Inferior Turbinoplasty Coding Guide

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TO OUR PARTNERS IN HEALTH CARE

This document provides general reimbursement information provided to assist in obtaining coverage and reimbursement for healthcare services. These coding suggestions do not replace seeking coding advice from the payer and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures.

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Inferior Turbinoplasty Overview

Chronic nasal obstruction is a common symptom associated with hypertrophied inferior turbinates. Among other treatments, hypertrophied inferior turbinates can be surgically reduced in size to help relieve the obstruction and reopen the airway. There are several methods for accomplishing turbinate reduction.

Inferior turbinoplasty with the Medtronic ENT microdebrider blade is a minimally invasive technique, typically requiring just one 2mm incision into the anterior portion of the turbinate. The physician moves the instrument beneath the mucosal layer and removes only the intervening stromal tissue. The underlying turbinate bone is not removed and the overlying mucosa is also preserved.

This technique reduces the size of the inferior turbinate with no damage to the functional mucosal tissue, such as blanching or crusting.

An outfracture of the inferior turbinate bone is sometimes performed immediately after the turbinoplasty. This enlarges the airway by repositioning the turbinate bone laterally without removing it.

ICD-9-CM Diagnosis Coding

ICD-9-CM has a specific diagnosis code to identify hypertrophic turbinates.

478.0 hypertrophy of nasal turbinates

Claim forms must indicate the ICD-9-CM code that accurately reflects the diagnosis responsible for the patient’s encounter.

Physician Coding and Reimbursement

Physicians use CPT codes to report their services. Payment shown is the Medicare national average under the RBRVS physician prospective payment system and does not include geographical variations.

Inferior Turbinoplasty

Coding for the turbinoplasty procedure is a gray area, centering on the question of whether removal of bone is required to assign certain codes. At this time, two alternate codes provide options for coding inferior turbinoplasty.
Code 30140

Code 30140 is defined for submucous resection of the inferior turbinates. Instructions in the CPT manual further state that for reduction of turbinates, code 30140 is used with modifier –52 for reduced services.

In correspondence, the American Academy of Otorhinolaryngology–Head and Neck Surgery\(^1\) recently stated that code 30140 is appropriate when only bone is removed, when only submucosal soft tissue is removed as is the case with inferior turbinoplasty, or when both bone and soft tissue are removed. AAO-HNS further stated that use of a modifier is not necessary; physician work can be very similar when removing bone, soft tissue, or a combination.

According to some coding sources\(^2\), code 30140 should be reserved for submucous resection of turbinate bone only. Other AMA coding publications have referred to 30140 (as well as 30130) as procedures "of turbinate bone" (CPT Changes 2006 - An Insider's View, p.69). From this perspective, code 30140 may not be appropriate for removal of submucosal tissue only, as occurs in inferior turbinoplasty.

The CPT code itself does not provide a description that addresses the removal of bone.

The AAO’s new statement and the current opinion of the other coding sources provide an option for physicians to choose assigning 30140, with or without modifier –52, for inferior turbinoplasty.

Providers should contact the American Medical Association or the AAO for questions regarding the use of this code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Physician Payment in Non-Facility Setting (eg. Office)</th>
<th>Physician Payment in Facility Setting (eg. Hospital, ASC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30140</td>
<td>Submucous resection inferior turbinate, partial or complete, any method</td>
<td>CY2009 RVUs: N/A</td>
<td>CY2009 RVUs: 10.67</td>
</tr>
</tbody>
</table>
<pre><code>                                                                                   | CY2009 Payment: N/A                                   | CY2009 Payment: $385                                   |
</code></pre>

Notes:

- Code 30140 is a unilateral code; physicians should assign bilateral modifier –50 when inferior turbinoplasty is performed on both the left and right inferior turbinates.
- When physicians report 30140 with modifier –52 for reduced services, they should submit an operative report (with a statement about how the service differs from the usual) for review and individual consideration by the payer.
- Only the RVUs and physician payment in the facility setting are shown; CMS has not calculated RVUs and payment for the office because it does not expect the procedure to be performed in this setting.

