lacerations, deep layered suturing techniques are required. The physician closes tissue layers under the skin with dissolvable sutures before suturing the skin. Extensive cleaning or removal of foreign matter from a heavily contaminated wound that is closed with a single layer may also be reported as an intermediate repair. With multiple wounds of the same complexity and in the same anatomical area, the length of all wounds sutured is summed and reported as one total length. Report 12051 for a total length of 2.5 cm or less; 12052 for 2.6 cm to 5 cm; 12053 for 5.1 cm to 7.5 cm; 12054 for 7.6 cm to 12.5 cm; 12055 for 12.6 cm to 20 cm; 12056 for 20.1 cm to 30 cm; and 12057 if the total length is greater than 30 cm.

Coding Tips

Intermediate repair is used when layered closure of one or more of the deeper layers of subcutaneous tissue and superficial fascia, in addition to the skin, require closure. Single-layer closure of a wound requiring extensive cleaning or removal of contaminated foreign matter or damaged tissue is classified as an intermediate repair. For simple (nonlayered) closure of the face, ears, eyelids, nose, lips, and/or mucous membranes, see 12011–12018. For complex repairs, see 13131–13153. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage. For wound closure by tissue adhesive(s) only, see G0168.

ICD-10-CM Diagnostic Codes

C00.0 Malignant neoplasm of external upper lip
C00.1 Malignant neoplasm of external lower lip
C00.3 Malignant neoplasm of upper lip, inner aspect
C00.4 Malignant neoplasm of lower lip, inner aspect
C43.0 Malignant melanoma of lip
C43.21 Malignant melanoma of right ear and external auricular canal ☑
C43.31 Malignant melanoma of nose
C44.01 Basal cell carcinoma of skin of lip
C44.02 Squamous cell carcinoma of skin of lip
C44.212 Basal cell carcinoma of skin of right ear and external auricular canal ☑
C44.222 Squamous cell carcinoma of skin of right ear and external auricular canal ☑
C44.311 Basal cell carcinoma of skin of nose
C44.321 Squamous cell carcinoma of skin of nose
C4A.0 Merkel cell carcinoma of lip
C4A.21 Merkel cell carcinoma of right ear and external auricular canal ☑
C4A.31 Merkel cell carcinoma of nose
C76.0 Malignant neoplasm of head, face and neck
D03.0 Melanoma in situ of lip
D03.21 Melanoma in situ of right ear and external auricular canal ☑
D04.0 Carcinoma in situ of skin of lip
D04.21 Carcinoma in situ of skin of right ear and external auricular canal ☑
D17.0 Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D22.0 Melanocytic nevi of lip
D22.21 Melanocytic nevi of right ear and external auricular canal ☑
D37.01 Neoplasm of uncertain behavior of lip
S01.21XA Laceration without foreign body of nose, initial encounter
S01.22XA Laceration with foreign body of nose, initial encounter
S01.25XA Open bite of nose, initial encounter
S01.311A Laceration without foreign body of right ear, initial encounter ☑
S01.321A Laceration with foreign body of right ear, initial encounter ☑
S01.351A Open bite of right ear, initial encounter ☑
S01.411A Laceration without foreign body of right cheek and temporomandibular area, initial encounter ☑
S01.421A Laceration with foreign body of right cheek and temporomandibular area, initial encounter ☑
S01.511A Laceration without foreign body of lip, initial encounter
S01.521A Laceration with foreign body of lip, initial encounter
S01.552A Open bite of oral cavity, initial encounter
S07.0XXA Crushing injury of face, initial encounter

Associated HCPCS Codes

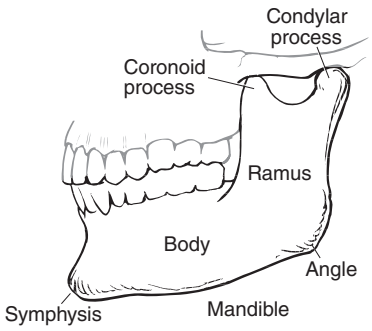
G0168 Wound closure utilizing tissue adhesive(s) only

AMA: **12051** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **12052** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **12053** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **12054** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **12055** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **12056** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **12057** 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

