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SPECIAL ARTICLE

The new standardised nomenclature in Otorhinolaryngology by SEORL-CCC - ANAESTHESIA (SEDAR). Executive version 2024*

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KEYWORDS

Nomenclature;
Criteria for
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Medical acts;
Otorhinolaryngology;
Head and neck
surgery

Abstract

Purpose: After the publication of the new standardized nomenclature for the specialty of Otorhinolaryngology in 2021, a joint adaptation was carried out with the Spanish Society of Anesthesiology, Resuscitation and Pain Therapy (SEDAR), creating an executive version. In this version, the Anesthesia groups are added for those procedures that require it and, in addition, the number of acts is reduced to facilitate its implementation in the daily basis healthcare activity. The aim of this article is to update the definitive executive version of the nomenclature for the specialty of Otolaryngology.

Methods: The nomenclature published in 2021 was updated, reducing the number of acts and procedures. For this purpose, a grouping of procedures similar in description and in order and ranking has been made. Those procedures that have been grouped together have received a new description that reflects all the acts included in order to facilitate its coding but respecting the essence of the proposal of the complete version of the 2021 nomenclature. Subsequently, the private medicine committee of SEDAR has assigned the anaesthetic act for those procedures that may require it. In addition, a provisional code has been assigned for those acts that are new with respect to the latest version approved by the OMC, which allows their numerical identification.

Results: The executive version of the nomenclature presents a total of 234 medical acts, compared to 395 listed in the 2021 version, which are distributed by OMC classification groups and ENT subspecialties. One-hundred and fourteen procedures maintain the original OMC code, with some modifications in the description of the medical act. Other procedures also performed by ENT but listed elsewhere were kept with their same description and group and assigned OMC codes. The remaining 120 procedures are new proposals made by the scientific society and its subspecialty committees.

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Conclusions: The executive version of the new nomenclature of Otorhinolaryngology proposed by the SEORL-CCC and SEDAR updates the one from 2021 and is the only one valid in our specialty for its use in the private healthcare daily practice. The reduction of medical procedures, without losing richness or modifications of the surgical groups, and the allocation of the anesthesia scales, facilitates its implementation, and provides the highest standards of quality and clinical timelines.

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PALABRAS CLAVE

Nomenclátor;
Criterios de
baremación;
Actos médicos;
Otorrinolaringología;
Cirugía de cabeza y
cuello

Nuevo nomenclátor de Otorrinolaringología de la SEORL-CCC - ANESTESIOLOGÍA (SEDAR). Versión ejecutiva 2024

Resumen

Propósito: Tras la publicación del nuevo nomenclátor estandarizado de la especialidad de Otorrinolaringología en el año 2021, se realizó una adaptación conjunta con la Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor (SEDAR) creándose una versión ejecutiva del mismo, en la cual se añaden los grupos de ordenación de Anestesia para aquellos procedimientos que así lo requieran y, además, se reduce el número de actos para facilitar su implementación en la actividad asistencial. El objetivo del presente artículo es la actualización de una versión ejecutiva definitiva del nomenclátor de la especialidad de Otorrinolaringología.

Métodos: Se realizó la actualización del nomenclátor vigente de 2021, reduciendo el número de actos y procedimientos mediante una agrupación de procedimientos similares, tanto en descripción como en ordenación y baremación. Aquellos procedimientos agrupados han recibido una nueva descripción que refleja todos los actos englobados en el mismo para facilitar su codificación en la actividad asistencial y su correcta ponderación, respetando la esencia de la propuesta de la versión completa del nomenclátor del 2021. Posteriormente, desde la comisión de medicina privada de la SEDAR, se ha procedido a asignar la ponderación del acto anestésico para aquellos procedimientos que así lo puedan requerir. Además, se ha asignado un código para aquellos actos nuevos respecto a la última versión aprobada de la Organización médica colegial (OMC) que permite su identificación numérica.

Resultados: La versión ejecutiva del nomenclátor presenta un total de 234 actos médicos, frente a 395 de la versión de 2021, los cuales se distribuyen por grupos de ordenación de la OMC y subespecialidades de Otorrinolaringología. Del total de los actos médicos descritos, 114 procedimientos mantienen el código de la OMC original, con algunas modificaciones en la descripción del acto médico de nuestra especialidad. Otros son también procedimientos otorrinolaringológicos que ya constan en otras especialidades con códigos asignados de la OMC y que mantienen su misma descripción y grupo de ordenación. Los 120 procedimientos restantes son nuevas propuestas de la sociedad científica y las comisiones de subespecialidad de la misma.

