Chapter 4: Concha Bullosa Procedures

**Appeal Concha Bullosa Edit With Documentation**

Coders sometimes have trouble with 31240 being bundled with 31255, but don't give up on your claims. You can separately bill endoscopic resection of concha bullosa of the middle turbinate (31240, Nasal/sinus endoscopy, surgical; with concha bullosa resection) that the otolaryngologist performs in addition to ethmoidectomy (31254-31255, Nasal/ sinus endoscopy, surgical; with ethmoidectomy ...).

Ethmoidectomy codes do not include the work value for concha bullosa resection (31240). Some third-party bundling software, however, does bundle any form of turbinectomy (including inferior turbinectomy) with ethmoidectomy. You should appeal bundles with an important piece of ammunition: documentation.

**Your part:** Tell your otolaryngologists that solid documentation can make the difference between 31240 payment on appeal and nonpayment. The surgeon should document the endoscopic excision of the concha bullosa well. The operative note should show all the work involved in the added procedure.

Expect the payer to subject 31240 to multiple-procedure payment reduction rules, reducing payment by 50 percent when it's billed as a second procedure.

**Avoid Ablation Mistakes with RF Inclusion**

If your otolaryngologist ablates mucosa using radiofrequency (RF), then you have the choice of the following ablation codes to report appropriately:

- **30801** — Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
- **30802** — Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)

Choose 30801 or 30802 based on the mucosa the otolaryngologist ablates using RF. CPT® code 30802 is intramural ablation or cauterezation of the deeper mucosa, whereas 30801 is superficial ablation or cauterezation, which involves only the outer layer of the mucosa.

**Pitfall:** Some physicians were incorrectly reporting 30140-52 (Submucous resection inferior turbinate, partial or complete, any method- Reduced services) when an otolaryngologist performs turbinate "coblation," but coblation doesn't involve incision or excision. During coblation, the otolaryngologist uses radiofrequency (RF) energy to remove or shrink soft-tissue turbinate volume. You should report the electrical current destruction process as ablation (30801 or 30802). Because coblation or RF ablation destroys the mucosa from within, you should report 30802.

**Appeals Tool: Paint a Picture to Overturn 31240-59 Denials**

A picture's worth a thousand words — and might just be the clincher in endoscopic concha bullosa resection pay.

Can you blame your claim adjudicator for not being able to conjure a mental picture of the septum and inferior and middle turbinates? Stop her from getting sweaty palms trying to figure out why 31240 (Nasal/sinus endoscopy, surgical; with concha bullosa resection) deserves separate payment from 30140 (Submucous resection inferior turbinate, partial or complete, any method- Reduced services) when an otolaryngologist performs turbinate "coblation," but coblation doesn't involve incision or excision. During coblation, the otolaryngologist uses radiofrequency (RF) energy to remove or shrink soft-tissue turbinate volume. You should report the electrical current destruction process as ablation (30801 or 30802). Because coblation or RF ablation destroys the mucosa from within, you should report 30802.

Dear [Name of claims adjudicator]:

This letter is to appeal your denial of payment for the attached claim.
You denied our claim for services rendered to our patient by erroneously bundling endoscopic concha bullosa resection CPT® code 31240 (Nasal/sinus endoscopy, surgical; with concha bullosa resection) with inferior turbinate code 30140 (Submucous resection inferior turbinate, partial or complete, any method) and/or septoplasty code 30520 (Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft). You allowed no payment for 31240.

You indicate that CPT® code 31240 for endoscopic concha bullosa resection should be bundled with the other procedures provided rather than being billed separately.

However, CPT® coding guidelines do allow for a separate charge in this instance, according to CPT® Coding Guidelines as provided by the American Medical Association.

The surgeon performs the endoscopic concha bullosa resection as a distinct, separate procedural service from turbinectomy and/or septoplasty. The concha bullosa occurs on a separate site (in the middle turbinate) from the turbinectomy (inferior turbinate) and/or the septoplasty (the septum). Code 30140 describes only the inferior turbinate, which does not overlap with a concha bullosa’s location, the middle turbinate. According to the American Academy of Otolaryngology, the term concha bullosa refers to pneumatization or filling up of air in the middle turbinate.

The surgeon performs these procedures on separate anatomic sites. I have submitted 31240 with modifier 59 (Distinct procedural service) to indicate the separate sites.

Don’t Get Tripped by Polypectomy Before Concha Bullosa Resection

Consider this scenario: Your surgeon plans a concha bullosa resection, but the patient’s nasal passage is so blocked with sinus mucosa and polyps that the otolaryngologist has to remove the endoscope and excise numerous polyps bilaterally. He then reinserts the endoscope and performs further polypectomy on the left side before getting to the patient’s sinus where he removes the middle turbinate to open a concha bullosa.

