

2022 Billing and Coding Guide Ear, Nose and Throat (ENT) Surgery

Rates listed in this guide are based on their respective site of care- physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the Medicare unadjusted national average rounded to the nearest whole number for 2022 and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables. All components of ear, nose, and throat (ENT) procedures are captured in the reporting of the CPT code. Unless otherwise stated in this document, there are no designated HCPCS¹ level II codes assigned for ENT procedures.

CPT [®] Code ²	Code Description	Physician ³	Ambulatory Surgical Center ⁴	Hospital Outpatient ⁴
Cervical Resection (Modified Radical Neck Dissection)				
38720	Cervical lymphadenectomy (complete)	Facility Only: \$1,373	N/A	\$9,106
38724	Cervical lymphadenectomy (modified radical neck dissection)	Facility Only: \$1,484	Inpatient only, not reimbursed for hospital outpatient or ASC	
Parathyroidectomy Procedures				
60500	Parathyroidectomy or exploration of parathyroid(s)	Facility Only: \$998	\$2,445	\$5,194
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	Facility Only: \$1,338	N/A	\$5,194
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	Facility Only: \$1,441	Inpatient only, not reimbursed for hospital outpatient or ASC	
Parotid Procedures				
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	Facility Only: \$646	\$2,445	\$5,194
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	Facility Only: \$1,083	\$2,445	\$5,194
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	Facility Only: \$1,214	\$2,445	\$5,194
42425	Excision of parotid tumor or parotid gland; total, enbloc removal with sacrifice of facial nerve	Facility Only: \$859	\$2,445	\$5,194

CPT® Code ²	Code Description	Physician ³	Ambulatory Surgical Center ⁴	Hospital Outpatient ⁴
Parotid Procedures Cont'd				
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	Facility Only: \$1,381	Inpatient only, not reimbursed for hospital outpatient or ASC	
42440	Excision of submandibular (submaxillary) gland	Facility Only: \$426	\$2,445	\$5,194
42450	Excision of sublingual gland	Facility: \$374	\$2,445	\$5,194
		Non-Facility: \$489		
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	Facility: \$355	\$2,445	\$5,194
		Non-Facility: \$465		
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	Facility: \$472	\$2,445	\$5,194
		Non-Facility: \$594		
42507	Parotid duct diversion, bilateral (Wilke type procedure)	Facility Only: \$510	\$2,445	\$5,194
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	Facility Only: \$842	\$2,445	\$5,194
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	Facility Only: \$626	\$1,109	\$2,794
Thyroid Procedures				
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Facility Only: \$1,063	\$2,363	\$5,168
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Facility Only: \$964	\$2,363	\$5,168
60240	Thyroidectomy, total or complete	Facility Only: \$944	\$2,363	\$5,168
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Facility Only: \$1,358	N/A	\$5,194
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Facility Only: \$1,712	Inpatient only, not reimbursed for hospital outpatient or ASC	
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	Facility Only: \$1,118	N/A	\$5,194
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	Facility Only: \$1,398	Inpatient only, not reimbursed for hospital outpatient or ASC	
60271	Thyroidectomy, including substernal thyroid; cervical approach	Facility Only: \$1,084	N/A	\$5,194