Conclusiones: La versión ejecutiva del nuevo nomenclátor de Otorrinolaringología propuesto por la SEORL-CCC y la SEDAR actualiza el nomenclátor predecesor de 2021 y es el único válido para el ejercicio libre de nuestra especialidad en la sanidad privada. La reducción del número de actos médicos, sin perder riqueza ni alteraciones en la ponderación de los grupos quirúrgicos, ni la asignación de los grupos de anestesia, facilita la implementación en la práctica asistencial del mismo, permitiendo en última instancia asegurar al médico y al paciente el ejercicio de la medicina en los estándares máximos de calidad y actualidad clínica.

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Introduction

In 2021, the nomenclature update of the Otorhinolaryngology¹ specialty was published. With

this version the correct assessment and scale of the medical-surgical processes and acts of our specialty could be adapted to the healthcare and scientific reality. After its publication, the Spanish Society of Anaesthesiology,

Q1 **Table 1** Example of procedural grouping in the executive version.

1950	31.69	Arytenoidectomy and vocal cord fixation. Microlaryngoscopy	ST laryngeal paralysis: arytenoidectomy, vocal cord fixation, posterior cordotomy, aritenoid aduction. medialisation thyroplasty with prosthesis	Group 5 0505
PA	31.69	Laryngeal paralysis (ST): partial arytenoidectomy		Group 5 0505
PA	31.69	Laryngeal paralysis (ST): posterior cordotomy		Group 5 0505
PA	31.98	Laryngeal paralysis (ST): aritenoid aduction		Group 4 0504
PA	31.98	Laryngeal paralysis (ST): medialisation thyroplasty with prosthesis		Group 4 0504

ST: Surgical treatment.

Resuscitation and Pain Therapy (SEDAR) was contacted to agree on the assignment of anaesthesia groups for those procedures in our specialty that required it. After meetings and conversations between the SEORL-CCC and SEDAR, it was found that the 2021 version of the new nomenclature had too many medical acts, which could impede its final approval. For this reason, it was decided to work on a joint version of the SEORL-CCC and SEDAR. The purpose of this article is to update a definitive executive version of the Otorhinolaryngology specialty nomenclature.

Material and methods

The current 2021 nomenclature was updated, reducing the number of acts and procedures, coordinated by the SEORL-CCC Protocols, Clinical Guides, Standards and Nomenclature commission. The methodology was based on the proposal of the Spanish Society of Ophthalmology.² For this purpose, a grouping of similar procedures was made, both in description and in order and weighting. Those grouped procedures received a new description that reflected all the acts included in it to facilitate the codification of the procedures in the healthcare activity and their correct weighting, respecting the essence of the proposal for the complete version of the 2021 nomenclature. An example of grouping procedures may be found in [Table 1](#).

Subsequently, the SEDAR private medicine commission proceeded to assign the weighting of the anaesthetic act for those procedures that may have required it.

In keeping with the latest approved version of the Collegiate Medical Organization (OMC for its initials in Spanish) a numerical identification code was also assigned for new acts. To identify this group of acts, the code PA (PENDING ASSIGNMENT) was maintained and code 3535 was added (35 is the code assigned to Otorhinolaryngology in the OMC) + procedure number assigned from 1 onwards consecutively until the 120 procedures were completed with a new assigned code.

Finally, in the executive version, the columns of criteria and quantitative and qualitative scale indicators were deleted, to reduce the size of the table and maintain only those headings that, are currently practical when it comes to scaling and collating with insurance companies.

Results

[Table 2](#) shows the definitive nomenclature for Otorhinolaryngology proposed by the SEORL-CCC and in consensus with SEDAR. The table is made up of the following columns: OMC code; classification of the procedure according to eCIE9MC; heading of the Otorhinolaryngology specialty procedures; ordering group according to the OMC scale, and the Anaesthesia coding for those procedures that may require them. The table is divided into subgroups of procedures and subspecialties of our specialty, and ordered from least to greatest difficulty, and henceforth weighting. The executive version of the nomenclature presents a total of 234 medical acts, compared to 395 in the 2021 version. Of the total medical acts described, 114 procedures maintain the original OMC code, with some modifications in the description of the otorhinolaryngology medical act. Others are procedures listed in other specialties with OMC code that maintain the same description and classification group and that can also be performed by the otorhinolaryngology specialist. The remaining 120 procedures are new proposals from the scientific society and its subspecialty commissions.

Discussion

As we described in the article published in 2021,¹ the scientific societies of each specialty are the only authorities that have the capacity to describe and define the medical advances in each of their fields, and also to discern the difficulties, problems, possible risks, and complications of the procedures involved. This is why it is exclusively up to each scientific society to update its own nomenclature and assess its medical acts, and to establish a quantification of the

Table 2 SEORL-CCC-SEDAR Otorhinolaryngology nomenclature. Executive version 2024.

Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
Cod.OMC	eCIE 9MC	Consultations	Grouping	Anaesthesia
0001	89.03	Initial consultation	010100	NP
0002	89.02	Review	010200	NP
PA/ 35351	89.04	Telematic consultation (1st visit, successive, emergency)	010300	NP
2724	89.04	INQ, hospitalised patient care (per day), interconsultations, hospital visits	010300	NP
PA/ 35352	89.03	Emergency consultation	010300	NP
0003	89.04	Home visit	010300	NP
Cod.OMC	eCIE 9MC	Intraconsultation diagnostic tests	Grouping	Anaesthesia
PA/ 35353	95.41	Tone audiometry	020100	NP
PA/ 35354	95.41	Verbal audiometry, logaudiometry, Metz test, recruitment	020100	NP
1849	31.42	Endoscopic exploration of cavum and/or larynx nasal passages, nasofibrolaryngoscopy, otomicroscopy	020100	G1
PA/35355	89.12	Active-acoustic rhinomanometry	020100	NP
PA/ 35356	95.41	Tympanometry, stapedial reflexes	020100	NP
PA/ 35357	V82.9	Vocal acoustic analysis	020100	NP
1843	95.41	Children's audiometry (subjective techniques)	020100	NP
2292	95.46	Craniocorpography	020100	NP
1838	29.12, 31.43, 31.45	Nasal, atrial, nasosinus, cavum or larynx biopsy (includes laryngoscopy)	020100	G1
2293	31.48	Laryngostroboscopy	020100	NP
PA/ 35358	21.29	Qualitative and quantitative olphatometry	020100	NP
PA/35359	89.17	Polysomnography or home polygraphy	020100	NP
1848	95.46	Glycerol test	020100	NP
0010	86.19	Allergy skin tests (prick), nasal provocation test	020100	NP
PA/ 353510	29.19	Swallowing videendoscopy (fees)	020100	NP
2294	95.46	Dynamic posturography	020100	NP
2460	95.46	Computerised vestibular tests	020100	NP
PA/353511	95.46	Video-monitored head impulse test (V-HIT)	020100	NP
1841	89.15	Electrogustometry, gustometry	020100	NP
1651	89.17	Hospital laboratory polysomnography	020100	NP
Cod.OMC	eCIE 9MC	Diagnosis by imaging	Grouping	Anaesthesia
PA/353512	88.71	Sinus, neck, salivary glands ultrasound	030500	NP
PA/353513	88.39	Swallowing videofluoroscopy	030500	NP
Cod.OMC	eCIE 9MC	Neurophysiological tests	Grouping	Anaesthesia
1659	95.46	Electronistagmography. Electrooculography	9	G1
PA/ 353514	89.15	Polygraph studies of movement, nystagmus	9	G1
PA/353515	95.46	Adult-child acoustic otoemissions	9	G1
PA/353516	95.46	Auditory evoked potential trunk threshold adult-child morphology or corticals. Distortion products	9	G1
PA/353517	95.46	Electrococleography	9	G1
PA/353518	95.46	Vestibular evoked myogenic potential (VEMPS)	9	G1
PA/353519	93.08	Electro cochleography diagnostic laryngeal electromyography	9	G1
PA/353520	95.46	Adult-child steady state potential	9	G1
1844	89.15	Complete facial nerve exploration (lacrimation, salivation, electroneuromyography and neurography)	9	G1
Cod.OMC	eCIE 9MC	Intraconsultation therapeutic acts	Grouping	Anaesthesia
1851	93.94	Aerosol therapy, aerosols (session)	020200	NP
1869	21.31	Treatment in consultation: nasal polyp, synechiae, cauterisation, myringotomy, tube removal, anterior nasal plugging	020200	G1
0022	93.90, 93.91	Ventilotherapy and aerosols with appliances. of P.P.I.I., or ultrasonic aerosols (per session)	020200	NP
PA/353521	99.57	Facial filler materials botulinum toxin injection and cervicofacial filler materials	020200	NP

Table 2 (Continued)

Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
PA/ 353522	20.09, 20.94	Intratympanic injection of medication	020200	NP
PA/353523	21.1, 22.00,22.50, 29.0	Foreign body ear, nose, pharynx, larynx intraconsultation	020200	NP
PA/353524	879.8	Suture of cervicofacial wounds. Intraconsultation own bone fracture reduction	020200	NP
1857	21.02	Posterior nasal packing	020200	G2
Cod.OMC	eCIE 9MC	Rehabilitation	Grouping	Anaesthesia
2461	93.89	Vestibular rehabilitation. Provocation and replacement manoeuvres of BPPV. Per session	070110- 070210	NP
Cod.OMC	eCIE 9MC	Rhinology	Grouping	Anaesthesia
1861	21.03	Cauterisation of nasal septom or concha	Group 0 0500	G1
1842	21.22, 29.12	Nasosinusal and cavum endoscopic exploration. Nasal biopsy	Group 0 0500	G1
1863	21.91	Nasal synechia. Nasal mythomycin surgical treatment	Group 0 0500	G1
933	21.1, 22.00,22.50, 29.0	Foreign body (nasal, auricular, pharyngeal or paranasal sinuses). Surgical extraction	Group 1 0501	G1
PA/353525	21.99	Removal of benign neoplasms of the nasal vestibule	Group 1 0501	G1
923	21.72	Simple fracture of own nose bones. Surgical treatment	Group 1 0501	G2
PA/353526	29.19	Videosomnoscopy (dise)	Group 1 0501	G2
1852	20.8	Unilateral eustachian tube endoscopic dilatation/catheterism. Balloon sinuplasty	Group 2 0502	G2
PA/353527	4.80	Infraorbital supraorbital nerve neurolysis	Group 2 0502	G2
PA/353528	21.69	Endoscopic turbinoplasty. Endoscopic concha surgery. Concha radiofrequency	Group 2 0502	G2
974	21.5, 21.88	Nasal septoplasty (cottle-endoscopic)	Group 3 0503	G3
PA/353529	20.8	Bilateral eustachian tube endoscopic dilatation/catheterism	Group 3 0503	G3
994	21.82	Orosinusal and oronasal fistula. Surgical treatment	Group 3 0503	G3
1886	29.4	Choanal imperforation. Surgical treatment. Unilateral endoscopic choanal atresia	Group 3 0503	G3
PA/353530	21.09	Endonasal infiltration/coagulation for vascular anomalies. Endoscopic epistaxis control	Group 3 0503	G3
1922	04.03	Vidian nerve. Endoscopic transmaxillary section	Group 3 0503	G3
1864	21.1	S.T: abcess haematoma of the nasal septum through incision/drainage. Ocena.	Group 3 0503	G3
3255	29.54	Enndoscopic approach to bilateral choanal atresia	Group 4 0504	G3
PA/353531	8.51	External canthotomy with cantholysis	Group 4 0504	G3
PA/353532	9.81	External or endosopic dacryocystorhinostomy via nasal route	Group 4 0504	G3
1935	22.9	Unilateral endoscopic surgery sphenoidotomy, frontal Draf I-IIA, simple-extended maxilectomy, etmoidal. Orbital preseptal abscess	Group 4 0504	G4
1919	38.82	Internal maxillary artery ligation, transmaxillary approach	Group 4 0504	G3

(Continued)				
Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
PA/353533	21.87	Functional closed or open septorhinoplasty	Group 4 0504	G3
PA/353534	22.42	Bilateral endoscopic surgery: frontal Draf I-IIA, maxillectomy, maxilloetmoidal, sphenoidotomy.	Group 5 0505	G4
PA/353535	22.9	Unilateral pansinusitis disease/benign sinusoidal tumouration/endoscopic orbitary decompression	Group 5 0505	G4
PA/353536	22.3	Open maxillary sinus surgery, infrastructure maxillectomy	Group 5 0505	G4
1936	22.63	External ethmoidectomy. Unilateral	Group 5 0505	G4
1251	21.84	Secondary septoplasty	Group 5 0505	G4
PA/353537	21.84	Secondary septorhinoplasty	Group 6 0506	G4
PA/353538	22.42	Bilateral complex endoscopic approach: frontal Draf IIB-III, pansinus, re-interventions	Group 6 0506	G5
PA/353539	29.39	Angiofibroma (nasopharyngeal). Endoscopic surgical treatment of rhinopharynx and orbital tumor	Group 6 0506	G4
1955	22.79	Open frontal sinus surgery (frontal osteoplasty)	Group 6 0506	G5
PA/353540	22.9	Nasal implantable devices (vestibular and other implants)	Group 6 0506	G5
2504	22.63	External ethmoidectomy. Bilateral	Group 6 0506	G5
1951	7.79	Approach to the pituitary through endoscopic nasosinus surgery	Group 7 0507	G6
PA/353541	21.88	Reconstruction of septal perforation and CSF fistulas with pericranial flap, microflaps	Group 8 0508	G6
1948	21.30, 22.9, 40.40	Malignant rhinosinual tumours. Paralateronasal rhinotomy. Degloving	Group 8 0508	G6
PA/353542	01.3,01.5,01.6	Endoscopic anterior and transorbital skull base approach. Reconstruction with flaps	Group 8 0508	G6
Cod.OMC	eCIE 9MC	Otology	Grouping	Anaesthesia
1873	98.11	Foreign body in ear. Surgical treatment	Group 0 0500	G1
1862	20.01	Simple UNI or bilateral myringotomy. Removal of drainage tubes	Group 0 0500	G1
1858	18.09	External auditory canal abscess, back-ear surgical treatment	Group 1 0501	G1
PA/353543	86.90	Obtaining abdominal fat graft	Group 1 0501	G1
PA/353544	20.39	Promontory test	Group 1 0501	G1
1878	20.01	Myringotomy and placement of drainage tubes. Intratympanic infiltrations. United or bilateral	Group 2 0502	G2
1880	18.29	Surgical treatment of benign neoplasms of the external auditory canal. Preauricular fistulas	Surgical treatment of benign neoplasms of the external auditory canal. Preauricular fistulas	G2
PA/353545	18.6	Endoscopic canaloplasty	Group 2 0502	G3