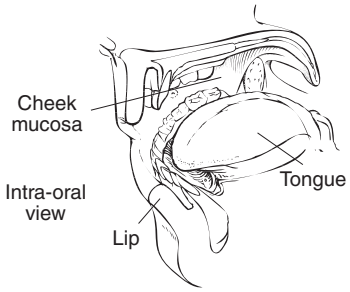
21046-21047

21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])

21047 requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])



A benign tumor or cyst of the mandible is removed



Explanation

The physician excises a cyst or benign tumor from the mandible (lower jaw) by intraoral osteotomy in 21046 and by extraoral osteotomy and partial mandibulectomy in 21047. For the intraoral approach, the physician incises and reflects a mucosal flap of tissue inside the mouth overlying the tumor to reach the bone. In an extraoral approach, the physician approaches the defect through an external skin incision and dissects down through the tissue layers to reach the tumor. The tumor is identified and removed along with overlying bone by cutting into the mandible using a drill or osteotome. Additional bone removal from the mandible is done in 21047 to excise the tumor fully. With large tumors, the surgical wounds may be packed and sutured or reconstructive procedures such as harvesting of bone for grafting may be needed, depending on the size of the surgical wound. The mucosal flap is sutured primarily or the subcutaneous tissues and skin incisions on the face are closed with layered sutures.

Coding Tips

When 21046 or 21047 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. An excisional biopsy is not reported separately when a therapeutic excision is performed during the same surgical session. Local anesthesia is included in these services. If a specimen is transported to an outside laboratory, report 99000 for handling and conveyance. Report any free grafts or flaps separately. For excision of a benign tumor or cyst of the maxilla, see 21048 and 21049. For excision of a malignant tumor of the mandible, see 21044; radical resection, see 21045. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

D16.5	Benign neoplasm of lower jaw bone
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
M27.49	Other cysts of jaw
M27.8	Other specified diseases of jaws
M85.48	Solitary bone cyst, other site

AMA: **21046** 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **21047** 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
21046	14.21	14.56	1.3	30.07
21047	20.07	14.46	2.22	36.75
Facility RVU	**Work**	**PE**	**MP**	**Total**
21046	14.21	14.56	1.3	30.07
21047	20.07	14.46	2.22	36.75

	FUD	Status	MUE	Modifiers				IOM Reference
21046	90	A	2(3)	51	N/A	62*	80*	None
21047	90	A	2(3)	51	N/A	62*	80	

* with documentation

Terms To Know

benign. Mild or nonmalignant in nature.

cyst. Elevated encapsulated mass containing fluid, semisolid, or solid material with a membranous lining.

dissect. Cut apart or separate tissue for surgical purposes or for visual or microscopic study.

excision. Surgical removal of an organ or tissue.

flap. Mass of flesh and skin partially excised from its location but retaining its blood supply that is moved to another site to repair adjacent or distant defects.

graft. Tissue implant from another part of the body or another person.

mandible. Lower jawbone giving structure to the floor of the oral cavity.

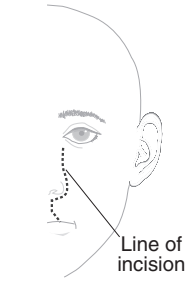
osteotome. Tool used for cutting bone.

osteotomy. Surgical cutting of a bone.

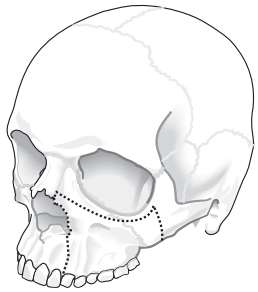
tumor. Pathological swelling or enlargement; a neoplastic growth of uncontrolled, abnormal multiplication of cells.

31230

31230 Maxillectomy; with orbital exenteration (en bloc)



Example of facial incision for maxillectomy (Weber-Ferguson)



Maxilla is fractured from midface with drills, saws, and chisels

Explanation

The physician removes the maxilla, eye, and orbital soft tissue. Incisions may be intraoral or may include skin incisions such as a modified Weber-Ferguson incision that includes incision in the upper eyelid. Dissection is continued to expose and isolate the planned bony excision. The physician uses drills, saws, and chisels to fracture the maxilla from the midface. The fractured maxilla and adjacent tissue are loosened and removed to "free margins" as determined with intraoperative tissue specimens sent to the pathologist for immediate microscopic examination. The upper eyelid incision is dissected to the periosteum of the superior orbit. The maxilla is retracted downward, so the physician can visualize the optic nerve and blood vessels. The optic nerve is severed and the vessels are ligated. The maxilla, adjacent soft tissue, and orbital contents are removed in one specimen. All sinus mucosa is removed. Exposed bone is covered with a separately reportable split thickness skin graft. A splint may be placed to obturate (block) the mouth from the surgical area. All skin incisions are repaired with a layered closure.

