

nose news



Stil Kountakis, MD, PhD
ARS President

President's Message

We are well into a busy year and just held a very successful spring meeting in Las Vegas. I offer my congratulations to Brent Senior and the program committee members for selecting great abstracts and panel topics making the meeting of outstanding educational value. Special thanks to the faculty of the last panel of the day which discussed the difficult topic of physician-industry relationships. The panel was chaired by Brad Marple and panel

membership consisted of Mike Setzen, Brent Senior, Jim Stankiewicz, Chris McMains and Richard Orlandi. In addition, Dr. Robert Kern summarized current theories and evidence of pathogenesis of rhinosinusitis and Dr. Avery Gilbert discussed olfactory function. Many thanks to both of them for their insightful presentations.

The rules of engagement of physicians with industry are being redefined and the ARS is on the forefront addressing the issue. Last fall I asked for the formation of a task force on industry relations chaired by the ARS second vice president Brad Marple and attended by the chair of the ethics committee Chris McMains, the chair of the corporate fundraising committee Peter Catalano and the chair of the CME committee Jim Palmer. They worked tirelessly via teleconferencing and email and during our spring meeting at COSM they presented to the ARS board their summary recommendations, which we felt will place our society as a leader in physician-industry relations reform. The ARS has always been squeaky clean and this policy, when implemented, will increase the opportunities for interaction with industry. I would like to wholeheartedly thank Brad Marple and all the members of the task force for their efforts.

We also have made great progress regarding launching our new journal Allergy & Rhinology, which we jointly own with the American Academy of Otolaryngic Allergy (AAOA). Allergy & Rhinology is the official journal of both societies and provides a unique opportunity for our two groups to work together to leverage our resources and efforts in order to develop the best journal dealing with diseases of the nose, sinuses and the skull base. The ARS and AAOA will own the copyright of all articles published in the journal and this will translate into a stream of royalties provided by the publisher.

A limited liability corporation (LLC) was formed to represent both societies and to run the business aspect of the journal. Each society appointed 3 voting members to the LLC, which then contracted with the publisher, Wiley-Blackwell. The LLC performed a search for an Editor-in-Chief and we are pleased to report that Dr. David Kennedy accepted the position and has signed a contract effective May 1st, 2010. The first issue of Allergy & Rhinology will be printed in January or February 2011 but papers will appear online and will be citable before that on the journal website being constructed by Wiley-Blackwell. A new journal can apply for Medline indexing after four issues and so we anticipate that this will occur within the first year after the first issue is published. An impact factor is calculated at approximately 2 years after the first journal issue. We strongly recommend that you read Allergy & Rhinology, submit your papers to our journal, cite articles published in the journal and volunteer as members of the review board. Most importantly, stay involved with the ARS and participate in our meetings.

Brent Senior is preparing an excellent curriculum for our annual fall meeting that will take place in Boston, on September 25, 2010. With all the cultural and culinary opportunities available in Boston, we promise a memorable experience.



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Tim Smith, MD

ARS Selects Research Manuscripts Awards

Tim Smith, MD, Chair, Awards Committee

The American Rhinologic Society meetings present a world class exhibition of cutting edge research. Each Spring and Fall meeting of the ARS, the Awards Committee selects an outstanding manuscript for a Clinical Research Award and another for a Basic Science Research Award. To apply, simply submit your excellent abstract through the standard submission process for the meeting. The abstracts are screened for possible award winning research by the Program Committee and the selected papers are de-identified and evaluated by blinded reviewers to determine the award winners.

Spring ARS Basic Science Research Award

Awarded for the best basic science research manuscript presented at the Spring ARS Scientific Meeting. *Abstract Deadline: November 15 (year prior to Spring meeting)*

Spring ARS Clinical Research Award

Awarded for the best clinical research manuscript presented at the Spring ARS Scientific Meeting. *Abstract Deadline: November 15 (year prior to Spring meeting)*

Cottle (Fall ARS) Clinical Research Award

Awarded for the best clinical research manuscript presented at the Fall ARS Scientific Meeting. *Abstract Deadline: March 15*

Fall ARS Basic Science Research Award

Awarded for the best basic science research manuscript presented at the Fall ARS Scientific Meeting. *Abstract Deadline: March 15*

