

SINUPLASTY BILLED WITH FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)

Scope		
This policy applies to:		
☑ Kaiser PermanenteHealth Plan ofWashington	☑ Kaiser PermanenteHealth Plan of WashingtonOptions, Inc.	
□ Commercial	⊠ Medicare	☐ Medicaid
Policy	Original Effective Date: 02/01/2024	

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for sinuplasty when billed with a Functional Endoscopic Sinus Surgery (FESS) procedure for the same member on the same date of service by the same provider.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Functional Endoscopic Sinus Surgery (FESS) codes include but are not limited to:

CPT Code	Description	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement	
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	
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;	

31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	

Sinuplasty codes include but are not limited to:

CPT Code	Description
31295	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal sinus ostium
31297	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); sphenoid sinus ostium
31298	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal and sphenoid sinus ostia

Policy Definitions

Functional Endoscopic Sinus Surgery (FESS) – A minimally invasive surgery for serious sinus conditions.

Sinuplasty – A minimally invasive technique that is used to treat chronic or recurrent sinusitis or sinus infection.

Prerequisite(s)

Surgical sinus endoscopy always includes a sinusotomy, when appropriate, and diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure.

References

Medicare NCCI policy manual

Frequently Asked Questions

Not applicable

Revision History

09/12/2023 - New Policy

Note: This information is intended to serve only as a <u>general</u> reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.