Coding Tips

For skin graft, see 15120, 15121, 15260, or 15261.

ICD-10-CM Diagnostic Codes

C31.0	Malignant neoplasm of maxillary sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C41.0	Malignant neoplasm of bones of skull and face
C69.61	Malignant neoplasm of right orbit ☑
C69.62	Malignant neoplasm of left orbit ☑
C78.39	Secondary malignant neoplasm of other respiratory organs
D02.3	Carcinoma in situ of other parts of respiratory system
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D49.1	Neoplasm of unspecified behavior of respiratory system
H05.011	Cellulitis of right orbit ☑
H05.012	Cellulitis of left orbit ☑
H05.013	Cellulitis of bilateral orbits ☑
J32.0	Chronic maxillary sinusitis
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.89	Other specified disorders of nose and nasal sinuses

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
31230	30.82	22.87	4.2	57.89
Facility RVU	**Work**	**PE**	**MP**	**Total**
31230	30.82	22.87	4.2	57.89

	FUD	Status	MUE	Modifiers				IOM Reference
31230	90	A	1(2)	51	50	62*	80	None

* with documentation

Terms To Know

en bloc removal. Take out as a whole or all in one mass.

malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

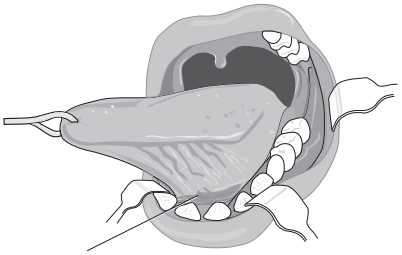
maxilla. Pyramidally-shaped bone forming the upper jaw, part of the eye orbit, nasal cavity, and palate and lodging the upper teeth.

nasal sinus. Air-filled cavities in the cranial bones lined with mucous membrane and continuous with the nasal cavity, draining fluids through the nose.

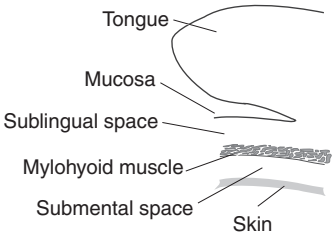
orbital exenteration. Surgical removal of the entire orbital contents, including the eyeball, extraocular muscles, fat, and connective tissue.

41005

41005 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial



Simplified sideview schematic



Explanation

The lesion is located superficially under the tongue (sublingual). The physician makes a small intraoral incision through the mucosa of the tongue overlying an abscess, cyst, or hematoma, and drains the fluid.

Coding Tips

Placement and removal of drain are not reported separately. Local anesthesia is included in the service.

ICD-10-CM Diagnostic Codes

K09.8	Other cysts of oral region, not elsewhere classified
K12.2	Cellulitis and abscess of mouth
K13.29	Other disturbances of oral epithelium, including tongue
K14.0	Glossitis
K14.8	Other diseases of tongue
S00.522A	Blister (nonthermal) of oral cavity, initial encounter
S00.532A	Contusion of oral cavity, initial encounter
S00.552A	Superficial foreign body of oral cavity, initial encounter
T18.0XXA	Foreign body in mouth, initial encounter
T28.0XXA	Burn of mouth and pharynx, initial encounter
T28.5XXA	Corrosion of mouth and pharynx, initial encounter

AMA: **41005** 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
41005	1.31	4.78	0.11	6.2
Facility RVU	**Work**	**PE**	**MP**	**Total**
41005	1.31	1.88	0.11	3.3

	FUD	Status	MUE	Modifiers				IOM Reference
41005	10	A	1(3)	51	N/A	N/A	80*	None

* with documentation

Terms To Know

abscess. Circumscribed collection of pus resulting from bacteria, frequently associated with swelling and other signs of inflammation.

anomaly. Irregularity in the structure or position of an organ or tissue.

congenital. Present at birth, occurring through heredity or an influence during gestation up to the moment of birth.

contusion. Superficial injury (bruising) produced by impact without a break in the skin.

cyst. Elevated encapsulated mass containing fluid, semisolid, or solid material with a membranous lining.

glossitis. Inflammation and swelling of the tongue that may be associated with infection, adverse drug reactions, smoking, or injury.

glossodynia. Tongue pain.

hematoma. Tumor-like collection of blood in some part of the body caused by a break in a blood vessel wall, usually as a result of trauma.

incision and drainage. Cutting open body tissue for the removal of tissue fluids or infected discharge from a wound or cavity.

mucocele. Cyst or abnormal dilated sac of accumulated, retained mucous secretions.

superficial. On the skin surface or near the surface of any involved structure or field of interest.

