*New York State Board for Professional Medical Conduct*

*433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863*

Antonia C. Novello, M.D., M.P.H.
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*NYS Department of Health*

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*Executive Deputy Commissioner*
*NYS Department of Health*

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*Office of Professional Medical Conduct*

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*Bureau of Professional Medical Conduct*

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Denise M. Bolan, R.P.A.
*Vice Chair*

Ansel R. Marks, M.D., J.D.
*Executive Secretary*

August 3, 1999

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Vittal Rao, M.D.
Route 9 RR1, Box 66
Fishkill, NY 12524

RE: License No.: 120052

Dear Dr. Rao:

Enclosed please find Order #BPMC 99-194 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **August 3, 1999.**

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure
cc: Paul Kleidman, Esq.
Feldman, Kleidman & Coffey
153 Main Street
PO Box A
Fishkill, NY 12524-0395

Timothy J. Maher, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER**

**OF**

**VITTAL RAO, M.D.**

CONSENT
AGREEMENT
AND
ORDER

BPMC #99-194

VITTAL RAO, M.D., (Respondent) being duly sworn, deposes and says:

That on or about May 23, 1974, I was licensed to practice as a physician in the State of New York, having been issued License No. 120052 by the New York State Education Department.

My current address is Route 9, RR1, Box 66, Fishkill, New York 12524, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with five specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I plead no contest to the five specifications. I hereby agree to the following penalty:

1. Censure and reprimand.
2. Three years probation in accordance with the terms set forth in Appendix B, hereto.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension,

Respondent shall maintain current registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1999).

I agree that in the event I am charged with professional misconduct in the

future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:
DATED 7/20/99

VITTAL RAO, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 7/20/99

PAUL S. KLEIDMAN, ESQ.
Attorney for Respondent

DATE: 7/26/99

TIMOTHY J. MAHAR
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: July 29 1999

ANNE F. SAILE
Director
Office of Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER**

**OF**

**VITTAL RAO, M.D.**

CONSENT

ORDER

Upon the proposed agreement of VITTAL RAO, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 7/29/99

William P. Dillon, MD

WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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| | | |
|---|---|---|
| IN THE MATTER | : | STATEMENT |
| OF | : | OF |
| VITTAL S. RAO, M.D. | : | CHARGES |

----------X

VITTAL S. RAO, M.D., the Respondent, was authorized to practice medicine in New York State on May 23, 1974 by the issuance of license number 120052 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. Respondent provided medical care and treatment of Patient A during a period including November 22, 1991 to November 5, 1992 at his offices located at Route 9, RR 1, Box 66, Fishkill, New York and at St. Francis Hospital in Poughkeepsie, New York. Respondent diagnosed the following conditions in Patient A, among others: chronic ethmoid and maxillary sinusitis and septal deviation. Respondent's surgical care of Patient A included the following: nasal septoplasty; bilateral partial ethmoidectomy; bilateral supraturbinate maxillary antrostomy; and bilateral inferior turbinoplasty. Respondent's medical care and treatment of Patient A deviated from accepted standards of medical care in the following respects:

1. Respondent diagnosed a chronic ethmoid and/or maxillary sinusitis and/or osteomeatal complex obstruction condition without adequate clinical and/or radiologic findings.

2. Respondent failed to properly interpret a CT scan of the sinus performed on December 19, 1991. The radiologist who interpreted that study documented an impression of a normal study of the sinuses. Respondent interpreted the study, in part, as demonstrating chronic inflammatory process in both ethmoids, and a narrowing of the maxillary ostium.

3. Respondent performed bilateral ethmoidectomy and/or bilateral antrostomy without adequate clinical and/or radiologic findings.

B. Respondent provided medical care and treatment of Patient B during the period including August 27, 1993 to January 13, 1994 at his offices and at St. Francis Hospital. Respondent diagnosed the following conditions in Patient B, among others: chronic ethmoid and maxillary sinusitis, osteomeatal narrowing, septal deviation and bronchial asthma. Respondent's surgical care of Patient B including the following: bilateral ethmoidectomy, bilateral supraturbinate maxillary antrostomy, septoplasty, and bilateral turbinoplasty. Respondent's medical care and treatment of Patient B deviated from accepted standards of

medical care in the following respects:

1. Respondent diagnosed a chronic ethmoid and/or maxillary sinusitis condition without adequate clinical and/or radiologic findings.

