GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Debridement of the sinus cavity is a procedure frequently performed following functional endoscopic sinus surgery (FESS). Postoperative sinus debridement (31237) is considered to always be included in the global surgical package.

The American Rhinological Association indicates that code 31237 is used to report “the removal of crusts, debris or devitalized tissue from the ethmoid, maxillary, and frontal sinus cavities requiring topical or general anesthesia and instrumentation” where as there is a HCPCS code, S2342 that should be utilized to report “the limited removal of secretions, crusts, or debris from the middle meatus or middle turbinate using suction, irrigation, or straight forceps, requiring topical anesthesia.” Coder's Desk Reference for Procedures states, “The endoscope is placed into the nose and a thorough inspection of the internal nasal structures is accomplished. Any identified lesions can be removed by intranasal instruments placed parallel to the endoscope. Scalpels, forceps, snares and other instruments are used to remove diseased mucosa or lesions from the internal nose. The nose may be packed if excessive bleeding occurs.” Coder's Desk Reference for HCPCS states code S2342 is to be used when, “Postoperative debridement may be reported for the limited removal of debris, crust, or secretions from the nasal area using straight forceps, irrigation, or suction requiring topical anesthesia.”

Several endoscopic sinus surgery procedure codes have a zero day post-operative global period. When only a procedure with zero global days is performed during the original surgical session, all postoperative care that follows is separately billable.

However, a number of other closely related nasal and/or sinus procedure codes do have global periods of either 10 or 90 post-operative days. Many times these procedures are performed at the same surgical session as the FESS procedures because the conditions being addressed are commonly contributing or exacerbating factors to the sinus condition(s) requiring treatment with sinus surgery (FESS).

It is not appropriate for services to be “unrelated” to the procedure code creating the postoperative global period and also be “related” to another procedure code performed by the same physician during that same original surgical session in the same area. Postoperative sinus debridement is related to all the nasal and sinus procedure codes performed at the original surgical session. Services are considered unrelated if they involve a body part that does not include the nasal or sinus region.

**Modifier 78**
It would not be appropriate to append the modifier 78 to the nasal debridement when the nasal debridement is completed in the office setting which is typically the case. Modifier 78 is to be used for a procedure or treatment that is related to the original surgery that requires an unplanned return to the operating room (e.g. for treatment of postoperative complications or other related reasons).

**Modifier 79**
It would not be appropriate to append the 79 Modifier to the nasal debridement. Modifier 79 should be used when a procedure or service is unrelated to the original surgery (not treatment for complications). The use of modifier 79 in this circumstance to characterize the nasal debridement 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 states the endoscopy/debridement to be related.

**Modifier 58**
It would not be appropriate to use the 58 modifier for the nasal debridement unless the documentation for the original procedure indicates that a staged surgical procedure (one that was planned or anticipated at the time of the original surgery) will be performed during the postoperative period of the original surgery. 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.”

The *CPT Assistant* from February, 2008, also states, “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.”

**POLICY**

<table>
<thead>
<tr>
<th>PARAMOUNT CONSIDERS POSTOPERATIVE SINUS DEBRIDEMENT (31237, S2342) TO ALWAYS BE RELATED TO ALL THE NASAL AND SINUS PROCEDURE CODES PERFORMED AT THE ORIGINAL SURGICAL SESSION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>EITHER THE FAILURE TO USE A NEEDED MODIFIER WHEN APPROPRIATE OR THE INCORRECT USE OF A MODIFIER WHEN NOT APPLICABLE MAY RESULT IN DENIAL OF THE SUBSEQUENT SURGERY.</td>
</tr>
<tr>
<td>CODE S2342 IS NON-MEDICARE AND THEREFORE NON-COVERED FOR ELITE.</td>
</tr>
</tbody>
</table>

**HMO, PPO, INDIVIDUAL MARKETPLACE, ELITE, ADVANTAGE**

**REPORTING POSTOPERATIVE SINUS DEBRIDEMENTS**

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

2. When any one of the original surgical procedures carry a global period:

   a. Modifier 79 is not valid when attached to CPT codes 31237 & S2342 for any sinus debridement performed within that global period. The use of modifier 79 in this circumstance to characterize 31237, or S2342 as “unrelated” to the procedure code with the global period is inaccurate, and an inappropriate use of modifier 79. The sinus debridement is related to the surgical session with the global period, regardless of which procedure code the surgeon deems the debridement to be related. Postoperative sinus debridements are potentially eligible for separate reimbursement when coded and documented correctly, but not when modifier 79 is used.

   Paramount will deny 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 debridements (31237, S2342) submitted as a staged procedure (modifier 58 attached) will be separately reimbursed when the staged relationship is supported in the medical record by documenting the anticipated need for probable debridement procedures.

   - 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.”

   - Paramount recognizes the exact timing and number of needed sinus debridement procedures is not known at the time of the original surgery. However, the anticipated need for 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 31237, or S2342 as a staged procedure.
The CPT Assistant states, “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.”

Paramount will accept modifier 58 with 31237, or S2342 when the medical record documents the anticipated need of the postoperative debridement to support staged relationship to the original surgery.

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

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

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31237</td>
<td>Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)</td>
</tr>
<tr>
<td>S2342</td>
<td>Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral</td>
</tr>
</tbody>
</table>

MODIFIERS

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.

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).

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).

TAWG REVIEW DATES: 09/27/2018

REVISION HISTORY EXPLANATION
09/27/18: Paramount considers postoperative sinus debridement (31237, S2342) to always be related to all the nasal and sinus procedure codes performed at the original surgical session. Code S2342 is non-Medicare and therefore non-covered for Elite. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.