

2021 BILLING AND CODING GUIDE

EAR, NOSE, AND THROAT SURGERY



2021 Medicare Physician, Hospital Outpatient, ASC Coding and Payment

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 National Average rounded to the nearest whole number for 2021 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® CODE²	CODE DESCRIPTION	PHYSICIAN³	AMBULATORY SURGICAL CENTER ⁴	HOSPITAL OUTPATIENT⁴
CERVICAL RESECTION (MODIFIED RADICAL NECK DISSECTION)				
38720	Cervical lymphadenectomy (complete)	Facility Only: \$1,362	\$2,788	\$8,920
38724	Cervical lymphadenectomy (modified radical neck dissection)	Facility Only: \$1,471	Inpatient only, not reimbursed for hospital outpatient or ASC	
PARATHYROID PROCEDURES				
60500	Parathyroidectomy or exploration of parathyroid(s)	Facility Only: \$994	\$2,387	\$5,086
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	Facility Only: \$1,331	\$2,387	\$5,086
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	Facility Only: \$1,426	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: \$639	\$2,387	\$5,086
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	Facility Only: \$1,073	\$2,387	\$5,086
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	Facility Only: \$1,203	\$2,387	\$5,086
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	Facility Only: \$851	\$2,387	\$5,086
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	Facility Only: \$1,369	Inpatient only, not reimbursed for hospital outpatient or ASC	
42440	Excision of submandibular (submaxillary) gland	Facility Only: \$421	\$2,387	\$5,086
42450	Excision of sublingual gland	Facility: \$372 Non-Facility: \$485	\$2,387	\$5,086
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	Facility: \$353 Non-Facility: \$463	\$2,387	\$5,086
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	Facility: \$467 Non-Facility: \$587	\$2,387	\$5,086

CPT® CODE²	CODE DESCRIPTION	PHYSICIAN³	AMBULATORY SURGICAL CENTER⁴	HOSPITAL OUTPATIENT⁴
PAROTID PROCEDURES CONT'D				
42507	Parotid duct diversion, bilateral (Wilke type procedure)	Facility Only: \$514	\$2,387	\$5,086
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	Facility Only: \$847	\$2,387	\$5,086
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	Facility Only: \$629	\$1,082	\$2,736
THYROID PROCEDURES				
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Facility Only: \$1,061	\$2,306	\$5,060
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Facility Only: \$954	\$2,306	\$5,060
60240	Thyroidectomy, total or complete	Facility Only: \$939	\$2,306	\$5,060
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Facility Only: \$1,351	\$2,387	\$5,086
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Facility Only: \$1,698	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: \$1,113	\$2,387	\$5,086
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	Facility Only: \$1,397	Inpatient only, not reimbursed for hospital outpatient or ASC	
60271	Thyroidectomy, including substernal thyroid; cervical approach	Facility Only: \$1,079	\$2,387	\$5,086
TONSIL AND ADENOID PROCEDURES				
42800	Biopsy; oropharynx	Facility: \$116	\$106	\$1,353
		Non-Facility: \$164		
42804	Biopsy; nasopharynx, visible lesion, simple	Facility: \$120	\$1,082	\$2,736
		Non-Facility: \$215		
42806	Biopsy; nasopharynx, survey for unknown primary lesion	Facility: \$139	\$1,082	\$2,736
		Non-Facility: \$240		
42809	Removal of foreign body from pharynx	Facility: \$128	Packaged Payment	\$270
		Non-Facility: \$208		
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	Facility: \$288	\$1,082	\$2,736
		Non-Facility: \$404		
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	Facility Only: \$557	\$2,387	\$5,086
42820	Tonsillectomy and adenoidectomy; under age 12	Facility Only: \$294	\$2,387	\$5,086
42821	Tonsillectomy and adenoidectomy; age 12 and over	Facility Only: \$308	\$1,082	\$2,736
42825	Tonsillectomy, primary or secondary; under age 12	Facility Only: \$270	\$2,387	\$5,086
42826	Tonsillectomy, primary or secondary; age 12 and over	Facility Only: \$257	\$1,082	\$2,736
42830	Adenoidectomy, primary; under age 12	Facility Only: \$213	\$1,082	\$2,736