(Continued)

Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
1879	18.39	Benign cysts and tumours of the auditive pavilion. Simple removal. ST.	Group 2 0502	G2
2496	20.09	Exploratory tympanotomy	Group 2 0502	G2
1925	18.6	Anterior-posterior wall reconstruction of the external auditory canal	Group 3 0503	G4
PA/353546	18.09	Surgical drainage of othematoma. Ear debridement for abscess, pericondritis or lymphoedem	Group 3 0503	G3
1888	18.29	Osteoma and exostosis of the external auditory canal. Surgical treatment	Group 4 0504	G3
1892	19.5	Audio surgery. Adhesive otitis. Tympanoplasty. Jacobson nerve section	Group 4 0504	G3
1901	19.4	Myringoplasty with endoaural/transcanal/transmeatal/endoscopic approach	Group 4 0504	G4
1907	18.6	Atresia auris minor, stenosis of the external auditory canal. Surgical treatment	Group 4 0504	G3
PA/353547	20.99	Percutaneous, transcutaneous bone conduction implant	Group 4 0504	G4
1923	19.9	Mastoid cavity obliteration	Group 4 0504	G3
PA/ 353548	18.79	Btaining auricular pavilion graft	Group 4 0504	G3
1895	18.31	Malignant otitis externa. S.T.	Group 4 0504	G3
1905	20.4	Mastoidectomy. Extradural abscess drainage. Semicircular duct obliteration	Group 5 0505	G4
1921	19.4	Myringoplasty with retroauricular approach. Tympanosclerosis	Group 5 0505	G4
PA/353549	18.6	Surgical treatment of major atrial atresia	GROUP 5 0505	G4
1911	19.11	Stapedectomy, including stapedotomy	Group 5 0505	G4
1947	19.5	Transmeatal tympanoplasty, endoscopic, retroauricular. ossicular reconstruction	Group 6 0506	G4
1938	20.79	Retroauricular or transmeatal route labyrinthectomy	Group 6 0506	G4
PA/ 353550	04.07, 04.02,04.3, 04.5,04.79	Approach to the second and third portion of the facial nerve	Group 6 0506	G5
1032	18.71, 18.79	Auricular pavilion. Total reconstruction	Group 6 0506	G5
1933	20.71, 20.79	Decompression or by-pass endolymphatic sac	Group 7 0507	G5
PA/353551	20.51	Tympanoplasty with mastoidectomy. closure of middle ear CSF fistula. Subtotal petrosectomy	Group 7 0507	G5
1932	04.42	Geniculated lymph node decompression by transtemporal approach	Group 7 0507	G5
1954	20.96,20.97,20.98	Cochlear implant, middle ear. Total implantable prosthesis	Group 7 0507	G5
PA/353552	04.79	Anastomosis surgery connection by nerve grafts in facial nerve paralysis	Group 7 0507	G5
1953	20.51	Malignant tumours of the middle ear. Surgical treatment	Group 7 0507	G5
3296	04.07, 04.02,04.3, 04.5,04.79	Facial nerve. Extrapetrous surgery. Microsurgery	Group 8 0508	G6

