Editorial

An Editorial on NASBS White Paper: Coding and Reimbursement for Endoscopic Endonasal Surgery of the Skull Base

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Technological advances are a major driver of surgical advances. The introduction of endoscopic technology ushered in a paradigm shift in the management of skull base pathology. Coding practices often lag far behind changes in surgical practice, resulting in confusion and a myriad of coding solutions until there is sufficient impetus for the development of new surgical codes.

Endoscopic endonasal surgery of the skull base (EESSB) is now well established as an alternate surgical technique/approach for the treatment of skull base pathology but is not universally practiced at all institutions that perform skull base surgery. As a result, CPT codes do not exist for most EESSB procedures. Typically, EESSB is performed jointly by the otolaryngologist-head and neck surgeon (ENT) and neurosurgeon (NS). Therefore, coding can be complicated, third-party payers are often not familiar with the services provided, and reimbursement issues such as delayed or reduced payments result.

As the number of trained surgeons continues to expand, there is diversity of opinion and practice regarding optimal CPT coding. There is a recognized knowledge gap regarding current coding options for EESSB. The purpose of this white paper is to provide surgeons, coders, billers, and third-party payers a comprehensive understanding of current coding and reimbursement implications for EESSB procedures. Payer medical directors and associated professionals will find this

paper a valuable source of information about EESSB to facilitate medical policy development and appropriate adjudication and payment of claims. This white paper is a collaboration of KarenZupko & Associates, Inc. (KZA) and the North American Skull Base Society, with representation from NS and ENT. As such, it provides *guidelines* for coding but is not intended to represent the official recommendations of physician specialty societies, governmental regulatory agencies, insurance providers, or healthcare consultants. Areas of controversy are noted with acknowledgement of divergent opinions.

Publication of this white paper in JNLS-B: Skull Base provides the greatest exposure to the skull base community. Readers of the journal are encouraged to respond with comments or questions by submitting letters to the editor (<http://mc.manuscriptcentral.com/jnls-b>) or through the website of the NASBS (<https://www.nasbs.org/>). The white paper will also be posted in its entirety on the website of the NASBS with inclusion of appendices for access by all members of the NASBS. The appendices include: Frequently Asked Coding Questions, Tables of Suggested Coding for EESSB, and examples of Prior Authorization letters and Claim Denial Appeal letters. Skull base surgeons are encouraged to share the white paper with coders and insurance companies to promote improved understanding and better coding practices. We hope that this white paper will provide a valuable service to the members of the NASBS and the greater skull base community.

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