CPT® Code ²	Code Description	Physician ³	Ambulatory Surgical Center ⁴	Hospital Outpatient ⁴
Tonsil and Adenoid Procedures				
42800	Biopsy; oropharynx	Facility: \$118	\$107	\$1,382
		Non-Facility: \$164		
42804	Biopsy; nasopharynx, visible lesion, simple	Facility: \$126	\$1,109	\$2,794
		Non-Facility: \$224		
42806	Biopsy; nasopharynx, survey for unknown primary lesion	Facility: \$144	\$1,109	\$2,794
		Non-Facility: \$249		
42809	Removal of foreign body from pharynx	Facility: \$129	Packaged Payment	\$277
		Non-Facility: \$210		
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	Facility: \$289	\$1,109	\$2,794
		Non-Facility: \$402		
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	Facility Only: \$555	\$2,445	\$5,194
42820	Tonsillectomy and adenoidectomy; younger than age 12	Facility Only: \$298	\$2,445	\$5,194
42821	Tonsillectomy and adenoidectomy; age 12 or over	Facility Only: \$311	\$1,109	\$2,794
42825	Tonsillectomy, primary or secondary; younger than age 12	Facility Only: \$275	\$2,445	\$5,194
42826	Tonsillectomy, primary or secondary; age 12 or over	Facility Only: \$262	\$1,109	\$2,794
42830	Adenoidectomy, primary; younger than age 12	Facility Only: \$217	\$1,109	\$2,794
42831	Adenoidectomy, primary; age 12 or over	Facility Only: \$236	\$1,109	\$2,794
42835	Adenoidectomy, secondary; younger than age 12	Facility Only: \$202	\$1,109	\$2,794
42836	Adenoidectomy, secondary; age 12 and over	Facility Only: \$250	\$1,109	\$2,794
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	Facility Only: \$1,044	N/A	\$5,194
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	Facility Only: \$1,416	N/A	\$5,194
42860	Excision of tonsil tags	Facility Only: \$198	\$1,109	\$2,794
42870	Excision or destruction lingual tonsil, any method (separate procedure)	Facility Only: \$612	\$2,445	\$5,194
42890	Limited pharyngectomy	Facility Only: \$1,461	\$2,445	\$5,194
Robotic Assistance				
S2900	Surgical techniques requiring use of robotic surgical system	S codes cannot be reported to Medicare. They are used only by non-Medicare payers, which may cover and price them according to their own requirements.		

Hospital Inpatient Procedure Coding

Hospitals use ICD-10-PCS procedure codes⁵ to report surgeries and procedures performed in the inpatient setting.

ICD-10-PCS Code	Description
Cervical Resection (Modified Radical Neck Dissection)	
07T10ZZ	Resection of right neck lymphatic, open approach
07T20ZZ	Resection of left neck lymphatic, open approach
07T14ZZ	Resection of right neck lymphatic, percutaneous endoscopic approach
07T24ZZ	Resection of left neck lymphatic, percutaneous endoscopic approach
Biopsy of Parathyroid Gland	
0GBR0ZX	Excision of parathyroid gland, open approach, diagnostic
0GBR3ZX	Excision of parathyroid gland, percutaneous approach, diagnostic
0GBR4ZX	Excision of parathyroid gland, percutaneous endoscopic approach, diagnostic
Partial Parathyroidectomy	
0GBR0ZZ	Excision of parathyroid gland, open approach
0GBR4ZZ	Excision of parathyroid gland, percutaneous endoscopic approach
Complete Parathyroidectomy	
0GTR0ZZ	Resection of parathyroid gland, open approach
0GTR4ZZ	Resection of parathyroid gland, percutaneous endoscopic approach
Partial Parotidectomy	
0CB80ZZ	Excision of right parotid gland, open approach
0CB90ZZ	Excision of left parotid gland, open approach
Complete Parotidectomy	
0CT80ZZ	Resection of right parotid gland, open approach
0CT90ZZ	Resection of left parotid gland, open approach
Biopsy of Thyroid Gland	
0GBG0ZX	Excision of left thyroid gland lobe, open approach, diagnostic
0GBH0ZX	Excision of right thyroid gland lobe, open approach, diagnostic
0GBG3ZX	Excision of left thyroid gland lobe, percutaneous approach, diagnostic
0GBH3ZX	Excision of right thyroid gland lobe, percutaneous approach, diagnostic
0GBG4ZX	Excision of left thyroid gland lobe, percutaneous endoscopic approach, diagnostic
0GBH4ZX	Excision of right thyroid gland lobe, percutaneous endoscopic approach, diagnostic
Excision of Thyroid Lesion, Partial Thyroidectomy	
0GBG0ZZ	Excision of left thyroid gland lobe, open approach
0GBH0ZZ	Excision of right thyroid gland lobe, open approach
0GBG3ZZ	Excision of left thyroid gland lobe, percutaneous approach
0GBH3ZZ	Excision of right thyroid gland lobe, percutaneous approach
0GBG4ZZ	Excision of left thyroid gland lobe, percutaneous endoscopic approach
0GBH4ZZ	Excision of right thyroid gland lobe, percutaneous endoscopic approach