The ARS is proud to announce the **2010 FALL MEETING RESEARCH AWARD RECIPIENTS:**

CLINICAL RESEARCH AWARD: Endoscopic Sinus Surgery Reduces Antibiotic Utilization in Rhinosinusitis - Naveen Bhandarkar, MD Portland, Oregon

BASIC SCIENCE RESEARCH AWARD: Vitamin D3 Deficiency is Associated with Alterations in Circulating Dendritic Cells and Increased Bone Erosion in CRS - Jennifer Mulligan, PhD Charleston, South Carolina

In addition, I would like to thank the members of the *Awards Committee* for their excellent ongoing work for the ARS: David Poetker, MD; Doug Reh, MD; Ash Kacker, MD; Joe Han, MD; Alex Chiu, MD; Rod Schlosser, MD; Amber Luong, MD; Abtin Tabaei, MD. We look forward to reviewing your award winning manuscript soon!

2010 Courses

Western States Rhinology Course

October 14-16, 2010, Sonoma California
Guest Faculty: Joseph Han, MD, David W. Kennedy, MD and Aldo Stamm, MD, PhD
Course Directors: Todd T. Kingdom, MD, Peter H. Hwang, MD, and Richard R. Orlandi, MD
Contact Darci Dreiling at 303-724-1960 or www.westernstatesrhinology.com

Advanced Techniques in Endoscopic Management of Sinonasal Disorders - Hands-on Course

November 4-6, 2010, Renaissance Vinoy Resort & Golf Club, St. Petersburg, FL
Course Director: Donald C. Lanza, MD
Distinguished Rhinology Faculty: PS Batra, R Chandra, BJ Ferguson, PH Hwang, BA Senior, EM Vining
CME Offered by: St. Anthony's Hospital
Phone: (866) 603-6161
Fax: (813) 635-2667
Email: dclanza@sniffmd.com
Web: stanthonys.com/sinuscme



Joseph Jacobs, MD

Treasurer's Report

Joseph B Jacobs, MD

I am very happy to report that our ARS accounts have dramatically benefitted from the recent rise in stock markets around the globe. Our three accounts, which include Operating, Grant and the Kennedy Lectureship, are managed by Bank of New York-Mellon each with a similar investment philosophy. However, we will continue to carefully review our expenses due to the present downward spiral on corporate funding. An ever expanding legislative agenda has created an environment in which both sides of this equation are now required to carefully and meticulously document the utilization and direction of such funds. The ARS Board has appointed Brad Marple as our "Main Man" to develop revised guidelines relating to corporate support. This template will provide us a strategy to proceed with fund raising to achieve our educational goals. In summary, the ARS remains active and continues to provide our membership with educational and research opportunities. The following material highlights our investment advisor's philosophy.

2010 OUTLOOK – 2ND QUARTER UPDATE

OVERVIEW

U.S. Economy- Despite many warnings about enduring weakness, V-shaped economic recovery in progress

- Employment and housing notable exceptions
- Expect approximately 4% real GDP growth in 2010 and 3.5% growth in 2011
- More subdued than at similar points in prior recoveries

Core Inflation Will Remain Subdued

- Overall CPI volatile due to swings in oil prices
- Expect core rate to remain 1.5 - 2.0% for a while
- Substantial excess capacity in U.S. and elsewhere

Federal Reserve Fully Aware of Fixed Income Market Concerns Regarding Inflation

- Federal Reserve keeping short-term interest rates low to support economic recovery
- Shift to more neutral policy likely later this year or early next year
- Yields on intermediate and long-term Treasuries will test up side of trading range as economy improves

International Economy

- Emerging from deep recession with clear signs of improvement in many countries
- Recovery slow in several major countries
- Fiscal and monetary policies focused on reviving economic growth
- Sovereign debt problems in Greece and political tension weighing on euro

Asset Class Outlook



Peter Hwang, MD

Secretary's Report

Peter Hwang, MD

Las Vegas proved to be a big draw for both scientific and leisure pursuits at this spring's COSM. This year's COSM hit the attendance jackpot with a record-setting registration of over 2000. Based on the success of this year's meeting, the COSM Secretaries' Liaison Committee (SLC) elected to return to Las Vegas for the 2014 COSM. Until then, our destination cities for upcoming COSMs include: 2011-Chicago; 2012-San Diego; and 2013-Orlando. This year marks the final year of Dr. Jerome Goldstein's tenure as chair of the COSM SLC. We thank Dr. Goldstein for his tireless efforts on behalf of all societies participating in COSM, and we welcome incoming chair Dr. Stanley Shapshay.

