AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

Clinical Indicators: Ethmoidectomy

Procedure	CPT	Days[1]
Ethmoidectomy, intranasal, anterior	31200	90
Ethmoidectomy, intranasal, total	31201	90
Ethmoidectomy, extranasal, total	31205	90
Sinusotomy combined (3 or more)	31090	90
Nasal/sinus endoscopy, with partial ethmoidecomy	31254	0
Nasal endoscopy, with total ethmoidectomy	31255	0
Nasal/sinus endoscopy, surgical; with repair of cerebrospinal fluid leak; ethmoid region	31290	10
Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	31292	10
Nasal/sinus endoscopy, surgical; with medial and inferior orbital wall decompression	31293	10
Nasal/sinus endoscopy, surgical; with optic nerve decompression	31294	10

Indications

1. History (one or more required)

a) Failure of medical management (describe) for acute or chronic ethmoid sinusitis.

b) Orbital or cranial extension of ethmoiditis.

c) Ethmoid enlargement (polyp or tumor) causing nasal obstruction.

d) Multiple or recurrent nasal polyps causing obstruction.

e) Impaired sense of smell.

2. Physical Examination

a) Description of complete anterior and posterior (if possible) nasal exam required.

3. Tests

a) Sinus imaging--describe...required.

b) Culture and sensitivity--optional, describe results.

c) Endoscopy.

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1 RBRVS Global Days

Postoperative Observations

a) Bleeding, eyelid ecchymosis--how managed? Surgeon notified?
b) Pain--severe headache; notify physician.
c) Packing--is it in desired location?
d) Vision--if there is loss or double vision, notify surgeon immediately.
e) Swelling--is there evidence of facial edema? If hematoma, how managed? Surgeon notified?
f) Mental status-is patient alert and oriented?

Outcome Review

1. One Week

a) Healing--Did patient require treatment for bleeding or infection? Is site healing satisfactorily?
b) Pathology--Does the pathology report indicate need for further treatment and if so, how managed?
c) Are there any indicators for CSF rhinorrhea?

2.Beyond One Month

a) Presenting problem--Is it (see history) improved?
b) Airway--Is there evidence of airway obstruction due to polyps or nasal crusting?
c) Are there any indicators for CSF rhinorrhea?

Associated ICD-9 Diagnostic Codes (Representative, but not all-inclusive codes)

212.0	Benign neoplasm of nasal cavities, middle ear, and accessory sinuses
461.2	Acute ethmoid sinusitis
471.8	Other polyp of sinus
473.2	Chronic ethmoidal sinusitis
160.3	Ethmoid sinus neoplasm, malignant, primary
197.3	Ethmoid sinus neoplasm, malignant, secondary
231.8	Ethmoid sinus neoplasm, Ca in situ
235.9	Ethmoid sinus neoplasm, uncertain behavior
239.1	Ethmoid sinus neoplasm, unspecified
170.0	Ethmoid bone or labyrinth neoplasm, malignant, primary
198.5	Ethmoid bone or labyrinth neoplasm, malignant, secondary

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213.0 Ethmoid bone or labyrinth neoplasm, benign
238.0 Ethmoid bone or labyrinth neoplasm, uncertain behavior
239.2 Ethmoid bone or labyrinth neoplasm, unspecified
478.1 Nasal airway obstruction

Additional Information

Assistant Surgeon -- N
Supply Charges -- N
Prior Approval -- N
Anesthesia Code(s) -- 00160

Patient Information

Ethmoidectomy is performed through either an external (facial), transantral (maxillary sinus), or intranasal (endoscopic) approach. The decision regarding the best approach to the ethmoid sinus depends on certain technical considerations best decided by the surgeon. This surgery is per- formed only after it has been determined that medical management has been unsuccessful. Surgery, medical management, and failure to treat ethmoid disease all have similar risks. They include orbital complications (visual impairment), intra-cranial extension (brain damage or infection), persistent or recurrent nasal obstruction due to failure to manage polyps, and recurrent nasal infections.

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