
Documentation Dissection

PREOPERATIVE DIAGNOSIS: Deviated nasal septum, chronic maxillary sinusitis, concha bullosa middle turbinate hypertrophy.

POSTOPERATIVE DIAGNOSIS: Deviated nasal septum, chronic maxillary sinusitis, concha bullosa middle turbinate hypertrophy ^[1].

OPERATION PERFORMED:

1. Septoplasty ^[2].
2. Bilateral endoscopic maxillary antrostomies ^[2].
3. Bilateral concha bullosa excisions ^[2].

ANESTHESIA: General.

INDICATIONS: The patient is a 16-year-old male with a history of chronic sinusitis. He has been fighting an infection since February from which he never recovered. He is getting shots right now for allergies. However, he continues to have significant headaches. A CT scan showed chronic maxillary sinusitis, bilateral concha bullosas, and a deviated septum to the left ^[3]. He does complain of nasal obstruction more on the left than the right.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room and placed supine on the operating table. General anesthesia was administered. The patient was then prepped and draped in the sterile fashion and 1% lidocaine with 1:100,000 epinephrine was instilled into the middle turbinates bilaterally and into the uncinate region and the septum. The Freer ^[4] was used to medialize the middle turbinate on the right and it was incised in the midline and the concha bullosa was excised ^[5]. The maxillary antrum was then identified and widened with a curved suction and biting forceps. An Afrin pledget was placed ^[6]. On the left, a mucocutaneous incision was made in the septum and a caudal elevator used to elevate in a subperichondrial plane back to septal bone. This was disarticulated and then the deviated septal bone was removed ^[7]. A chromic suture was used to reapproximated the mucocutaneous incision and a plain was also used to mattress suture the septum. Next, the Freer was used to medialize the left middle turbinate. The concha bullosa was incised and removed ^[8]. The uncinate was then incised using a Freer and then straight cutting forceps used to remove it. The maxillary antrum was identified and enlarged using curved suction and up biting forceps ^[9]. There was minimal bleeding throughout the procedure. All residual blood was suctioned and a Stammberger sinus dressing was placed in the middle meatal region bilaterally. At the end of the procedure, the patient was then reversed from anesthesia and brought to the recovery room in stable condition.

^[1] Postoperative diagnoses are deviated nasal septum, chronic maxillary sinusitis, concha bullosa middle turbinate hypertrophy.

^[2] Planned procedures are septoplasty, bilateral maxillary antrostomy, bilateral excision of concha bullosa. Verify procedures in body of operative report.

^[3] Diagnoses are confirmed.

^[4] Indication of an endoscopic procedure.

^[5] Excision of the right concha bullosa.

^[6] Right maxillary antrostomy is performed.

^[7] A septoplasty was performed.

^[8] Excision of the left concha bullosa. Concha is another term for turbinate. Bullosa refers to the air-filled cavity within the turbinate.

^[9] Left maxillary antrostomy is performed.

What are the CPT® and ICD-10-CM Codes Reported?

CPT® Codes: 30520, 31256-50, 31240-50

ICD-10-CM Codes: J34.2, J32.0, J34.3

Rationales:

CPT®: The septoplasty is the most complex procedure performed and has the highest RVU's so it is listed first. In the CPT Index, locate Septoplasty, which refers to 30520. A review of the code description confirms this the correct code. The second listed code is the maxillary antrostomy. Locate Antrostomy/Sinus/Maxillary, which refers to 31256, 31267. A review of the code descriptions identifies 31256 is the correct code. Modifier 50 is used to indicate the procedure was performed on the right and left maxillary sinuses. The third procedure is excision of the concha bullosa. Locate Concha Bullosa/Resection/with Nasal/Sinus Endoscopy, which refers to 31240. A review of the code description confirms this is the correct code. Modifier 50 is used to indicate the excision was performed on the right and the left concha bullosa.

ICD-10-CM: In the ICD-10-CM Alphabetic Index, locate Deviation/septum (nasal)(acquired), which refers to J34.2. The Tabular List confirms that J34.2 Deviated nasal septum, is the correct code. The second diagnosis is for chronic maxillary sinusitis. In the Index, locate Sinusitis/maxillary, which refers to J32.0. The Tabular List identifies J32.0 as Chronic maxillary sinusitis. The last diagnosis is hypertrophy of the nasal turbinates. In the Index, locate Hypertrophy/Nasal/turbinate, which refers to J34.3. The Tabular List confirms this is the correct code for Hypertrophy of nasal turbinates.