This spring's ARS meeting marked the official launch of Allergy & Rhinology, the new official journal of the American Rhinologic Society and the American Academy of Otolaryngic Allergy. From this meeting forward, all manuscripts presented at the ARS scientific meetings are being submitted to Allergy & Rhinology for publication. Under the capable leadership of Dr. David Kennedy as editor-in-chief, the new journal will provide exciting new avenues for the ARS to share its superb intellectual content with an ever-widening scientific audience. All ARS members receive complimentary subscription to the journal as part of their membership benefits; no separate registration is required.

The ARS' 56th annual fall meeting will be held on Saturday September 25, 2010 at the Boston Park Plaza. Online registration is now open at www.american-rhinologic.org. A room block reserved for the ARS at the Boston Park Plaza can be accessed at www.wynjade.com/aao10/ars. For those attending the subsequent AAO annual meeting, the Boston Park Plaza will be serviced by shuttle buses to the Boston Convention Center. See you in Boston!

Coding for Balloon Dilation 2010

Michael Setzen, MD, Michael Sillers, MD, Scott Stringer, MD, Richard Waguespack, MD, and Linda Ayers, MHCM, CAE

The AAO-HNS submitted three new code requests this past fall to the AMA for Category I CPT codes for the use of stand-alone balloon sinus dilation technology during endoscopic sinus surgery. The AMA has accepted these new code proposals and has recommended work and practice expense relative value units (RVUs) to CMS for the new codes. These codes are scheduled to be introduced in CPT 2011. In the meantime CPT Assistant has published in its January 2010 edition a basic guideline for proper coding when balloon dilation technology is used alone and in conjunction with current traditional instrumentation. The purpose of this article is to further discuss coding recommendations to be used by our members during the rest of 2010.

The primary goal of endoscopic sinus surgery is relieving obstruction and re-establishing sinus ventilation and drainage. This is a generally accepted surgical principle that applies to all of the paranasal sinuses regardless of what instrumentation is utilized. With the introduction of balloon dilation technology there is a recognized difference in the physician work involved between traditional endoscopic sinus surgery with tissue removal (bone, mucosa, polyps, tumor, and/or scar) and endoscopic sinus surgery when the balloon, or any device, is employed as a dilation tool only and no tissue is removed.

When a balloon is used to dilate a sinus ostium under endoscopic visualization as a stand-alone procedure and no tissue is removed, the correct code to use is 31299, "Unlisted procedure, accessory sinuses". This will be the correct coding for the service until the new codes are introduced in 2011, and apply to dilation of the frontal, maxillary, and/or sphenoid sinus. Balloon dilation of the maxillary ostium performed via the canine fossa approach is also reported with 31299, including cases in which tissue is removed from within the antrum. It is critical to accurately document all elements of the procedure.

This does not apply to endoscopic surgery of the ethmoid sinus as there is no current balloon technology for use in the ethmoid sinus. If ethmoidectomy is performed in conjunction with balloon dilation of the frontal, maxillary, and/or sphenoid (no tissue being removed), the appropriate ethmoid code should be reported in addition to 31299: 31254 Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior), or 31255 Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior). Removal of ethmoid tissue as part of ethmoidectomy does not constitute tissue removal from the frontal, maxillary, and/or sphenoid sinuses if the balloon is used for dilation of these sinus ostia alone.

The majority of endoscopic frontal sinus procedures focus on relieving obstruction in the frontal recess, the inferior aspect of the frontal sinus outflow tract, while others focus on enlarging the ostium. The goal of frontal sinus surgery, as with the other paranasal sinuses, is to relieve obstruction and re-establish ventilation and drainage.