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER ⁴	HOSPITAL OUTPATIENT ⁴
TONSIL AND ADENOID PROCEDURES CONT'D				
42831	Adenoidectomy, primary; age 12 and over	Facility Only: \$232	\$1,082	\$2,736
42835	Adenoidectomy, secondary; under age 12	Facility Only: \$198	\$1,082	\$2,736
42836	Adenoidectomy, secondary; age 12 and over	Facility Only: \$247	\$1,082	\$2,736
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	Facility Only: \$1,045	\$2,387	\$5,086
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	Facility Only: \$1,424	\$2,387	\$5,086
42860	Excision of tonsil tags	Facility Only: \$194	\$1,082	\$2,736
42870	Excision or destruction lingual tonsil, any method (separate procedure)	Facility Only: \$614	\$2,387	\$5,086
42890	Limited pharyngectomy	Facility Only: \$1,467	\$2,387	\$5,086
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.		

REFERENCES:

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 & Medicaid Services. Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Final Rule, Federal Register (85 Fed. Reg. No. 248 84472- 85377) 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425. <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>.

⁴Centers for Medicare & Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) to Report COVID-19 Therapeutic Inventory and Usage and to Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19); Final Rule, Federal Register (85 Fed. Reg. No.249 85866-86305) 42 CFR Parts 410, 411, 412, 414, 419, 482, 485 and 512. Addendum B, AA, BB. <https://www.govinfo.gov/content/pkg/FR-2020-12-29/pdf/2020-26819.pdf>

HOSPITAL INPATIENT PROCEDURE CODING

Hospitals use ICD-10-PCS procedure codes¹ to report surgeries and procedures performed in the inpatient setting.

ICD-10-PCS PROCEDURE CODE	PROCEDURE 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
PARATHYROID PROCEDURES	
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
PAROTID PROCEDURES	
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
THYROID PROCEDURES	
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
THYROID LOBECTOMY	
0GTG0ZZ	Resection of left thyroid gland lobe, open approach
0GTH0ZZ	Resection of right thyroid gland lobe, open approach

ICD-10-PCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
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
TONSIL AND ADENOID PROCEDURES	
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

REFERENCE:

¹ICD-10-PCS: Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>

HOSPITAL INPATIENT DRGS 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 ¹	MS-DRG TITLE ¹	MEDICARE NATIONAL AVERAGE ¹
CERVICAL RESECTION (MODIFIED RADICAL NECK DISSECTION)		
140	Major Head and Neck Procedures W CC/MCC or Major Device	\$25,377
142	Major Head and Neck Procedures W/O CC/MCC	\$10,256
PARATHYROID PROCEDURES		
625	Thyroid, Parathyroid and Thyroglossal Procedures W MCC	\$18,113
626	Thyroid, Parathyroid and Thyroglossal Procedures W CC	\$10,534
627	Thyroid, Parathyroid and Thyroglossal Procedures W/O CC/MCC	\$7,534
PAROTID PROCEDURES		
139	Salivary Gland Procedures	\$7,821
THYROID PROCEDURES⁴ Only open thyroid biopsies group to DRGs 625-627. Percutaneous and percutaneous endoscopic biopsies are not designated as significant operating room procedures for the purpose of DRG assignment. If they are the only procedures performed, the case groups to a medical DRG based on the principal diagnosis code.		
625	Thyroid, Parathyroid and Thyroglossal Procedures W MCC	\$18,113
626	Thyroid, Parathyroid and Thyroglossal Procedures W CC	\$10,534
627	Thyroid, Parathyroid and Thyroglossal Procedures W/O CC/MCC	\$7,534
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	\$18,895
145	Other Ear, Nose, Mouth and Throat OR Procedures W/O CC/MCC	\$7,736

REFERENCE:

¹Centers for Medicare & Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; Final Rule, Federal Register (85 Fed Reg. No. 182 58432 – 59107) 42 CFR Parts 405, 412, 413, 417, 476, 480, 484, and 495. <https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

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