<i>(Continued)</i>				
Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
1956	18.31	Malignant tumours of the external ear. Surgical treatment	Group 8 0508	G5
1941	04.04	Neurectomy of the 8th cranial pair (cochlear, vestibular)	Group 8 0508	G6
1916	20.51	Neurectomy of the 8th cranial pair (cochlear, vestibular) glomus paraganglioma tympanic or jugular. Jugulo-tympanic. Carotid. TQ.	Group 8 0508	G6
PA/353553	20.49	Treatment of lateral sinus thrombosis	Group 8 0508	G6
PA/353554	20.79	Obliteration of the semi-circular duct through middle fossa	Group 8 0508	G6
PA/353555	01.6	Lateral skull base approaches (retrosigmoid, translabyrinthine, middle fossa, jugular foramen, infratemporal, transcochlear)	Group 8 0508	G6
PA/353556	20.99	Brainstem implantation	Group 8 0508	G6
1637	01.59	Ponto-cerebellar angle microsurgery. Approach to the first portion of the facial nerve	Group 8 0508	G6
1958	04.07	Tumours of the 8th nerve pair. Acoustic neurinoma. Surgical treatment	Group 8 0508	G6
Cod.OMC 718	eCIE 9MC 86.59	Laryngology and head and neck surgery Minor injuries. Suture	Grouping Group 0 0500	Anaesthesia G1
926	29.39	Pharynx papilloma or polyp. Removal	Group 0 0500	G2
906	29.12	Oropharynx biopsy. Intraoral biopsy. Sentinel ganglion	Group 1 0501	G2
PA/353557	86.22, 86.28	Extirpation debridement of skin wounds/ulcers by direct closure	Group 1 0501	G1
1853	98.13	Foreign body in pharynx	Group 1 0501	G2
2494	26.0,26.91	Extraction of salivary gland stone. Single incision	Group 1 0501	G1
PA/353558	27.41, 27.59	Frenectomy or lingual or labial plasty	Group 1 0501	G2
924	86.59	Wound less than 3 cm, face and neck. Suture and direct closure	Group 1 0501	G1
PA/353559	4.80	Botulinum toxin infiltration for frey's syndrome, mentonian nerve	Group 1 0501	G2
PA/353560	27.69	Radiofrequency or sclerosing treatment of the velar palate	Group 1 0501	G2
737	26.29	Ranula	Group 1 0501	G2
1881	27.72	Simple uvulectomy	Group 1 0501	G2
1865	28.6	Adenoidectomy by curetting or endoscopic	Group 2 0502	G3
922	28.0	Periamygdaline or lateropharyngeal abscess. Surgical treatment	Group 2 0502	G2
610	41.2	Rigid esophagoscopy. Biopsy. Diagnosis	Group 2 0502	G2
PA/353561	27.43, 27.49	Removal and direct closure of labial tumor	Group 2 0502	G2
1846	31.43	Microlaryngoscopy. Hypopharyngeal laryngeal biopsy	Group 2 0502	G3
738	31.72	Tracheotomy. Closing	Group 2 0502	G2

(Continued)				
Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
PA/353562	40.9	Sclerosing treatment of vascular malformations	Group 2 0502	G2
0944	24.2, 25.59,27.59, 24.31	Intraoral benign tumours soft parts. Resection with reconstruction plasties	Group 2 0502	G2
0771	25.1, 25,2	Tongue tumor. Partial glossectomy, Wedge	Group 3 0503	G2
1872	28.2, 28.3	Total or partial tonsillectomy/reduction with or without adenoidectomy.	Group 3 0503	G3
PA/353563	40.21	Cervico-spinal adenopathy. Extirpation. Simple lymph node biopsy, daniels, thyroid.	Group 3 0503	G2
1218	86.60, 86.70	Defect coverage (scars, wounds, ulcers, burns, etc.) includes removal or debridement and skin graft	Group 3 0503	G2
1854	31.3, 98.14	Foreign body larynx, hypopharynx, cervical esophagus surgical or endoscopic extraction. therapeutic bronchoscopy	Group 3 0503	G3
0751	26.42, 26.49	Salival fistula. Stenon's duct surgery	Group 3 0503	G3
1885	27.0	Phlemon abscess floor of mouth. Surgical treatment	Group 3 0503	G2
PA/353564	30.09, 31.0	Percutaneous laryngeal infiltration by laryngeal-fibrosopic-ultrasound emg control	Group 3 0503	G3
1856	30.09, 31.0	Laryngeal microsurgery for laryngeal infiltration. Laryngeal paralysis. Medialization techniques	Group 3 0503	G3
0980	27.43	Lip tumor. Removal and plasty	Group 3 0503	G3
PA/353565	26.91	Diagnostic and therapeutic sialoendoscopy	Group 3 0503	G2
1903	28.92, 29.39	Benign tumor of tonsils and adjacent regions. Removal	Group 3 0503	G3
1896	27.31	Velopalatinal stenoses. Veloplasty and pharyngoplasty by barbed suture. T.Q.	Group 4 0504	G3
1920	30.09, 30.29	Laryngeal microsurgery, papilomas, polyps, nodules, and cysts. Vocal cord or epiglottis	Group 4 0504	G4
782	06.31	Thyroid cyst. Surgical treatment	Group 4 0504	G3
PA/353566	40.21, 40.29	Removal of deep cervical denopathy	Group 4 0504	G3
1876	31.3	Laryngeal, cervical abscesses, epiglottis. incision and drainage. Microlaryngoscopy	Group 4 0504	G3
794	06.7	Fistula and thyroglossal duct cyst. Surgical treatment	Group 4 0504	G3
PA/353567	26.30	Submaxilectomy removal and lingual gland removal	Group 4 0504	G3
PA/353568	76.3	Mandibulotomy. Retromandibular approach	Group 4 0504	G4
PA/353569	24.0, 24,4	Surgical treatment of oral and dental cavity cysts and fistulas	Group 4 0504	G3
PA/353570	29.4	Tongue base radio frequency. Base reduction of tongue (smile)	Group 4 0504	G3
1904	27.69, 27.73,29.4	Uvulopalatopharyngoplasty resection and laser. Expansion-lateral pharyngoplasty, replacement	Group 4 0504	G4
1918	30.22	Corpectomy by laryngosfisura, endoscopic, microlaryngoscopy	Group 5 0505	G4
1875	28.5	Lingual tonsilla: tonsillectomy	Group 5 0505	G4
PA/353575	29.53	Cervicofacial reconstruction with local, pediculated flap	Group 5 0505	G4