CPT code 31276-Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from the frontal sinus describes the work performed as follows: Obstructing frontal recess cells, polyps, or scar tissue and intersinus septae from the dome of the ethmoid and skull

base are delicately removed. It may also include removal of osteitic bone between the frontal sinus and a supraorbital ethmoid cell. The skull base is at significant risk for perforation resulting in CSF leak or intracranial bleeding. The following examples satisfy the criteria for reporting this code such that at the completion of a Draf I/IIA-B/III procedure, one can visualize the frontal sinus for exploration and proceed with removal of tissue from the frontal sinus, if performed:

- A Draf I frontal sinusotomy would include removing the posterior wall of the Agger nasi, the superior attachment of the bulla lamella of the ethmoid bulla, and/or Type I and II frontal cells. This removes tissue obstructing the frontal sinus and is not part of the typical ethmoidectomy.
- A Draf IIA frontal sinusotomy would include removal of a Type III frontal cell reaching into the frontal sinus.
- A Draf IIB/III (endoscopic modified Lothrop) frontal sinusotomy not only reaches the ostium but enlarges it with punches, drills, etc.

There are instances when the balloon is used to establish a pathway, through the frontal recess to the frontal sinus followed by tissue removal (mucosa, polyps, scar, tumor and/or bony partitions) with traditional instrumentation such as forceps and/or the microdebrider. In this instance, the balloon is used as an adjunct to traditional instrumentation. When the result is a frontal sinusotomy and tissue has been removed, the appropriate code is 31276 and the dilation is not separately reported.

Similar rationale would apply to surgery involving the maxillary and sphenoid sinuses. If the balloon is used to dilate the sinus ostium and subsequently tissue is removed relative to that sinus, the appropriate maxillary sinus and/or sphenoid sinus codes is/are utilized. For example, if an endoscopic balloon dilation of the maxillary sinus is performed with a 6 mm balloon and the uncinat process is fractured and subsequently removed and/or peri-ostial polypoid mucosa is excised to create a sinuostomy, the appropriate code that describes the work performed is 31256 (Nasal/sinus endoscopy, surgical; with maxillary antrostomy). If 31256 is performed and mucosa is subsequently removed from the interior of the maxillary sinus, 31267-Nasal/sinus endoscopy, surgical; with removal of tissue from the maxillary sinus is utilized.

Similarly, if the sphenoid sinus ostium is dilated with a balloon under endoscopic visualization and subsequently a portion of the superior turbinate, bone and/or peri-ostial polypoid mucosa is removed from the sphenoid recess to further re-establish ventilation and drainage from the sphenoid sinus, 31287- Nasal/sinus endoscopy, surgical, with sphenoidotomy describes the work performed. Once the sphenoidotomy has been performed and if tissue is removed from the interior of the sphenoid sinus, 31288- Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus is reported.

As 31299 is an unlisted CPT code, it cannot be appended with modifier -50 to show the carrier that the procedure was bilateral; likewise when you dilate more than one sinus ostium, you must still report 31299 only once.

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Andrew Lane, MD

ARS CORE news

Andrew Lane, MD

The American Rhinologic Society continued its participation in the American Academy of Otolaryngology - Head and Neck Surgery

CORE research program in 2010. The ARS grant submissions were of remarkable quality, reflecting an outstanding group of current and future rhinologist-scientists in academic institutions throughout the country. The ARS is proud to support the research efforts of our resident and junior faculty members, so that they may initiate the scientific training and basic studies that will form the groundwork for independent research careers. ARS research grant funding is provided through the generous support of corporate sponsors who donate money specifically for this purpose each year. While these resources are unfortunately not adequate to fund every ARS grant application, the AAO-HNSF CORE grant review process itself provides all applicants with important experience in the fundamentals of grant writing and offers an opportunity for valuable constructive feedback. It is a central mission of the ARS to encourage the advancement of clinical and basic science research in rhinology, which is essential to the continued growth of our specialty and maintaining the key role of the society in the care of patients with rhinologic disease.