2. Respondent failed to properly interpret a CT scan of the paranasal passages performed on September 1, 1993. The radiologist who interpreted that study documented an impression of minimal inflammatory changes involving the ethmoid cells. Respondent interpreted the study, in part, as demonstrating mucoperiosteal thickening of both ethmoid regions, and osteomeatal narrowing with a large hallar cell considerably narrowing the left maxillary sinus.

3. Respondent performed a bilateral ethmoidectomy and/or bilateral antrostomy procedures without adequate clinical and/or radiologic findings.

C. Respondent provided medical care and treatment of Patient C during the period including January 8, 1992 through November 2, 1994 at his offices. Respondent diagnosed the following conditions in Patient C, among others: acute left ethmoid sinusitis, osteomeatal blockage. Respondent's medical care and treatment of Patient C deviated from accepted standards of medical care in the following respects:

1. Respondent diagnosed Patient C with sinusitis and/or osteomeatal blockage without adequate clinical and/or radiologic findings.

2. Respondent failed to properly interpret a CT scan of the sinuses taken on January 15, 1992. The radiologist who interpreted that study documented an impression of a possible retained cyst in the floor of the left maxillary sinus; no inflammatory changes of the maxillary, ethmoid, sphenoid or frontal sinuses; and a normal appearing osteomeatal complex. Respondent interpreted the study, in part, as demonstrating septal deviation of the left and mucosal thickening of the total ethmoid cells.

3. Respondent recommended to Patient C septoplasty, bilateral intranasal endoscopic total ethmoidectomy and/or bilateral maxillary antrostomy procedures without adequate clinical and/or radiologic findings.

D. Respondent provided medical care and treatment to Patient D during the period including July 22, 1988 to October 20, 1992 at his office and at St. Francis Hospital. Respondent diagnosed the following conditions in Patient D, among others: chronic ethmoid and maxillary sinusitis, osteomeatal narrowing, and right maxillary sinus polyps. Respondent provided the following surgical care to Patient D: bilateral partial ethmoidectomies, bilateral

maxillary antrostomies, right maxillary sinus polypectomy and bilateral turbinoplasties. Respondent's medical care and treatment of Patient D deviated from accepted standards of medical care in the following respects:

1. Respondent's diagnosis of left-sided chronic ethmoid and/or maxillary sinusitis and/or left-sided osteomeatal narrowing was without adequate clinical and/or radiologic findings.

2. Respondent failed to properly interpret a CT scan of the paranasal sinuses taken on September 11, 1992. The radiologist who interpreted that study documented an impression of a normal appearing frontal, ethmoid and sphenoid sinuses; a normal left maxillary antrum; and a pair of soft tissue masses that nearly filled the right maxillary antrum. Respondent interpreted this study, in part, as demonstrating bilateral concha bullosa of the middle turbinates; bony opposition between the ethmoid bulla and the lateral wall of the concha bullosa; mucoperiosteal thickening on both anterior ethmoids, more on the left; two cysts or polyps in the right maxillary sinus.

3. Respondent performed a bilateral ethmoidectomy and a bilateral maxillary antrostomy without adequate clinical and/or radiologic findings for ethmoidectomies and/or a left-sided maxillary antrostomy procedure.

E. Respondent provided medical care and treatment to Patient E during the period including November 10, 1992 to February 3, 1994 at his offices and at St. Francis Hospital. Respondent diagnosed the following conditions in Patient E, among others: septal deviation, chronic thyroid and maxillary sinusitis, osteomeatal blockage and bronchial asthma. Respondent's surgical care of Patient E including the following: nasal septoplasty, bilateral intranasal endoscopic ethmoidectomy, bilateral supraturbinate maxillary antrostomy and bilateral turbinoplasty. Respondent's medical care and treatment of Patient E deviated from accepted standards of medical care in the following respects:

1. Respondent's diagnoses of right-sided sinusitis and/or right-sided osteomeatal blockage were without adequate clinical or radiologic findings.

2. Respondent failed to properly interpret CT scans of the paranasal sinuses taken on November 20, 1992. The radiologist who interpreted that study documented an impression of moderate hypertrophy of the left middle turbinate, no obstruction of the osteomeatal complex and no significant inflammatory disease. Respondent interpreted the studies, in part, as follows: bilateral osteomeatal blockage caused by edematous left middle turbinate and bulla of the body of the right middle turbinate and chronic inflammatory process in

both anterior ethmoid.