ICD-10-PCS Code	Description
Thyroid Lobectomy	
0GTG0ZZ	Resection of left thyroid gland lobe, open approach
0GTH0ZZ	Resection of right thyroid gland lobe, open approach
0GTG4ZZ	Resection of left thyroid gland lobe, percutaneous endoscopic approach
0GTH4ZZ	Resection of right thyroid gland lobe, percutaneous endoscopic approach
Complete Thyroidectomy	
0GTK0ZZ	Resection of thyroid gland, open approach
0GTK4ZZ	Resection of thyroid gland, percutaneous endoscopic approach
Tonsillectomy	
0CTPXZZ	Resection of tonsils, external approach
Adenoidectomy	
0CTQXZZ	Resection of adenoids, external approach
Excision of Tonsil Tag or Other Lesion of Tonsil	
0CBPXZZ	Excision of tonsils, external approach
Excision of Lingual Tonsil	
0CB7XZZ	Excision of tongue, external approach
Robotic Assistance	
Codes for robotic assistance are assigned separately in addition to the primary procedure.	
8E090CZ	Robotic assisted procedure of head and neck region, open approach
8E093CZ	Robotic assisted procedure of head and neck region, percutaneous approach
8E094CZ	Robotic assisted procedure of head and neck region, percutaneous endoscopic approach
8E09XCZ	Robotic assisted procedure of head and neck region, external approach

Hospital Inpatient DRG's for Ear, Nose, and Throat Surgery

Under Medicare's MS-DRG methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Surgical supplies and devices are typically included in the flat payment and are not paid separately. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed. MS-DRGs shown are those typically assigned to the following scenarios when the patient is admitted specifically for the procedure.

MS-DRG ⁶	Description	FY 2022 Payment
Cervical Resection (Modified Radical Neck Dissection)		
140	Major Head and Neck Procedures W CC/MCC or Major Device	\$26,231
142	Major Head and Neck Procedures W/O CC/MCC	\$14,548
Parathyroid Procedures		
625	Thyroid, Parathyroid and Thyroglossal Procedures W MCC	\$18,729
626	Thyroid, Parathyroid and Thyroglossal Procedures W CC	\$10,900

MS-DRG ⁶	Description	FY 2022 Payment
627	Thyroid, Parathyroid and Thyroglossal Procedures W/O CC/MCC	\$7,800
Parotid Procedures		
139	Salivary Gland Procedures	\$8,138
Thyroid Procedures		
625	Thyroid, Parathyroid and Thyroglossal Procedures W MCC	\$18,729
626	Thyroid, Parathyroid and Thyroglossal Procedures W CC	\$10,900
627	Thyroid, Parathyroid and Thyroglossal Procedures W/O CC/MCC	\$7,800
Tonsil and Adenoid Procedures Code 0CB7XZZ for excision of lingual tonsil groups to DRGs 137-138 when it is the only procedure performed.		
143	Other Ear, Nose, Mouth and Throat OR Procedures W CC/MCC	\$19,650
145	Other Ear, Nose, Mouth and Throat OR Procedures W/O CC/MCC	\$8,075

For more information, contact the Medtronic MITG Reimbursement Hotline: 877-278-7482 or via email at:

Rs.MedtronicMITGReimbursement@medtronic.com

¹Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

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³Centers for Medicare and Medicaid Services. Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (86 Fed. Reg. No. 221 64996-66031) <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf> Published November 19, 2021. Physician Fee Schedule - January 2022 Release. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-relative-value-files/rvu22a>

⁴Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (86 Fed. Reg. No.218 63458-63477), <https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf> Published November 16, 2021. ASC Payment Rates – Addenda January 2022 ASC Approved HCPCS Code and Payment Rates-Updated January 4, 2022. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

⁵Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/icd-10/2022-icd-10-cm>

⁶Centers for Medicare and Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Final Rule, Federal Register (86 Fed. Reg. No. 154 44774-45615), <https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf> Published August 13, 2021.

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