

## RELTOK NASAL PRODUCTS - CPT CODE 30999-BR EXPLANATION

### Used to Bill for Surgeon's Professional Fee For Insertion / Removal of Intranasal Airway

#### Whoever Says They Cannot Be Paid for Using this Code is Wrong

- Some insurance billers are reluctant to submit an insurance claim using a “\_\_\_999-BR (By Report) code based on a lack of understanding with the process. The refrain “*We’ll never get paid for that*” is simply untrue.
- Surgeons will be paid when their billing teams follow the proper process. For six years, surgeons throughout the US have been paid a professional fee thousands of times for inserting the airway. They just followed the right process.
- There is nothing improper, illegal or unethical about using such a code.
- The Current Procedural Terminology (CPT) code system was instituted decades ago. The common procedures, such as nasal septoplasty, recognized as “universal use” each bear a five-digit code number; for example, nasal septoplasty, 30520.

#### The CPT Coding System Provides Payment Provision for Installation of New Devices

- What happens when modern science and technology introduce a new device or product? Or breakthrough surgical technique or medical treatment? Adoption by thousands of practitioners can take years. At some point, when it can be shown to the American Medical Association (AMA), the central registry for the ICD roster of diagnoses and the CPT roster for treatments, that there is “universal usage”, then a five-digit CPT code for the procedure or technique will be assigned. Until that tipping point is reached, the doctor is not penalized. There is a provision for the identification of such a procedure or technique, prior to acceptance and usage by the great majority of practitioners.
- AMA has made provisions for identifying such new technology, new surgical procedures, and utilization of a new device or product. New or “unlisted procedures”, in the world of nasal surgery, are coded “30999-BR (by report)”. The “30” identifies a nasal procedure. In the world of abdominal surgery, the “500” series is used, so the analogous “new procedure performed on the abdomen, would be “50999-BR”. The insurers deserve and need to know, in a written report, all about this new product, procedure, et al. The “report” tells the insurer this is a new procedure, or use of a new product, for nasal surgery, not yet in universal use but qualified. The key to “qualification” is that there is FDA clearance. The FDA, not the insurance company, is the arbiter of what is considered safe. The implication is that if the product, device or service is safe, the insurer is obliged to honor the charge.

#### It Takes Seconds to Complete the Billing Form and Copy/Paste the Details of the Airway Device Insertion into an Operative Report

- There is a dedicated space on the universal billing form, “Box 19”, into which the biller need only state the qualification or “stamp of approval” which renders the charge eligible for payment. For the Reltok Clear-Flo™ Nasal Airway, an FDA-cleared device, holding two distinct patents, the appropriate message to the insurer, entered into **Box 19** is “**FDA-cleared safety device**”. ([See Sample Billing Form below](#))
- The only other distinct requirement for consideration for payment is that a report, either separate or included within the operative report needs to explain the nature of the new procedure, why it is being done, how it is performed, along with the expectations and benefits for patients. With that in hand, the insurer’s obligation will be met. ([See Operative Report Instructions below](#))

- Reltok Nasal Products offers templated forms, which have been used by many practices in thousands of cases, that provides all the information and explanations for facilitating payment for “Insertion of intranasal airway”. These are detailed, comprehensive and have been proven to be appropriate and satisfactory by most major insurers, including Medicare.

## Intention to Insert the Airway is Not Required Within a Pre-Authorization

- The surgeon needs permission only to perform the main surgical procedure.
- The above are “the rules” of insurance billing for a new device. The first time an artificial heart valve or vascular prosthesis was submitted for insurance payment, the same rules of the road had to be filed. Just a different “\_\_999-BR code was surely used.

Remember, the companies that manufacture new, high-tech “devices” like sinus surgery scanners, or even balloon sinuplasty or drug eluting stents all provide billing guidance documents for their customers. All are intended to help facilitate the billing process so that doctors have time to practice medicine and not duel with insurance companies.

For billing questions and assistance, please contact our independent billing consultant who is available to assist Reltok customers for their first 3 airway billings at no charge.

### Mark Reyes

Revenue Cycle Consultant Specialists, Inc.

Email: pcmsreyes@yahoo.com

Phone: 213-595-4792

Hours: 10:00 am to 2:00 pm (Pacific)

## Sample Billing Form

## Operative Report Instructions

Click on documents to view.