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Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
PA/353572	22.9	DOE (distraction osteogenesis maxillary Expansion)	Group 5 0505	G4
1934	31.3, 30.21	Epiglottidotomy, epiglottidectomy, epiglottoplasty by microlaryngoscopy	Group 5 0505	G4
PA/353573	29.39	Tongue base tumour removal, robotic or endoscopic transoral pharyngectomy	Group 5 0505	G4
1898	29.2, 31.62	Congenital cervicofacial fistulas and cysts. Laryngocele. Dysontogenic surgery ST	Group 5 0505	G4
PA/353574	86.9	Direct closure of major cervicofacial wounds	Group 5 0505	G4
1950	31.69	Laryngeal analysis ST: arytenoidectomy, vocal cord fixation, posterior cordotomy, arytenoid aduction. Medialisation thyroplasty with prosthesis	Group 5 0505	G5
PA/353571	86.22, 86.7	Surgical reconstruction with locoregional flap	Group 5 0505	G4
PA/353576	31.92	Lottis synechia through laryngofissure, microsurgery	Group 5 0505	G4
PA/353577	31.1, 31.2	Pen tracheotomy or by puncture-dilation	Group 5 0505	G3
PA/353578	27.49	Laser treatment of oral-opharynx cavity lesions	Group 5 0505	G4
PA/353579	6.81, 6.89	Open, minimally invasive, radiation-guided parathyroid gland surgery	Group 6 0506	G4
PA/353580	76.31	Total segmentary mandibulectomy. Osteotomies and genioglossal advancements	Group 6 0506	G4
PA/353581	27.69	Transpalatal advancement surgery	Group 6 0506	G5
PA/353582	29.59	Zenker diverticulum external approach, endoscopic. dohlman technique	Group 6 0506	G5
2713	29.39	External pharyngotomy	Group 6 0506	G4
PA/353583	04.92	Hypoglossal nerve stimulator implant	Group 6 0506	G4
PA/353584	26.31	Superficial parotidectomy	Group 6 0506	G4
PA/353585	29.4	Suspension of the base of the tongue, hyoid	Group 6 0506	G4
PA/ 353586	06.39,06.4	Open total or subtotal thyroidectomy, robotic	Group 6 0506	G4
2501	28.92, 29.39	Malignant tumor of the tonsils, oropharynx and adjacent regions. Command oropharynx surgery	Group 7 0507	G5
PA/353587	31.5, 31.79	Surgery of laryngeal stenosis, transoral endoscopic tracheal, microsurgery or external approach	Group 7 0507	G6
PA/ 353588	76.39	Upper maxillary resections. Hemimaxilectomy	Group 7 0507	G5
PA/353589	39.89, 04.99, 20.51	Removal of paragangliomas and other cervical tumorsation	Group 7 0507	G5
PA/353590	30.29	Open, transoral, laser or robotic partial laryngectomy.	Group 7 0507	G6
PA/ 353591	16.59	Orbital exenteration	Group 8 0508	G6
PA/353592	29.53	Closure and reconstruction of cervicofacial defects, pharyngostomas with free or pediculated flap	Group 8 0508	G6
1266	31.5, 31.79	Tracheal surgery, tumors, stenosis, fistula with plasties or grafts	Group 8 0508	G6
PA/353593	83.82	Surgical reconstruction with free bone muscle flap	Group 8 0508	G6

