3. RESPIRATORY SYSTEM

A. CPT CODING PRINCIPLES

- **Nasal Endoscopy**……
  (31000 – 31294)

Four separate sinus cavities exist on the face bilaterally. Because these sinuses are in separate anatomic locations, there is a separate and significant amount of work involved with each sinus on which surgery is performed.

Surgery on the sinuses can be performed through an incision on the face or forehead (31000-31230).

Surgery on the sinuses can also be performed through the nose via a fiberoptic telescope or endoscope (31231-31294). These codes are used to report unilateral procedures unless otherwise specified in the code descriptor. If one of the procedures listed in this range of codes is performed bilaterally, and the code does not specify bilateral procedures, modifier -50 should be appended to the appropriate code.

Codes 31237-31294 are used to report surgical nasal/sinus endoscopy which includes a sinusotomy and diagnostic endoscopy. When surgical and diagnostic endoscopies are performed at the same session, only the surgical endoscopy is reported. The diagnostic procedure is considered an integral part of any therapeutic procedure.

Endoscopy codes are located in CPT under "Endoscopy" or under the anatomic endoscopy title such as "Bronchoscopy."

- **Laryngoscopy**……

To accurately code laryngoscopic procedures:

1. Determine purpose of laryngoscopy – diagnostic vs. surgical
2. Determine whether a direct, indirect, or flexible fiber-optic laryngoscope was used.
3. Determine whether a stroboscopy was used.
4. If an operating microscope was used, use the combination code. Do not assign code 69990, Use of operating microscope.

- **Indirect Laryngoscopy**…..
  (31505 – 31513)

An indirect laryngoscopy is a technique involves the use of a small mirror placed in the back of the throat. With the aid of a light source, the image of the larynx can be visualized in the mirror. Although an indirect laryngoscopy is the simplest and least expensive way to examine the larynx, it does require a great deal of skill on the part of the physician. The technique may be impossible to perform on a patient who has strong gag reflex and cannot be used on small children.

- **Direct Laryngoscopy**…….
  (31515 – 31571)

The patient is usually placed under general anesthesia to avoid the difficulties associated with the gag reflex. A microscope may be used to magnify the image of the larynx.

Review the operative report for any mention of a microscope or terms such as microlaryngoscopy. It is not appropriate to use code 69990, Use of operating microscope, in addition to any laryngoscopy code identified as "with operating microscope."

- **Flexible Laryngoscopy**…..
  (31575 – 31578)

After administration of a topical anesthesia and vasoconstrictor, this flexible fiber-optic instrument is is passed through the nasal cavity. This type provides a more comfortable approach to visualizing the larynx, pharynx, and nasal cavity.

(31579)

This laryngoscopy is accompanied by a stroboscopy, a strobe light provides a very bright light in short flashes.

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- **Bronchoscopy**……. (31622-31640)

To accurately code bronchoscopies:

1. Determine purpose of bronchoscopy – diagnostic vs. surgical
2. Do not assign a separate code to identify a diagnostic bronchoscopy when performed with a surgical bronchoscopy.
3. Because fluoroscopic guidance is considered part of the procedures identified by 31622 – 31640, a separate code to identify fluoroscopy is not needed.

A surgical bronchoscopy includes a diagnostic bronchoscopy.

Fluoroscopic equipment serves an as image intensifier and is frequently used during bronchoscopies; do not assign an additional code to identify fluoroscopy.

Cell washings obtained by introducing saline solution into the airways via a bronchoscopy and sent to lab for cytological examination is assigned as code 31622, Bronchoscopy with or without cell washings.

Brushings of bronchial tissue, accomplished with either a fixed brush or a protected specimen brush (PSB) introduced through the bronchoscope, is assigned as code 31623, Bronchoscopy with brushing or protected brushing.

Code 31624 identifies a bronchoscopy with bronchial alveolar lavage (BAL) performed to collect cells from peripheral lung tissue. During a BAL, sterile saline is instilled into the airway then suctioned out and sent for cytological examination. Code 32997 is assigned for total (unilateral) lung lavage.

Three distinctly different types of biopsies are performed bronchoscopically:

- **Bronchial mucosal biopsy (31625)** are taken by direct vision and can be reported only once, even if performed at different anatomic sites of the lung.

- **Transbronchial lung biopsy (31628)** are biopsies of the lung taken peripherally with fluoroscopic guidance of biopsy forceps and, when taken from different lobes, represent new procedures with independent risk factors, including biopsy forceps location of the lesion, bleeding, pneumothorax, air embolism, etc.

  Assign add-on code 31632 for each additional lobe on which a transbronchial lung biopsy was performed. Do not assign multiple codes for biopsies performed within the same lobe.

- **Transbronchial needle aspiration biopsy (31629)** are biopsies that are taken centrally by penetration of a large airway with a specially designed biopsy needle and aspiration of a lymph node or central mass lesion.

  Assign add-on code 31633 for each additional lobe on which a transbronchial needle aspiration biopsy was performed. Do not assign multiple codes for biopsies performed within the same lobe.

- **Pneumonectomy**……... **(32420-32525)**

A total pneumonectomy (32440) is removal of the entire lung.

A lobectomy is the removal of a single lobe of the lung. Code 32480 reports a single lobectomy and it describes either the removal of one of the three lobes in the right lung (RUL, RML, RLL) or removal of one of two lobes in the left lung (LUL, LL).