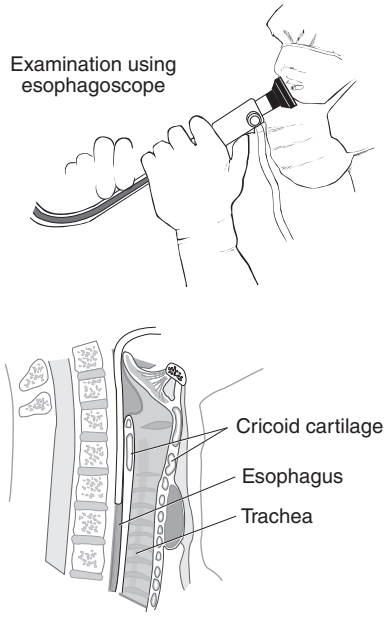
 N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

43191-43193

43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)

43192 with directed submucosal injection(s), any substance

43193 with biopsy, single or multiple



Explanation

The physician views the esophagus via a rigid esophagoscope inserted through the patient's mouth and into the esophagus under general anesthesia. In 43191, a collection of cells may be taken by brushing or washing and/or aspirating the esophageal lining for specimens. In 43192, the physician injects any substance into a specific area through the scope. In 43193, biopsy forceps are used to obtain samples of the esophageal mucosa.

Coding Tips

Esophagoscopy includes examination from the upper esophageal sphincter to and including the gastroesophageal junction, but may also include an examination of the proximal region of the stomach via retroflexion, if performed. Note that 43191, a separate procedure by definition, is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services it may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59 or an X{EPSU} modifier. Report the appropriate endoscopy for each anatomic site examined. Surgical endoscopy includes a diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure. If specimen is transported to an outside laboratory, report 99000 for handling or conveyance. For flexible transoral esophagoscopy, see 43200; with directed submucosal injection, see 43201; with biopsy, see 43202; with injection sclerosis of esophageal varices, see 43204. For diagnostic transnasal esophagoscopy, see 43197 and 43198. Do not report 43191 with 43192, 43193, 43194, 43195, 43196, 43197, 43198, or 43210. Do not report 43192 or 43193 with 43191, 43197, or 43198.

ICD-10-CM Diagnostic Codes

C15.3 Malignant neoplasm of upper third of esophagus

C15.4 Malignant neoplasm of middle third of esophagus

C15.5 Malignant neoplasm of lower third of esophagus

C15.8 Malignant neoplasm of overlapping sites of esophagus

C49.A1 Gastrointestinal stromal tumor of esophagus

C78.89 Secondary malignant neoplasm of other digestive organs

D00.1 Carcinoma in situ of esophagus

D13.0 Benign neoplasm of esophagus

D37.8 Neoplasm of uncertain behavior of other specified digestive organs

D49.0 Neoplasm of unspecified behavior of digestive system

I85.00 Esophageal varices without bleeding

I85.01 Esophageal varices with bleeding

I85.10 Secondary esophageal varices without bleeding

I85.11 Secondary esophageal varices with bleeding

K20.0 Eosinophilic esophagitis

K20.80 Other esophagitis without bleeding

K20.81 Other esophagitis with bleeding

K21.00 Gastro-esophageal reflux disease with esophagitis, without bleeding

K21.01 Gastro-esophageal reflux disease with esophagitis, with bleeding

K21.9 Gastro-esophageal reflux disease without esophagitis

K22.0 Achalasia of cardia

K22.10 Ulcer of esophagus without bleeding

K22.11 Ulcer of esophagus with bleeding

K22.2 Esophageal obstruction

K22.3 Perforation of esophagus

K22.4 Dyskinesia of esophagus

K22.5 Diverticulum of esophagus, acquired

K22.6 Gastro-esophageal laceration-hemorrhage syndrome

K22.70 Barrett's esophagus without dysplasia

K22.710 Barrett's esophagus with low grade dysplasia

K22.711 Barrett's esophagus with high grade dysplasia

K22.8 Other specified diseases of esophagus

K23 Disorders of esophagus in diseases classified elsewhere

K30 Functional dyspepsia

K91.61 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure

K91.62 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating other procedure