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Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
PA/353594	30.29	Laser or robotic external or transoral supraglottic laryngectomy. Cricohioidopexy (CHEP,CHP)	Group 8 0508	G6
1957	30.3	Total laryngectomy. Radical laryngopharyngectomy. Reconstruction using flaps	Group 8 0508	G6
PA/353595	31.98	Laryngeal paralysis (TQ): hypopharyngoplasty	Group 8 0508	G6
PA/ 353596	06.50	Total endotheracic thyroidectomy with sternotomy	Group 8 0508	G6
860	40.4	Functional cervical, radical unilateral lymph node emptying Ç	Group 8 0508	G5
PA/353597	29.33	Open, robotic or laser hypopharyngectomy	Group 8 0508	G6
PA/353598	26.32	Total parotidectomy	Group 8 0508	G6
PA/353599	25.2, 25.3	Tongue tumor. Hemiglossectomy or total glossectomy	Group 8 0508	G6
PA/3535100	40.4	Functional cervical lymph node emptying, bilateral radical	Group 8 0508	G6
PA/35101	76.44, 16.59	Expanded radical maxillectomy	Group 8 0508	G6
PA/35102	25.4, 30.29,30.3	Total laryngoglossectomy tongue tumour. Glossopelvectomy	Group 8 0508	G6
Cod.OMC	eCIE 9MC	Skin, reconstructive and facial plastic surgery	Grouping	Anaesthesia
PA/3535103	86.89, 86.69,86.87	Facial lipoinjection or lipofilling	Group 1 0501	G1
PA/3535104	86.83	Bichectomy	Group 2 0502	G1
PA/3535105	8.69	Blepharorrhaphy (upper-lower), unilateral blepharorrhaphy-tarsorrhaphy	Group 2 0502	G3
0945	86.2	Face and neck skin tumours. Surgical removal and direct closure	Group 2 0502	G2
PA/3535106	86.4, 40.4	Mohs surgery facial skin tumour	Group 3 0503	G3
PA/3535107	76.67,76.68,76.92	Genioplasty, mentoplasty, submental liposuction, malar prosthesis	Group 3 0503	G4
2500	18.5, 18.79	Unilateral otoplasty	Group 4 0504	G3
0985	86.84	Retractable scars face and neck. Surgical treatment	Group 4 0504	G4
PA/3535108	08.52	Blepharoplasty (upperior-lower), bilateral blepharorrhaphy-tarsorrhaphia	Group 4 0504	G4
PA/3535109	899	Location of eyelid weight in lagofthalmos	Group 4 0504	G3
PA/3535110	86.89	Endoscopic frontoplasty	Group 4 0504	G4
PA/3535112	86.89	Facial, subnasal lifting. Cervicofacial rhythidoplasty. Cervicoplasty	Group 5 0505	G4
PA/3535111	18.5, 18.79	Bilateral otoplasty	Group 5 0505	G3
PA/3535113	86.3, 86.60,86.70	Cervicofacial cutaneous tumours with skin graft reconstruction	Group 5 0505	G4
PA/3535114	99.99	Facial paralysis resuscitation with static suspension technique	Group 6 0506	G5
PA/3535115	16.98	Orbital cavity reconstruction	Group 6 0506	G5
PA/3535116	86.3, 86.70	Cervicofacial cutaneous tumours with locoregional flap reconstruction	Group 6 0506	G5

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Cod.OMC	eCIE 9MC	35 Otorhinolaryngology	Grouping	Anaesthesia
PA/3535117	83.87	Facial paralysis resuscitation with dynamic locoregional muscle flap technique	Group 7 0507	G5
PA/3535118	04.71	N. facial and N. hypoglossal anastomosis. Microsurgery by direct or cross grafts. Peripheral nerve transposition	Group 8 0508	G6
PA/3535119	99.99	Facial paralysis resuscitation with dynamic free flap technique	Group 8 0508	G6
PA/3535120	86.4, 86.60, 86.70	Cervicofacial cutaneous tumours with locoregional flap reconstruction	Group 8 0508	G6

PA: Pending OMC code assignation. Until the code is assigned in the OMC, the proposed code in this table is established. Example: PA/35351, the code for this procedure is 35351. ST: Surgical treatment. NA: Not applicable.

same through quantitative and qualitative markers. In the development of our nomenclature, the pioneering work carried out by the Spanish Society of Ophthalmology² served as guidance. Previously,¹ the importance of collaborating with the different medical specialties when developing the new nomenclature was mentioned, given that the new otorhinolaryngology scale directly conditions the billing group for the service provided by anaesthesiology. For this reason, SEDAR's 'participation in the implementation of an executive version was essential, intending it be a useful instrument and faithful to the reality of our healthcare activity.

After comparing the OMC³ statutes reviewed by the lawyers of our society, it was found that the OMC field of action is related to public administration. Its function is to support scientific societies and facilitate the free practice of medicine to members through their governing bodies and members, but the nomenclature is prepared and approved, solely and exclusively, by the scientific society. Private insurers or their corporate representation have no place here nor can they assume any role, since they are not responsible nor do they have the scientific knowledge to determine the medical acts of each specialty. Therefore, they must accept the nomenclature established by medical professionals through their scientific societies. This is why the Delegated Commission and Board of Directors of the SEORL-CCC have taken a step forward and have reported to both the OMC and the medical insurers that this executive version of the nomenclature is the only, valid official one in the free exercise and private medical healthcare of our profession. Naturally, opportunities remain open and possible future collaborations with the OMC and medical insurers are supported to computerise and unify the nomenclatures of all medical specialties in a large database that would facilitate future updates when necessary.

Conclusions

The executive version of the new Otorhinolaryngology nomenclature proposed by the SEORL-CCC and SEDAR updates its 2021 predecessor and is the only one valid for the free exercise of our specialty in private healthcare. The reduction in the number of medical acts facilitates its implementation in healthcare practice but without the loss of plenitude or alterations in the surgical group weighting and assignment of anaesthesia groups. The doctor and the patient are thereby ultimately ensured the practice of medicine to the highest standards of quality and clinical relevance.

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