This year, the ARS Research and Grants Committee selected the project by Dr. Sarah Wise, entitled "Characterization of human sinonasal intercellular junctional proteins" for the \$25,000 ARS New Investigator Award. Dr. Wise is an Assistant Professor in the Department of Otolaryngology - Head and Neck Surgery at Emory University. Her project will explore the pattern of in vivo tight junctions and desmosomal intercellular junctional proteins in sinonasal tissue as a function of disease and specific anatomic location. Dr. Wise hypothesizes that these expression patterns will differ in polypoid versus normal sinonasal mucosa due to the effects of Th2 cytokines. The committee also selected three residents as winners of the ARS Resident Research Award. Dr. Garrett Griffen at the University of Michigan will be studying "Nasal packing as a drug-delivery system post-operatively in chronic sinusitis", using a randomized, double-blinded, placebo-controlled trial to explore the effect packing saturated with budesonide following sinus surgery. Dr. Jessica Shen at the University of Pennsylvania will be investigating "Inflammatory cytokine modulation of sinonasal ciliary dynamics" by identifying changes in ciliary beat frequency in air-liquid interface cultures after the addition of cytokines reported to be associated with chronic rhinosinusitis (CRS). Dr. Marika Russell at the University of California at San Francisco will be exploring "Single vs. combined anti-leukotriene therapy in the treatment of CRS", with a randomized double-blinded prospective clinical study seeking to demonstrate the effectiveness of anti-leukotrienes as both single and double adjunctive therapy in the treatment of refractory CRS.

The ARS congratulates Dr. Wise, Dr. Griffen, Dr. Shen, and Dr. Russell on their successful applications, and invites eligible ARS members to apply for 2011 CORE grant awards. The deadline for letters of intent is December 15 2010, and applications are due January 17, 2011. For more information, please go to <http://www.entnet.org/EducationAndResearch/10-COREFundingAnnounce.cfm>.

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David Kennedy, MD

New journal launches

David W. Kennedy, M.D., FACS, FRCSI

At the beginning of May, I started working Wiley, AAOA and ARS as Editor-in-Chief of the new official journal for these two societies. I want to take a minute to express my excitement about this new journal, entitled Allergy & Rhinology. Although the Journal will not appear in print form until January 2011, articles which pass the peer review process will immediately be pre-published online beginning this year, and then re-published in print next year. The journal will utilize the resources of perhaps the premiere journal publishing house, Wiley. This, combined with the support of the two societies, means that not only will it have the largest print circulation of any rhinology journal from the first day of publication, but that also it will also have access to an enormous number of educational libraries internationally.

Now is a great time to submit your basic research or clinical research to Allergy and Rhinology and to ensure an early publication in this new journal! In addition to being the official journal of the American Rhinologic Society (ARS) and the American Academy of Otolaryngologic Allergy (AAOA), the Journal also plans a major international focus, both in terms of readership and in terms of circulation.

We have been able to assemble a superb national and international editorial board, and I would like to also thank everyone to date who has volunteered to serve as a reviewer for the journal. If you would like to find out more about the journal, please visit:

<http://www3.interscience.wiley.com/journal/123389645/home>. A limited number of Associate Editors have also been appointed, and these include a many of the leaders in rhinology research, rhinologic allergy and rhinologic and skull base surgery nationally and internationally. These individuals will work closely with me, as well as with the Editorial Board and manuscript reviewers to ensure that this indeed becomes the leading journal within the field. The current Associate Editors are: BJ Ferguson, MD, Peter Hwang, MD, Joe Jacobs, MD, Stil Kountakis, MD, Don Leopold, MD, Brad Marple, MD, Brent Senior, MD, Tim Smith, MD, Micky Stewart, MD, Elina Toskala, MD, PhD, and PJ Wormald, MD.



The goal of the Journal is to become the leading educational resource for advances in the fields of rhinology and airway allergy, covering a spectrum that includes basic science, translational science and clinical research within these two related fields. Article submissions are encouraged related to the cellular mechanisms involved in nasal and airway physiology, pathophysiology and olfaction, as well as clinical research in the diagnosis, medical and surgical management of rhinologic and allergic airway diseases. Although the primary area of focus of the Journal is original research, these papers will be augmented with selected review articles from leading experts in different fields. Allergy & Rhinology will also include supplemental consensus and position papers from the societies as these are developed. Short articles on "Specialty Techniques" will be considered for publication by innovative practitioners, whether in the medical or surgical arenas and may be accompanied by video submissions. An online commentary column entitled "Ask the Experts" will allow readers to gain expert opinion on issues of interest, and selected questions and responses will be published from time to time in the print version of the Journal.

