

Otolaryngology Coding & Compliance Quick Reference

A one-page teaser covering endoscopic procedure bundling and audiology/vestibular testing documentation — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- Endoscopic findings documented distinctly from any biopsy or therapeutic intervention performed during the same scope.
- Audiology and vestibular test orders linked to a specific documented clinical indication (not a standing annual protocol alone).
- Sinus/airway procedure laterality and specific anatomic sites documented precisely.
- Allergy testing and immunotherapy dosing documented per unit/antigen administered, matching what's billed.

Common Denial Triggers

- Diagnostic endoscopy billed separately from a therapeutic procedure performed in the same session without NCCI-compliant modifier support.
- Audiology testing billed without a documented referring indication.
- Allergy immunotherapy units billed that don't match the documented dose/antigen mix in the record.

Modifier Watch-Outs

Modifier 59/XS for distinct sinus sites and 50 for bilateral procedures are the two most commonly misused in ENT — site- and side-specific documentation is essential before billing either.

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