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1. AAO email from T. Bardon, Assistant Director, Health Policy on 2/12/09
2. Coder’s Desk Reference publication and coding consultants
Code 30802

Code 30802, intramural ablation of the inferior turbinates, provides another option for reporting inferior turbinoplasty.

Code 30802 is specifically defined for intramural mucosal procedures of the inferior turbinates. The definition refers to ablation, which is typically accomplished with distinct instruments, but may also involve excision of the soft tissue.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Physician Payment in Non-Facility Setting (eg. Office)</th>
<th>Physician Payment in Facility Setting (eg. Hospital, ASC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30802</td>
<td>Cautery and/or ablation, mucosa of interior turbinates, unilateral or bilateral, any method, intramural</td>
<td>7.06</td>
<td>$255</td>
</tr>
</tbody>
</table>

Notes:
♦ Code 30802 is used for both unilateral or bilateral procedures and may be reported only once per operative session

Outfracture of Inferior Turbinate

CPT has a specific code for outfracture of the inferior turbinate.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Physician Payment in Non-Facility Setting (eg. Office)</th>
<th>Physician Payment in Facility Setting (eg. Hospital, ASC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30930</td>
<td>Fracture nasal inferior turbinate(s), therapeutic</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Notes:
♦ Despite the ‘(s)’ in its definition, code 30930 is unilateral; physicians should assign bilateral modifier –50 when both the left and right inferior turbinates are outfractured
♦ Only the RVUs and physician payment in the facility setting are shown; CMS has not calculated RVUs and payment for the office because it does not expect the procedure to be performed in this setting

Inferior Turbinoplasty with Outfracture

When turbinate outfracture is performed together with inferior turbinoplasty, only one of the procedures can be coded and reported according to coding guidelines and NCCI edits. The issue is which of the two should be coded. On a practical basis, this depends on the code assigned for the turbinoplasty.
Code 30140 for Turbinoplasty

When inferior turbinoplasty is coded as 30140, this is the only code assigned regardless of whether outfracture is also performed.

Instructions in the CPT manual state that 30930 should not be reported with 30140. According to NCCI edits, outfracture code 30930 is a component of 30140; if both codes are reported, only code 30140 is paid. An override to the edit is allowed but this is intended for procedures performed independently on opposite sides. If turbinoplasty and outfracture are performed on the same side, and 30140 is assigned for turbinoplasty, only 30140 should be reported.

Code 30802 for Turbinoplasty

When inferior turbinoplasty is coded as 30802, only 30930 for outfracture is reported when both procedures are performed together.

According to NCCI edits, code 30802 is a component of outfracture code 30930; if both codes are reported, only code 30930 is paid. An override to the edit is allowed but this is intended for procedures performed independently on opposite sides. If turbinoplasty and outfracture are performed on the same side, and 30802 is assigned for turbinoplasty, only 30930 for outfracture should be reported.

Hospital Outpatient Coding

Hospitals use CPT codes to report outpatient services. They follow the same guidelines as physician for unilateral and bilateral reporting.

Payment shown is for Medicare’s APC hospital outpatient prospective payment system. It is the Medicare national average and does not include geographical variations. Status Indicator T means the code is paid at 50% of rate when billed with another higher-weighted T procedure. Otherwise, it is paid at 100% of the rate.

Inferior Turbinoplasty

Hospitals face the same gray areas as physicians in choosing which code to report for inferior turbinoplasty and have the same options.

