

- b. When any one of the original surgical procedures carry a global period of 10- or 90-days, and the postoperative sinus endoscopy/debridement is submitted as a staged or a related procedure.

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. Correct modifier coding is necessary. 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 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 nasal or sinus surgical procedures carry a global period, postoperative sinus endoscopies and/or debridements are always considered related to the original nasal/sinus surgical procedures.
 - a. Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) may be submitted as a staged procedure (modifier 58 attached).
 - i. The staged relationship needs to be supported in the medical record with documentation of the anticipated need for probable endoscopy and/or debridement procedures.
 - ii. If modifier 58 is not appended to the office surgery code, then the endoscopy/debridement procedure code will be denied as included in the surgical global payment for the original nasal or sinus surgical procedure(s), per RPM011, section I.2.
 - b. Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) which require a return to the operating room may be submitted as a related procedure with modifier 78 attached.
 - i. Modifier 78 may not be submitted with POS 11.

- ii. Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) performed in the office (POS 11) or otherwise not requiring a return to the operating room need to be documented and submitted as staged procedures.
- c. 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^A) Postoperative sinus endoscopies and/or debridements are not eligible for separate reimbursement when modifier 79 is used. (AAO-HNS¹¹)

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.

Codes and Definitions

Procedure codes (CPT & HCPCS):

Code	Description
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 Definitions:

Modifier	Definition
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	Definition
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.
- C. "Post-operative Sinus Endoscopy and/or Debridement Procedures," Moda Health Medical Necessity Criteria.

References & Resources

1. AMA. "Coding Clarification: Modifiers 58 and 78", *CPT Assistant*, February 2008, page 3.
2. CMS Manual System, Medicare Claims Processing Manual (Pub. 100-4), Chapter 12, § 40.2 – 40.4.
3. CMS National Correct Coding Initiative Policy Manual, Chapter 1 General Correct Coding Policies, § C.
4. Grider, Deborah J. *Coding with Modifiers: A Guide to Correct CPT and HCPCS Level II Modifier Usage*. American Medical Association, 2004.
5. "Modifiers Used with Surgical Procedures", *CPT Assistant*, Fall 1992, page 15.
6. "Coding Commentary: Modifiers -21, -25, -57, -58", *CPT Assistant*, Winter 1993, page 26.
7. "Modifiers, Modifiers, Modifiers: A Comprehensive Review", *CPT Assistant*, May 1997, page 1, 4.
8. "Coding Communication: More on Modifiers", *CPT Assistant*, September 1997, page 4.

9. "Coding Commentary: Global Surgical Package", *CPT Assistant*, Fall 1992, page 10.
10. "Coding Communication: Global Surgical Package", *CPT Assistant*, August 1998, page 5.
11. **Note:** Both of the following specialty society documents have been considered by Moda Health in the development of this policy.
 - a. "Policy Statement on Debridement of the Sinus Cavity after FESS," The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS).
 - b. "Compare & Contrast Modifier 24 & Modifier 79," AAO-HNS Coding Solutions 2009.

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.

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document Moda Health's payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Moda Health Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Providers are expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims are to 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 member's medical benefit plan. Should there be any conflicts between the Moda Health Reimbursement Policy and the member's medical benefit plan, the member's medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and Moda Health Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; Moda Health strives to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****