A bilobectomy (32482) is removal of two lobes of the right lung (RU/RM or RM/RL). It is not removal of one lobe from the right lung and one lobe from the left lung. Bilobectomy is not a bilateral procedure. It is not performed on the left lung because there are only two lobes on the left side. When both lobes of the left lung are removed, that surgical procedure is a pneumonectomy.

Each lobe of the lung has multiple segments. A segmentectomy (32484) is removal of one of the divisions of a lobe. Code 32486 is used to report a sleeve lobectomy which is similar to a lobectomy but also includes removal of a portion of the bronchus going to the remaining lung. Sleeve lobectomies are usually upper lobectomies that include removal of the upper lobe plus a portion of the bronchus going to the lower lobe(s).

Completion pneumonectomy (32488) is a secondary operation in which the lung tissue remaining after a previous lung excision surgery is entirely removed. For example, a portion of a right lung lobe has been removed previously due to lung cancer. The cancer recurs necessitating the removal of all the remaining right lung tissue. The subsequent removal of the remaining right lung tissue is a completion pneumonectomy.

A wedge resection of the lung (32500) is used to report the removal of a portion of lung, less than an anatomical segment. A wedge resection may also be referred to as a limited resection in that the lesion is excised as well as a margin of the surrounding normal lung.

Code 32501 is an add-on code and is never to be reported as a stand-alone code. It is used to report a resection and repair of a portion of the bronchus when performed at the same time of a lobectomy or segmentectomy. It is used when a portion of the bronchus to the preserved lung is removed.

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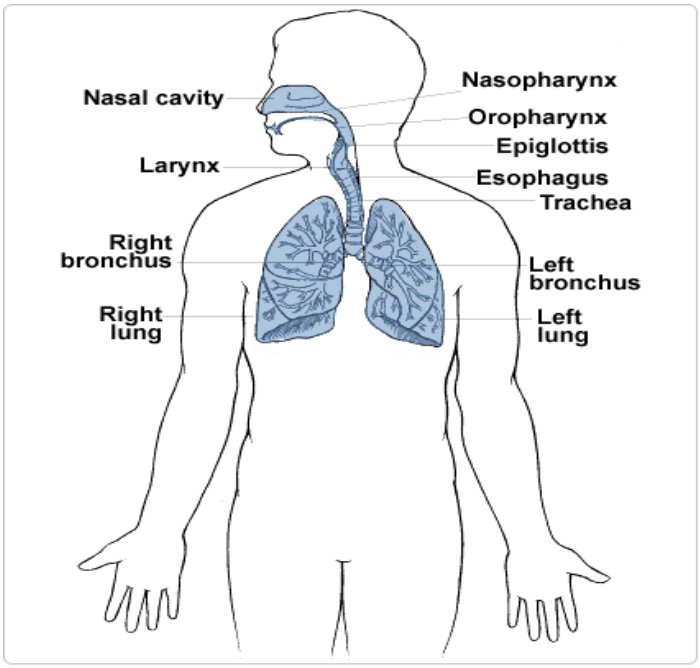

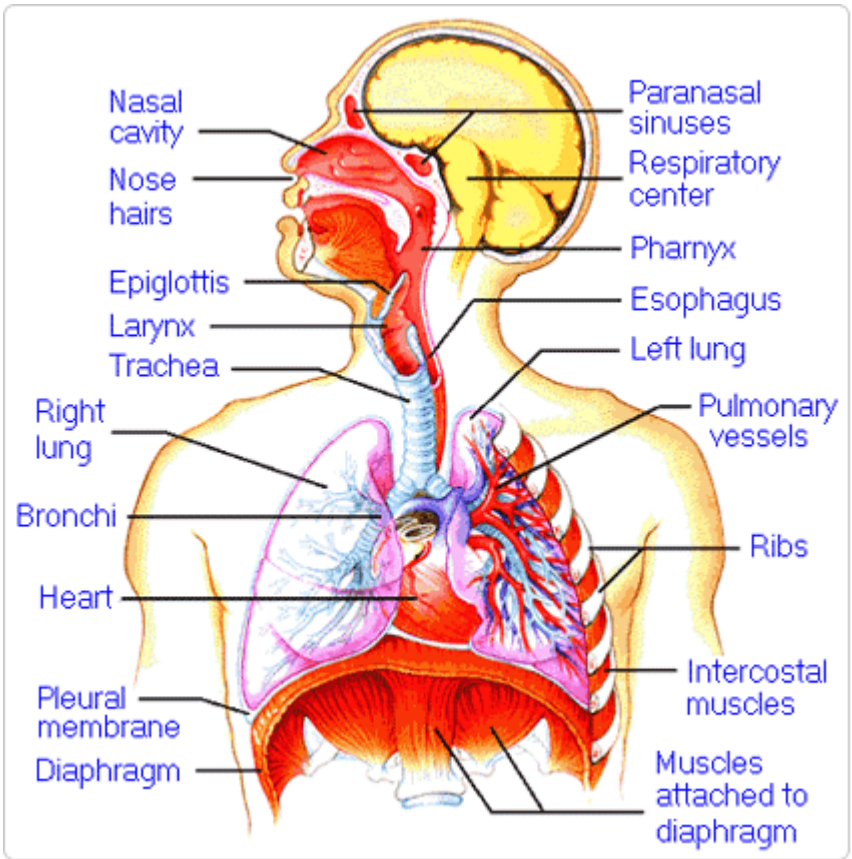

Illustration provided by: Leslie Laurien, MSMI