3. Respondent performed a bilateral ethmoidectomy, bilateral antrostomy and bilateral turbinoplasty in circumstances in which there were inadequate clinical and radiologic findings for a right-sided ethmoidectomy and/or right-sided maxillary antrostomy and/or right-sided turbinoplasty procedures.

F. Respondent provided medical care and treatment to Patient F during the period including May 4, 1990 to June 3, 1994 at his offices and at St. Francis Hospital. On March 1, 1991, Respondent diagnosed in Patient F the following conditions, among others: septum deviation with obstruction, chronic ethmoid and maxillary sinusitis and left osteomeatal blockage. On April 29, 1991, Respondent performed a nasal septoplasty, bilateral partial ethmoidectomy, bilateral maxillary antrostomy and bilateral inferior turbinoplasty. Respondent's medical care and treatment of Patient F deviated from accepted standards of medical care in the following respects:

1. Respondent performed bilateral partial ethmoidectomy, bilateral maxillary antrostomy on April 29, 1991 in circumstances in which there were inadequate medical indications for a ethmoidectomy and/or maxillary antrostomy procedures.

G. Respondent provided medical care and treatment to Patient G during the period including November 10, 1989 through November 17, 1992 at his offices. Respondent diagnosed the following conditions in Patient G, among others: chronic sinusitis and osteomeatal blockage. Respondent's medical care and treatment of Patient G deviated from accepted standards of medical care in the following respects:

1. Respondent failed to properly interpret a CT scan of the paranasal sinuses performed on September 28, 1992. The radiologist who interpreted the study documented an impression that the "sinuses are well aerated and normal in appearance". Respondent interpreted the study, in part, as demonstrating an ethmoid bulla in contact with lateral surface of the middle turbinate causing infundibular blockage in the anterior ethmoid areas.

2. Respondent recommended endoscopic sinus surgery to relieve osteomeatal blockage without adequate clinical and radiologic findings.

SPECIFICATIONS

FIRST SPECIFICATION

PRACTICING WITH GROSS NEGLIGENCE ON A PARTICULAR OCCASION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(4) by reason of his practicing the profession of medicine with gross negligence on a particular occasion, in that Petitioner charges the following:

1. The facts in the following paragraphs individual and/or in total: A and A.3 and/or B and B.3 and/or C and C.3 and/or D and D.3 and/or E and E.3 and/or F and F.1 and/or G and G.2.

SECOND SPECIFICATION

PRACTICING THE PROFESSION WITH GROSS INCOMPETENCE

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(6) by reason of his practicing the profession of medicine with gross incompetence, in that Petitioner charges the following:

2. The facts set forth in the following paragraphs individually and/or in total: A and A.3 and/or B and B.3 and/or C and C.3 and/or D and D.3 and/or E and E.3 and/or F and F.1 and/or G and G.2.

THIRD SPECIFICATION

PRACTICING WITH NEGLIGENCE ON MORE THAN OCCASION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(3) by reason of his practicing the profession of medicine with negligence on more than one occasion, in that Petitioner charges that Respondent committed two or more of the following:

3. The facts in paragraphs A and A.1 and/or A and A.2 and/or A and A.3 and/or B and B.1 and/or B and B.2 and/or B and B.3 and/or C and C.1 and/or C and C.2 and/or C and C.3 and/or D and D.1 and/or D and D.2 and/or D and D.3 and/or E and E.1 and/or E and E.2 and/or E and E.3 and/or F and F.1 and/or G and G.1 and/or G and G.2.

FOURTH SPECIFICATION

PRACTICING WITH INCOMPETENCE ON MORE THAN OCCASION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(5) by reason of his practicing the profession of medicine with incompetence on more than one occasion, in that Petitioner charges that Respondent committed two or more of the following:

4. The facts in paragraphs A and A.1 and/or A and A.2 and/or A and A.3 and/or B and B.1 and/or B and B.2

and/or B and B.3 and/or C and C.1 and/or C and C.2 and/or C and C.3 and/or D and D.1 and/or D and D.2 and/or D and D.3 and/or E and E.1 and/or E and E.2 and/or E and E.3 and/or F and F.1 and/or G and G.1 and/or G and G.2.

