Scope
This policy applies to all Commercial medical plans, Medicare Advantage plans, and Oregon Medicaid/EOCCO plans.

This policy applies only to physicians and other qualified health care professionals. The global surgery package concept does not apply to facilities.

Reimbursement Guidelines
A. Summary Policy Statement:

    Postoperative sinus endoscopies (31231) and postoperative sinus debridements (31237, S2342) are eligible for separate reimbursement in a narrow and limited set of circumstances:

    1. When all of the procedure codes performed at the original surgical session have zero follow-up global days.

    2. When any one of the original surgical procedures carry a global period of 10- or 90-days, and the postoperative sinus endoscopy/debridement requires a return to the operating room in a place of service outside of the office setting (POS 11).

B. Global Surgery Package

    1. Moda Health considers postoperative sinus endoscopies (31231) and postoperative sinus debridements (31237, S2342) to always be related to all the nasal and sinus procedure codes performed at the original surgical session.

    2. The longest global period for any procedure code from the original date of surgery applies to the entire surgical session and all subsequent services until the global period is complete.
3. Services may not be “unrelated” to the procedure code creating the postoperative global period and also “related” to another procedure code performed by the same physician during that same original surgical session.

4. Either the failure to use a needed modifier when appropriate or the incorrect use of a modifier when not appropriate may result in denial of the subsequent surgery.

C. Reporting Postoperative Sinus Endoscopies and/or Debridements

1. When all of the procedure codes performed at the original surgical session have zero follow-up global days, then postoperative sinus endoscopies and/or debridements should be reported without appending modifiers 58, 78, or 79.

2. When any one of the original surgical procedures carry a global period, effective for dates of service 4/1/2019 and beyond, postoperative sinus endoscopies and/or debridements are not eligible for separate reimbursement unless they require a return to an operating room outside of the office setting. This is based on a decision by the Moda Health Medical Director team.
   a. Modifier 79 is not valid when attached to CPT codes 31231, 31237, S2342 for any sinus endoscopy and/or debridement performed within that global period. The use of modifier 79 in this circumstance to characterize 31231, 31237, or S2342 as “unrelated” to the procedure code with the global period is inaccurate, and an inappropriate use of modifier 79. The sinus endoscopy or debridement is related to the surgical session with the global period, regardless of which procedure code the surgeon deems the endoscopy/debridement to be related. (Moda Health) Postoperative sinus endoscopies and/or debridements are not eligible for separate reimbursement when modifier 79 is used. (AAO-HNS)

   Moda Health will deny 31231-79, 31237-79, or S2342-79 as an invalid procedure code-modifier combination. Provider appeals will only be approved if the written documentation submitted for review shows that the original surgery creating the global period was performed on a body part other than the nasal or sinus structures.

   b. Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) submitted as a staged procedure (modifier 58 attached):
      i. Effective for dates of service 4/1/2019 and beyond, modifier 58 is not valid when attached to CPT codes 31231, 31237, S2342 for any sinus endoscopy and/or debridement performed within that global period.
         1) Moda Health will deny 31231-58, 31237-58, or S2342-58 as an invalid procedure code-modifier combination.
         2) “The Centers for Medicare and Medicaid Services (CMS) and most other payers do not accept modifier 58 with any procedures having a global surgical period of zero days.” (AMA)
         3) Moda Health considers 31231, 31237, and S2342 are routine follow-up wound care for nasal surgeries that is roughly analogous to an orthopedic or abdominal surgeon doing in-office wound checks,
irrigations, debridement and dressing changes which are routine postoperative follow-up care that is not separately billable or payable in addition to the global surgery fee. The difference is that due to the location of the surgical sites, the orthopedic and abdominal surgeons have direct access to the wound for this care, but the ENT physicians need to use an endoscope instrument to get to the surgical area to examine, irrigate, and debride the wound.

ii. Effective for dates of service 3/31/2019 and prior, postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) submitted as a staged procedure (modifier 58 attached) are eligible for separate reimbursement when the staged relationship is supported in the medical record by documenting the anticipated need for probable endoscopy and/or debridement procedures.