Moving forwards, it is planned that the Journal will utilize broad multimedia online capabilities in addition to traditional Journal format, so as to provide a broad educational portal for the two societies along with continuing medical education within the fields of rhinology and airway allergy. My goal is to ensure that you are proud of your new Journal, as well as to ensure its international recognition. I trust that you find it interesting and educationally relevant in terms of keeping abreast of advances of the field, and that you will eventually use the online portal and other multimedia online offerings as a major part of your continuing education within the field, and as significant part of your ongoing education for maintenance of certification.

ARS Roster, cont'd. from pg 5

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Belachew Tessema, MD
Vivian Yu, MD

If you are interested in serving on an ARS Committee, please send your email request to wendi.perez@gmail.com by August 1, 2010. Thank you.



Pete Batra, MD

H.R. 3590: What health care reform holds for physicians

Pete Batra, MD

On March 23rd, President Obama signed into law the Patient Protection and Affordable Care Act of 2009. With the stroke of a pen, the most sweeping change in health systems delivery in more than a generation is upon us. With 2,393 pages of complex rules and regulation, coupled with \$938 billion in new spending anticipated over the next ten years, the new law represents a daunting piece of legislation. Needless to say, this has created significant angst among physicians and their patients. It is time to start assessing potential implications of this legislation.

One of the core principles of the bill is expanded coverage for uninsured Americans. Congressional Budget Office (CBO) estimates that the law will expand coverage to 32 million persons by 2019. This will be achieved through (1) increasing Medicaid eligibility to individuals up to 133% of federal poverty level (FPL) and (2) providing credits to individuals and families up to 400% FPL to purchase private insurance. Dependent coverage age will be increased to 26. New health insurance protections will also be enacted. Insurance companies will no longer be able to deny coverage based on pre-existing conditions. Insurers also will no longer be able to drop coverage if policyholders get sick, and once insured, patients will have guaranteed renewability of their health insurance policies. Americans with affordable coverage options who choose to remain uninsured will be required to pay a penalty as a flat tax or as a percent of income starting in 2014.

Primary care physicians and rural general surgeons can expect a 10% incentive in Medicare payments. The law will also reduce geographic payment deferential for physician practice expenses in rural and low-cost areas. Payment for mental health services will also increase by 5%. The American College of Surgeons (ACS) supports increases in generalist payments but has expressed concerns if these incentives are offset by across-the-board cuts from all other medical services.

The law will create new governmental regulatory agencies that will influence health care delivery in the coming years. An Independent Payment Advisory Board (IPAB) comprised of 15 members appointed by the President and confirmed by the Senate will be enacted in 2012. The primary goal will be to reduce per capita growth rate in Medicare spending based on preset targets. The board's recommendations will automatically take effect annually starting in 2014 unless Congress achieves the required savings through legislation. A Patient-Centered Outcomes Research Institute will also be established to fund comparative effectiveness research (CER). This is worthy goal to improve patient care, but CER evidence may also be used to make coverage and/or reimbursement decisions and to establish differential copayments.

The bill did not include a repeal of the flawed Sustainable Growth Rate (SGR) formula. A mandated cut of 21.3% looms over physicians, narrowly being averted by temporary fixes in Congress through May 31st. The estimated costs of fixing the SGR are rapidly approaching \$300 billion. Medical liability reform was not incorporated in this legislation. It is the lack of these key provisions that resulted in both the ACS and AAO-HNS opposing this bill in letters sent to Speaker Pelosi on March 19th. Meaningful health care reform remains an imperative goal to achieving quality, efficient health care for all Americans. Will H.R. 3590 help or hinder our ability to care for our patients? Only time will answer this crucial question.

Balloon Dilation, cont'd. from pg 4

As an example, if you performed two frontal, one maxillary, and two sphenoid sinus dilations, you would only report 31299 once. In order for the carrier to understand what was done surgically, a full and detailed explanation of the surgery needs to be documented in the accompanying letter of explanation appeal that should be sent to the carrier with a copy of the operative report. Both documents (as well as any communications needed to precertify the procedure) should explain in detail for each site what was done with respect to the unlisted procedure, namely balloon dilation 31299 on one or more sinuses, unilateral or bilateral.

