AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY®



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BY ELECTRONIC DELIVERY TO:
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**Re: Request for Modification of NCCI Edits for CPT 69705 and 69706**

Dear Dr. Cook:

On behalf of the American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS) I would like to provide comments regarding the 2021 National Correct Coding Initiative (NCCI) edits impacting new Category I CPT© codes 69705 and 69706 effective January 1, 2021. These two new codes have been identified in the procedure-to-procedure (PTP) edits as bundled into hundreds of other procedures, many without the option of appending a modifier to bypass the edit. The AAO-HNS is particularly concerned that many of these edits do not allow for modifiers in clinically appropriate procedures and may potentially negatively impact patient care. These comments will discuss NCCI edits where CPT© codes 69705 and 69706 are in either column 1 or column 2.

**A. Edits Where CPT© codes 69705 and 69706 are in Column 2**

The NCCI edits contain 65 sinus endoscopy codes from 31233-31298 and do not allow the use of modifier 59 where appropriate. While sinus endoscopies and dilation of the eustachian tube are not often treated in the same encounter, they are different disease processes. Therefore, performing a nasal endoscopy should not preclude one from billing for the separate dilation of the eustachian tube.

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Additionally, there are nasal hemorrhage code (30901, 30903, 30905), 31 indirect laryngoscopy codes (31510-31579), bronchoscopy codes (31622-

31661 and C9751), esophagoscopy codes (43180-43278), and evaluation or treatment of swallowing dysfunction codes (92612, 92614, 92616) that do not allow the modifier override. These codes all describe different disease processes from 69705 and 69706 and treat different parts of the body. Therefore, the two sets of codes should be allowable when billed during the same encounter.

While it would be logical that otology codes cannot be billed separately from 69705 and 69706, tympanostomy would be appropriate to bill with a modifier 59. These procedures use different approaches, tympanostomy is done via an external ear approach while eustachian tube balloon dilation is nasopharyngeal. These different approaches demonstrate the that these two sets of codes have been incorrectly bundled together in the NCCI edits.

**B. Edits Where CPT© codes 69705 and 69706 are in Column 1**

The majority of the edits in which 69705 and 69706 represent the Column 1 codes confirm that most are either procedures standardly included based on surgical package definitions or CPT© guidelines. Others are unlikely to be performed concurrently, and on those rare occasions where they are concurrent, CCI should permit reporting with a modifier. However, there are certain cases which cover different disease processes and therefore should be reportable with the appropriate modifier.

For example, CPT codes 30801and 30802 are nasal ablation procedures that are not performed endoscopically and thus require the use of equipment. In this instance, modifier 59 would be appropriate when the two procedures are done concurrently.

Tympanostomy code 0583T is a procedure of the ear. However, similar to the previously mentioned tympanostomy codes, this procedure utilizes a different approach than 69705 or 69706. These different approaches should then allow modifier overrides when the two procedures are done concurrently.

**C. Conclusion**

We believe many of the edits related to 69705 and 69796 may have been made in error. The above identified procedures should be reportable together during the same encounter, not allowing billing to occur due to the use of misplaced NCCI edits is clinically inappropriate and restricting modifier overrides may negatively impact patient care. As such, we formally request a review of all of the PTP edits

for determination of appropriate clinical consideration and, where appropriate, corrections of the edits retroactive to January 1, 2021.

Thank you in advance for your consideration of this request. If you have any questions or require further information, please contact healthpolicy@entnet.org.

Sincerely,

James C Denneny III

James C. Denneny, III, MD, FACS
Executive Vice President and Chief Executive Officer