1) Regarding modifier 58 (related, staged), the CPT Assistant states, “Decisions to perform subsequent procedure(s) may depend on the outcome of the surgery and the patient’s postoperative status. The term anticipated was added because physicians can anticipate the potential for subsequent procedure(s) but cannot always predict it.” (AMA)

2) Moda Health recognizes the exact timing and number of needed sinus endoscopy and/or debridement procedures is not known at the time of the original surgery. However, the anticipated need for endoscopies and/or debridements and the estimated time frame for assessing this need must be included in the medical record documentation. This information may be included in the operative report for the original surgery or the preoperative documentation. Regardless of where the surgeon chooses to include this information, the office should be prepared to submit this supporting documentation upon request for review to support the billing of 31231, 31237, or S2342 as a staged procedure.

3) Moda Health will accept modifier 58 with 31231, 31237, or S2342 when the medical record documents the anticipated need of the postoperative endoscopy and/or debridement to support staged relationship to the original surgery.

4) Note: Frequent, multiple, or repeated staged postoperative sinus endoscopies and/or debridements may also be subject to review for medical necessity.

c. Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) submitted with modifier 78 (related in a global period) will only be separately reimbursed when the endoscopy or debridement is performed in an operative or procedure room outside of the office setting. 31231-78, 31237-78, or S2342-78 submitted with place of service 11 will be denied as a billing error.
**Background Information**

Debridement of the sinus cavity is a procedure frequently performed following functional endoscopic sinus surgery (FESS). It involves insertion of the endoscope into the nose for a thorough inspection. Scalpels, forceps, snares, and other instruments are used to remove postsurgical crusting, diseased mucosa, or other contaminated tissue. It is performed under local or general anesthesia in a suitably equipped office setting or an operating room, depending upon the clinical circumstances of the case.

Many of the endoscopic sinus surgery procedure codes have a global period of zero follow-up days. When these are the only procedure codes performed on the date of the original surgical session, all postoperative follow-up care is separately billable.

However, a number of other closely related nasal and/or sinus procedure codes have global periods of 10 or 90 follow-up days. These procedure codes are frequently performed at the same surgical session as the FESS procedures, because the conditions they address are commonly contributing or exacerbating factors to the sinus condition(s) requiring treatment with sinus surgery (FESS).

Coding and reimbursement of the postoperative sinus debridement procedures becomes significantly more complex anytime the original surgical session combines one or more procedure codes having a 10- or 90-day global period with the FESS procedures having zero follow-up global days. There are a variety of opinions about how best to report the postoperative debridement (31237) in this situation.

**Codes and Definitions**

31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)

31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

S2342 Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral

**Modifier 58**

Staged or Related Procedure or Service by the Same Physician During the Postoperative Period: The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding the modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg. unanticipated clinical condition), see modifier 78.
Modifier 78  **Unplanned Return to the Operating/Procedure Room by the Same Physician Following Initial Procedure for a Related Procedure During the Postoperative Period:** It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of the operating/procedure room, it may be reported by adding the modifier 78 to the related procedure. (For repeat procedures on the same day, see modifier 76).

Modifier 79  **Unrelated Procedure or Service by the Same Physician During the Postoperative Period:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier 79. (For repeat procedures on the same day, see modifier 76).

**Cross References**
A. “Modifiers 58, 78, and 79 – Staged, Related, and Unrelated Procedures”, Moda Health Reimbursement Policy number RPM 010.

B. “Global Surgery Package for Professional Claims”, Moda Health Reimbursement Policy number RPM 011.

**References & Resources**


3. CMS National Correct Coding Initiative Policy Manual, Chapter 1 General Correct Coding Policies, § C.


11. **Note:** Both of the following specialty society documents have been considered by Moda Health in the development of this policy.

**IMPORTANT STATEMENT**

The purpose of Moda Health Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims should be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative (CCI) Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the applicable member contract language. To the extent there are any conflicts between the Moda Health Reimbursement Policy and the member contract language, the member contract language will prevail, to the extent of any inconsistency. Fee determinations will be based on the applicable provider contract language and Moda Health reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.