The question: Can you separately bill the polypectomy with 30115?

The Short Answer Is No — But Watch for Exceptions

Code 31240 (Nasal/sinus endoscopy, surgical; with concha bullosa resection) includes endoscopic polypectomy (31237, ... with biopsy, polypectomy or debridement [separate procedure], but not 30115. CPT® 30115 is not an endoscopic procedure; therefore, you could report 30115 depending upon the destruction method and approach with endoscopic procedure 31240.

The polyp’s location in the nasal cavity or sinus cavity does not affect whether the polypectomy is included. CPT® considers polypectomy inclusive as a means of gaining access to the sinus — without removing the polyps, the surgeon couldn’t perform the concha bullosa resection.

Bilateral exception: But the inclusion applies only to the same-side polypectomy and sinusoscopy. Your case indicates bilateral nasal poly removal and unilateral concha bullosa resection. The left-side polypectomy occurs on a separate site from the right-side sinusoscopy, so you may report the polypectomy on the left side.

You may appropriately unbundle the code pair by appending modifier 59 (Distinct procedural service) or other appropriate modifier to the polypectomy 31237 code.

Don’t Overlook Modifier 22

When polyp removal requires substantially greater work than the entrance work associated with a typical 31240 and your physicians documentation supports this claim, consider adding modifier 22 (Increased procedural services) to the FESS (functional endoscopic sinus surgery) code.

File the claim electronically. Then, submit a cover letter indicating the factors, such as anatomic anomaly or previous sinus surgery associated with the quantifiable increased work, for instance extra time removing polyps. Be sure to indicate that you are submitting documentation for a previously electronically submitted claim and ask for more money for the procedures increased work.

Note: See Chapter 10: Sinus Surgery for more info on concha bullosa coding.
Endoscopic resections of Concha Bullosa Deserve Extra Pay

Are you one of the many coders who have had trouble with payers that deny endoscopic resection of concha bullosa of the middle turbinate when you report functional sinus endoscopy of the ethmoid or maxillary sinuses with an ethmoidectomy?

Even though the Correct Coding Initiative doesn't bundle 31240 (Nasal/sinus endoscopy, surgical; with concha bullosa resection) with 31254 (... with ethmoidectomy, partial [anterior]), 31255 (... with ethmoidectomy, total [anterior and posterior]), 31256 (Nasal/sinus endoscopy, surgical, with maxillary antrostomy), or 31267 (... with removal of tissue from maxillary sinus), many commercial payers do, anyway. They consider the concha bullosa resection integral to opening the ethmoid sinus. They argue that the ENT has to go through the concha bullosa to get to the ethmoid anyway. Physicians beg to differ.

Resection Means Extra Work

When your ENT performs 31254, 31255, 31256, or 31267, you should be able to bill 31240 based on the original valuation of the RVUs. The physicians who developed the valuation for the procedures were of the opinion that the work involved in concha bullosa resection was over and above that performed on the ethmoid (or maxillary) sinus.

There is additional work necessary to preserve the mucosa on both sides of the turbinate, preserve the lamella, and resect areas of exposed bone while preserving middle turbinate integrity.

To fend off denials, the American Academy of Otolaryngology suggests trying these methods:

- Include the vignettes for both procedure codes which show they are separate;
- Point out that CCI does not bundle the procedures;
- Include operative notes that distinguish the two procedures; and
- Members of AAO-HNS can contact the organization if the insurer does not overturn their coverage determination after submitting appeals.

Modifier 59 May Help

One more possibility is to call on modifier 59 (Distinct procedural service) or other appropriate modifier. If you have a history with a payer that denies 31240 when reported with ethmoid or maxillary surgery, before you appeal, send the initial claim out with modifier 59 instead of modifier 51 (Multiple procedures). In endoscopic procedures, modifier 59 is often the best way to indicate a separate site and a separate procedure.

The third-party payer may need to update its software to unbundle this code pair. You can also explain that both codes require different levels of physician work, and that the concha bullosa is separate from an ethmoidectomy.

Make sure you append modifier 59 to the correct code. Modifier 59 should be billed with the secondary, additional, or lesser service in the code pair. In this case, that's 31240.

Most providers follow CCI, but some go a little further. Private claims editing systems build in additional edits.

Document Separate Procedures

Your part: Tell your otolaryngologist that solid documentation can make the difference between 31240 payment on appeal and nonpayment. The surgeon should document the endoscopic excision of the concha bullosa well. The operative note should show all the work involved in the added procedure. Your otolaryngologist must clearly document the endoscopic resection of the middle turbinate's concha bullosa, coding experts say. Explain that describing all the work involved in the added procedure in the operative note will allow you to pinpoint the separate procedure and code for it appropriately.