K91.71 Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure

K91.72 Accidental puncture and laceration of a digestive system organ or structure during other procedure

K91.81 Other intraoperative complications of digestive system

K91.840 Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure

K91.841 Postprocedural hemorrhage of a digestive system organ or structure following other procedure

K91.870 Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure

K91.871 Postprocedural hematoma of a digestive system organ or structure following other procedure

K91.872 Postprocedural seroma of a digestive system organ or structure following a digestive system procedure

 N Newborn: 0 P Pediatric: 0-17 M Maternity: 9-64 A Adult: 15-124 ♂ Male Only ♀ Female Only

92504

92504 Binocular microscopy (separate diagnostic procedure)

Explanation

The physician uses an operating binocular microscope to examine the ear and occasionally the nose for direct, detailed visualization.

Coding Tips

This procedure includes anterior rhinoscopy, tuning fork testing, otoscopy, and removal of nonimpacted cerumen when performed. For laryngoscopy with stroboscopy, see 31579.

ICD-10-CM Diagnostic Codes

C30.1 Malignant neoplasm of middle ear
D10.6 Benign neoplasm of nasopharynx
H61.21 Impacted cerumen, right ear ☑
H65.01 Acute serous otitis media, right ear ☑
H65.21 Chronic serous otitis media, right ear ☑
H68.011 Acute Eustachian salpingitis, right ear ☑
H68.111 Osseous obstruction of Eustachian tube, right ear ☑
H71.11 Cholesteatoma of tympanum, right ear ☑
H72.01 Central perforation of tympanic membrane, right ear ☑
H73.011 Bullous myringitis, right ear ☑

AMA: **92504** 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Sep,6; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
92504	0.18	0.63	0.01	0.82
Facility RVU	**Work**	**PE**	**MP**	**Total**
92504	0.18	0.08	0.01	0.27

	FUD	Status	MUE	Modifiers				IOM Reference
92504	N/A	A	1(3)	N/A	N/A	N/A	80*	None

* with documentation

Terms To Know

eustachian tube. Internal channel between the tympanic cavity and the nasopharynx that equalizes internal pressure to the outside pressure and drains mucous production from the middle ear.

nasopharynx. Upper portion of pharynx (throat); communicates with the nasal cavities, oropharynx, and tympanic cavities.

osseous. Related to, consisting of, or resembling bone.

otitis media. Inflammation of the middle ear, often causing pain and temporary hearing loss. Otitis media commonly occurs in children as a result of infection.

tympanic membrane. Thin, sensitive membrane across the entrance to the middle ear that vibrates in response to sound waves, allowing the waves to be transmitted via the ossicular chain to the internal ear.

92550

92550 Tympanometry and reflex threshold measurements

Explanation

The audiologist performs tympanometry and reflex threshold measurements. Tympanometry varies the pressure in the external ear canal and identifies the pressure at which maximum sound transmission occurs. This corresponds to current middle ear pressure status. Using an ear probe, the eardrum's resistance to sound transmission is measured in response to pressure changes. The pressures are recorded and compared to normal values. For reflex threshold measurements, the audiologist places a probe in one ear (ipsilateral ear) to measure the impedance of the middle ear and places an earphone on the patient's opposite ear (contralateral ear). A loud sound is presented in the contralateral or ipsilateral ear and the change in impedance caused by the contraction of the stapedius muscle is measured. The acoustic stapedial reflex threshold test (ASRT) measures response to acoustic stimuli (threshold) using the lowest intensity stimulus to obtain a reliable positive stapedial reflex with an acoustic meter. Among other applications, these measurements are used to diagnose neuro-otological conditions and/or determine the appropriate treatment or rehabilitation modalities.

Coding Tips

These services include bilateral testing. If the test is performed unilaterally, it may be appropriate to append modifier 52 to indicate a reduced service. Check with the payer for specific guidelines. When observation along with performance assessment is used to evaluate speech, language, and/or hearing issues, see 92521-92524. Do not report 92550 with 92567 or 92568.

