



2009 Medicare National Unadjusted Average Physician, Hospital Outpatient & ASC Payment Rates

CPT®/ HCPCS Code	Code Description	Physician Payment		Hospital Outpatient Payment	ASC Payment
		In-Office	In-Facility		
Ear					
69420	Myringotomy including aspiration and/or eustachian tube inflation	\$170	\$109	\$218	\$117
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	-	\$139	\$1,139	\$597
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	\$177	\$118	\$498	\$117
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	-	\$151	\$1,139	\$597
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material	-	\$855	\$2,766	\$1,195
69662	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	-	\$1,072	\$2,766	\$1,195
S2225*	Myringotomy, laser assisted	-	-	-	-
Nose/Nasal Cavity					
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	\$726	\$299	\$1,139	\$597
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	-	\$699	\$1,635	\$748
30120	Excision or surgical planing of skin of nose for rhinophyma	\$465	\$408	\$1,139	\$510
30130	Excision inferior turbinate, partial or complete, any method	-	\$337	\$1,139	\$597
30140	Submucous resection inferior turbinate, partial or complete, any method	-	\$385	\$1,635	\$717
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	-	\$542	\$1,635	\$807
30540	Repair choanal atresia; intranasal	-	\$607	\$2,766	\$1,195
30801	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial	\$197	\$118	\$498	\$314
30802	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural	\$255	\$169	\$498	\$314

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Source: Federal Register, Vol. 73:224, November 19, 2008 and Vol. 73:223, November 18, 2008. Actual payment rates will vary based on geographical adjustments to payments.
*S codes are not payable by Medicare and are used by some private third party payers, including some BlueCross BlueShield plans and are carrier priced.

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Selected ENT Procedures

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Larynx/Oral Cavity/Throat					
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	-	\$1,146	\$1,635	\$849
31420	Epiglottidectomy	-	\$765	\$2,766	\$1,063
31512	Laryngoscopy, indirect; with removal of lesion	\$190	\$124	\$1,217	\$589
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	-	\$234	\$1,546	\$721
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	-	\$344	\$1,546	\$779
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	-	\$332	\$1,546	\$822
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	\$231	\$154	\$1,139	\$180
42140	Uvulectomy, excision of uvula	\$220	\$140	\$498	\$369
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	\$213	\$140	\$1,139	\$141
42820	Tonsillectomy and adenoidectomy; under age 12	-	\$270	\$1,635	\$748
42821	Tonsillectomy and adenoidectomy; age 12 or over	-	\$282	\$1,635	\$849
42825	Tonsillectomy, primary or secondary; under age 12	-	\$242	\$1,635	\$807
42826	Tonsillectomy, primary or secondary; age 12 or over	-	\$234	\$1,635	\$807
42870	Excision or destruction lingual tonsil, any method (separate procedure)	-	\$525	\$1,635	\$748
S2080*	Laser-assisted uvulopalatoplasty (LAUP)	-	-	-	-

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