A common question is how one bills or anticipates reimbursement when an unlisted code is submitted? Generally it is up to the operating surgeon to request and the local carrier to determine, based on the procedural work, what reimbursement is warranted. The physician should estimate a charge based on a procedure of similar time, work, and intensity, and bill that to the payer. In the case of multi-sinus dilations, this is the sum of each component of 31299, i.e., the full price of each discrete sinus ostium dilated, added together. Reimbursement is generally payer specific and depends on the policies of that specific payer.

When claims are submitted with an unlisted code, there is a significant amount of paperwork and documentation that needs to be submitted with the operative report in order for the payer to understand exactly what was surgically performed. These claims must be submitted via paper and will be subject to medical review. It is always recommended that a letter from the operating surgeon be included with the paper claim submission that includes a detailed explanation as described above. It is expected that much of the potential confusion will be resolved when the new CPT code set for sinus ostial dilation is published in CPT 2011.

If members continue to have problems with respect to coding and reimbursement for these procedures, please contact the American Academy of Otolaryngology- Head and Neck Surgery's Health Policy Department at healthpolicy@entnet.org.

This statement was developed by a task force that consisted of representatives from the Academy's Physician Payment Policy workgroup (3P), Rhinology and Paranasal Sinus Committee, the American Rhinologic Society (*), and an expert early adopter of the technology: • Michael Setzen, MD- 1st Vice President, American Rhinologic Society; AAO-HNS Coordinator, Practice Affairs; Co-Chair 3P • Michael Sillers, MD- Early adopter of balloon catheter sinus surgery; Member, AAO-HNS CPT/RVU Committee • Scott Stringer, MD- Chair, AAO-HNS Rhinology and Paranasal Sinus Committee • Richard Waguespack, MD- AAO-HNS Coordinator, Socioeconomic Affairs; Immediate Past Chair, AAO-HNS CPT/RVU Committee; Co-Chair 3P Physician Payment Policy workgroup • Linda Ayers, MCHM, CAE- AAO-HNS Senior Director, Health Policy (*) The participation of a representative from the American Rhinologic Society leadership does not imply formal endorsement of this policy by the Society. Permission to reprint this article has been granted by the American Academy of Otolaryngology-Head & Neck Surgery (www.ENTnet.org)

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From the Administrator's Office



Wendi Perez

The American Rhinologic Society will host its **56th Annual Meeting** on **September 25, 2010** at the Boston Park Plaza Hotel in Boston, MA.

Registration is now open! To register for the ARS meeting go to: <http://app.american-rhinologic.org/controller.jsp?ACTION=Events.Registration.Scientific> To request housing accommodations, please go to <http://www.wynjade.com/aao10/ars> You may also register via mail or fax. Please complete the enclosed registration form and return it to Wendi Perez (wendi.perez@gmail.com) or fax 845-986-

1527. Mail registration forms to ARS, PO Box 495, Warwick, NY 10990
Abstract submission deadline: 6/20/10 (www.american-rhinologic.org)
Manuscript submission deadline: 8/28/10 (<http://mc.manuscriptcentral.com/alr>)

Meeting Highlights:

Breakfast Symposium - Supported by Entellus Medical

"The Nose-Inside and Outside- Functional and Aesthetic Considerations for the Surgeon". Moderated by Michael Setzen, MD. Panelists: Daniel Becker, MD, Minas Constantinides, MD, Paul Toffel, MD and Dean Toriumi, MD. *A special invitation is being extended to the members of the American Academy of Facial Plastic and*

Reconstructive Surgery for this 1-hour session. Discussion will focus on what Functional Goals both the Rhinologist and Facial Plastic Surgeon hope to accomplish during Nasal Surgery with an emphasis on Diagnosis and Surgical Treatment including Septoplasty, Turbinectomy, Endoscopic Sinus Surgery and Functional Rhinoplasty-Can we work Together or Alone?

6th Annual David W. Kennedy Lectureship - Valerie Lund, MD.

"Rhinology Rules OK!". Supported by Karl Storz Endoscopy-America, Inc. Features exhibit hall, poster presentations, and audience response interactive session

If you would like have your upcoming rhinology meeting noted here, simply provide the editor with pertinent information: newsletter@american-rhinologic.org
The American Rhinologic Society does not endorse these meetings but simply provides the list as a service to its members.

The content of Nose News represents the opinions of the authors and does not necessarily reflect the opinions of the American Rhinologic Society.

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