FIFTH SPECIFICATION

ORDERING EXCESSIVE TESTS AND TREATMENT

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(35) by reason of his ordering of excessive tests, treatment or use of treatment facility not warranted by the condition of the patient, in that Petitioner charges the Respondent committed the following acts:

5. The facts set forth in paragraphs A and A.3 and/or B and B.3 and/or C and C.3 and/or D and D.3 and/or E and E.3 and/or F and F.1 and/or G and G.2.

DATED: , 1998
Albany, New York

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession.

2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.

3. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].

4. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.

5. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.

6. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.

7. Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.

   a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site

observation. For the first twelve months of the probation period, all of Respondent's proposed sinus surgical cases shall be submitted to the practice monitor for approval prior to surgery (prospective monitoring). The procedures constituting sinus surgery are set forth in Exhibit C hereto, and Respondent hereby represents that his sinus surgery is limited to those procedures. Sinus surgery shall not be performed before the practice monitor's approval is obtained in writing, at which time the practice monitor shall certify that he or she has received and reviewed all office and hospital records pertaining to the proposed surgery, the reports of all diagnostic studies and all films relating to the condition for which surgery is proposed. The OPMC shall be copied on all such approvals for surgery, and shall be notified in writing if surgery is not approved. At the conclusion of the first twelve months of the probation term, prospective monitoring will continue for the remainder of the probation term at the sole discretion of the Director of OPMC. At the completion of the prospective monitoring and for the remainder of the probation term, the practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no less than 25 patients) of records maintained by Respondent, including patient records, surgical records and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.

c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.

d. Respondent shall maintain medical malpractice insurance coverage with limits no less than $2 million per occurrence and $6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.

8. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.

## LIST OF PROCEDURES CONSTITUTING SINUS SURGERY

| Code | Description |
|---|---|
| 31020 | Sinusotomy, maxillary (antrotomy); intranasal |
| 31030 | Sinusotomy, maxillary (antrotomy); radial (Caldwell-Luc): without removal of antrochoanal polyps |
| 31032 | Sinusotomy, maxillary (antrotomy); radial (Caldwell-Luc): with removal of antrochoanal polyps |
| 31040 | Pterygomaxillary fossa surgery, any approach |
| 31050 | Sinusotomy, sphenoid, with or without biopsy |
| 31051 | Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s) |
| 31070 | Sinusotomy frontal; external, simply (trephine operation) |
| 31075 | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type) |
| 31080 | Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (including ablation) |
| 31081 | Sinusotomy frontal; obliterative without osteoplastic flap, coronal incision (including ablation) |
| 31084 | Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision |
| 31085 | Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision |
| 31086 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision |
| 31087 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision |
| 31090 | Sinusotomy combined, three or more sinuses |
| 31200 | Ethmoidectomy; intranasal, anterior |
| 31201 | Ethmoidectomy; intranasal, total |
| 31205 | Ethmoidectomy; extranasal, total |
| 31225 | Maxillectomy; without orbital exenteration |
| 31230 | Maxillectomy; with orbital exenteration (en bloc) |
| 31233 | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture) |
| 31235 | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium) |
| 31239 | Nasal/sinus endsocopy, surgical; with dacryocystorhinostomy |
| 31254 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior) |
| 31255 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior) |
| 31256 | Nasal/sinus endoscopy, surgical; with maxillary antrostomy |

| Code | Description |
|---|---|
| 31267 | Nasal/sinus endoscopy, surgical; with maxillary antrostomy; with removal of tissue from maxillary sinus |
| 31276 | Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus |
| 31287 | Nasal/sinus endoscopy, surgical; with sphenoidotomy |
| 31288 | Nasal/sinus endoscopy, surgical; with sphenoidotomy; with removal of tissue from sphenoid sinus |
| 31290 | Nasal/sinus endoscopy, surgical; with repair of cerebrospinal fluid leak; ethoid region |
| 31291 | Nasal/sinus endoscopy, surgical; with repair of cerebrospinal fluid leak; sphenoid region |
| 31292 | Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression |
| 31293 | Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression |
| 31294 | Nasal/sinus endoscopy, surgical; with optic nerve decompression |
| 31299 | Unlisted procedure, accessory sinuses |
| 30520 | Septoplasty |