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>APC</th>
<th>APC Weight</th>
<th>Status Indicator</th>
<th>CY2009 Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30140</td>
<td>Submucous resection inferior turbinate, partial or complete, any method</td>
<td>254, Level V ENT Procedures</td>
<td>24.7557</td>
<td>T</td>
<td>$1,635</td>
</tr>
<tr>
<td>30802</td>
<td>Cautery and/or ablation, mucosa of interior turbinates, unilateral or bilateral, any method, intramural</td>
<td>252, Level III ENT Procedures</td>
<td>7.5330</td>
<td>T</td>
<td>$498</td>
</tr>
</tbody>
</table>

Outfracture of Inferior Turbinate

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>APC</th>
<th>APC Weight</th>
<th>Status Indicator</th>
<th>CY2009 Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30930</td>
<td>Fracture nasal inferior turbinate(s), therapeutic</td>
<td>253, Level IV ENT Procedures</td>
<td>17.2402</td>
<td>T</td>
<td>$1,139</td>
</tr>
</tbody>
</table>
Inferior Turbinoplasty with Outfracture

Coding guidelines and NCCI edits apply to hospital coding as well as physician coding. When both inferior turbinoplasty and outfracture are performed together, hospitals may report only one of them.

When inferior turbinoplasty is coded as 30140, hospitals report only 30140. When inferior turbinoplasty is coded as 30802, hospitals report only 30930 for outfracture.

Ambulatory Surgery Center Coding

Because CMS designates turbinoplasty and related codes as “ASC Covered Surgical Procedures for CY 2009”, these procedures can be performed and paid in an ASC for Medicare patients.

ASCs use CPT codes to report outpatient services. Payment shown in the Medicare national average and does not include geographical variations. Payment Indicator A2 simply means that ASC payment based on an adjusted version of the hospital outpatient weight and payment.

Multiple Procedure Discounting indicates that the procedure is subject to a 50% reduction in payment when billed with other procedures. In other words, payment for each code is made at 100% of the rate when it is the only significant procedure billed. When billed with another procedure with higher weight, payment is reduced to 50% of the rate.

Inferior Turbinoplasty

Like physicians and hospitals, ASCs face the same gray areas and have the same options in choosing which code to report for inferior turbinoplasty.

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>Multiple Procedure Discounting?</th>
<th>Weight</th>
<th>Payment Indicator</th>
<th>CY2009 Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30140</td>
<td>Submucous resection inferior turbinate, partial or complete, any method</td>
<td>Y</td>
<td>17.3227</td>
<td>A2</td>
<td>$717</td>
</tr>
<tr>
<td>30802</td>
<td>Cautery and/or ablation, mucosa of interior turbinates, unilateral or bilateral, any method, intramural</td>
<td>Y</td>
<td>7.5950</td>
<td>A2</td>
<td>$314</td>
</tr>
</tbody>
</table>

Outfracture of Inferior Turbinate

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>Multiple Procedure Discounting?</th>
<th>Weight</th>
<th>Payment Indicator</th>
<th>CY2009 Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30930</td>
<td>Fracture nasal inferior turbinate(s), therapeutic</td>
<td>Y</td>
<td>15.8259</td>
<td>A2</td>
<td>$655</td>
</tr>
</tbody>
</table>

Inferior Turbinoplasty with Outfracture

As with physicians and hospitals, when both inferior turbinoplasty and outfracture are performed together, ASCs may report only one of them. When inferior turbinoplasty is coded as 30140, ASCs report only 30140. When inferior turbinoplasty is coded as 30802, ASCs report only 30930 for outfracture.
A Note about Blades and Other Disposables

Blades and other disposables are not separately billable or payable for Medicare.

For physicians, the items are part of the practice expense component of the RBRVS payment. For hospitals, they are included in the APC payment for the procedure. Likewise, for ASCs, payment for the items is considered included in payment for the procedure.

Commercial payers also generally do not pay separately for blades and other disposables, unless the payer-provider contract has a specific provision for them.

A Note about Code 30130

CPT has one additional code for inferior turbinate procedures. Code 30130 is defined as excision of inferior turbinate, partial or complete, any method. This code represents simple resection of a portion or all of the turbinate including the mucosa, stromal tissue and bone. Because it does not preserve the overlying mucosa or the underlying bone, code 30130 is not appropriate for inferior turbinoplasty. The simple excision procedure is less commonly performed today.