



Post Operative Nasal Endoscopies

State(s):

☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):

☒ Commercial ☒ Medicare ☒ Medicaid

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Nasal endoscopies are done to magnify and visualize the internal structures of the sinuses. Diagnostic nasal endoscopies are commonly done prior to functional endoscopic sinus surgery (FESS) for treatment of sinusitis, polypsis, or removal of soft tissue masses.

Claims for nasal endoscopies (CPTs 31231-31235, 31237 or S2342) within 40 days postoperatively of specified surgical procedures (CPTs 31237-31294) are subject to prepay review by Health Services. Preauthorization is not required.

Criteria

Commercial and Medicaid

Nasal endoscopy for purposes of nasal or sinus cavity debridement following FESS is considered medically necessary for any of the following circumstances:

- Twice during the first 40 days postoperatively; or
- Postoperative loss of vision or double vision; or
- Evidence of cerebrospinal fluid leak such as rhinorrhea; or
- When prompted by symptoms of nasal obstruction related to:
 - Nasal polyps unresponsive to oral or nasal steroids; or
 - Documented presence of papilloma, carcinoma or other neoplasm; or
 - Allergic fungal sinusitis.

Nasal or sinus cavity debridement following FESS not meeting the above criteria is considered not medically necessary.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of internal policy guidelines, CMS criteria, and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity.

Coding Information

31231 Nasal endoscopy, diagnostic, unilateral or bilateral

31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via interior meatus or canine fossa puncture)

31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)

31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement

31238 Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage

31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy

31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection

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

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 the sphenoid sinus

31290 Nasal/sinus endoscopy, surgical, with repair of CSF leak; ethmoid region

31291 Nasal/sinus endoscopy, surgical, with repair of CSF 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

S2342 Nasal endoscopy for post-operative debridement following FESS, nasal and/or sinus cavity(s), unilateral or bilateral

References

American Academy of Otolaryngology-Head and Neck Surgery. Clinical Indicators: Endoscopic Sinus Surgery, Pediatric. 2012. Accessed 5/14/2013, 10/16/2017, 9/24/2018, 10/9/2019, 8/12/2020
<http://www.entnet.org/Practice/clinicalIndicators.cfm>

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<http://www.entnet.org/Practice/Endoscopic-Debridement.cfm>

Manes, RP and Batra, PS. Etiology, Diagnosis and Management of Chronic Rhinosinusitis. Expert Review of Anti-Infective Therapy. 2013; 11(1): 25-35, 9/24/2018

Appendix

Policy Number: [Policy Number]

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Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]