ICD-10-CM Diagnostic Codes

H69.81 Other specified disorders of Eustachian tube, right ear ☑
H81.01 Meniere's disease, right ear ☑
H90.0 Conductive hearing loss, bilateral ☑
H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side ☑
H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side ☑
H90.71 Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side ☑
H90.A11 Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side ☑
H90.A21 Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side ☑
H90.A31 Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side ☑
H91.01 Ototoxic hearing loss, right ear ☑
H91.11 Presbycusis, right ear ☑
H91.21 Sudden idiopathic hearing loss, right ear ☑
H93.011 Transient ischemic deafness, right ear ☑
H93.11 Tinnitus, right ear ☑

AMA: **92550** 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Aug,3

Explanation

A cytomegalovirus is detected by direct fluorescent antibody (DFA) staining technique. The presence of the infectious agent microorganism is detected indirectly when the fluorescent reaction of the dye is seen under a special microscope. The cytomegalovirus is isolated in cell culture for the test. Specimens include throat swabs, CSF, and blood samples. A cytomegalovirus is any virus in the Betaherpesvirinae subfamily.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
87271	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
87271	0.0	0.0	0.0	0.0

87275

87275 Infectious agent antigen detection by immunofluorescent technique; influenza B virus

Explanation

This test may be requested as influenza B (less common strain) by DFA or by immunofluorescence. Infectious agent antigen detection by immunofluorescence includes direct and indirect fluorescent antibody technique and involves using monoclonal antibodies and immunofluorescence microscopy. Cellular material must be obtained from the site for immunofluorescence to be an effective diagnostic technique.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
87275	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
87275	0.0	0.0	0.0	0.0

87276

87276 Infectious agent antigen detection by immunofluorescent technique; influenza A virus

Explanation

This test may be requested as influenza A (most common strain) by DFA or by immunofluorescence. The causative agent is subject to wide variation in antigenic type. This is referred to as antigen shift and causes new variations of the Type A virus to appear at two to three year intervals. Infectious agent antigen detection by immunofluorescence includes direct and indirect fluorescent antibody technique and involves using monoclonal antibodies and immunofluorescence microscopy. Cellular material must be obtained from the site for immunofluorescence to be an effective diagnostic technique.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
87276	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
87276	0.0	0.0	0.0	0.0

87279

87279 Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type

Explanation

This test may be requested as parainfluenza virus by DFA or by immunofluorescence. Parainfluenza is a group of viruses that cause upper respiratory infections that are often the causative agents in croup, bronchitis and bronchiolitis. Infectious agent antigen detection by immunofluorescence includes direct and indirect fluorescent antibody technique and involves using monoclonal antibodies and immunofluorescence microscopy. Cellular material must be obtained from the site for immunofluorescence to be an effective diagnostic technique.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
87279	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
87279	0.0	0.0	0.0	0.0

87280

87280 Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus

Explanation

This test may be requested as DFA or immunofluorescent stain for respiratory syncytial virus (RSV). RSV causes respiratory disease that can be particularly severe in infants. Infectious agent antigen detection by immunofluorescence includes direct and indirect fluorescent antibody technique and involves using monoclonal antibodies and immunofluorescence microscopy. Cellular material must be obtained from the site for immunofluorescence to be an effective diagnostic technique.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
87280	0.0	0.0	0.0	0.0
Facility RVU	**Work**	**PE**	**MP**	**Total**
87280	0.0	0.0	0.0	0.0

87385

▲ **87385** Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma capsulatum

Explanation

This test may be requested as Histoplasma capsulatum by immunoassay techniques such as enzyme immunoassay (EIA), enzyme-linked immunosorbent assay (ELISA), or immunochemiluminometric assay (IMCA). Histoplasma capsulatum infection results from inhalation or ingestion of spores and is common in the Midwestern United States. It is usually asymptomatic, but on occasion causes acute pneumonia, disseminated reticuloendothelial hyperplasia with hepatosplenomegaly and anemia, or influenza-like symptoms with joint effusion and erythema nodosum. Reactivated infection is common in immunocompromised individuals affecting the lungs, meninges, heart, peritoneum, and adrenal glands. Blood specimen is serum.

D

E

● New ▲ Revised + Add On AMA: CPT Assist[Resequenced]