

Post-operative Nasal Debridement Payment Policy

Policy

The Plan follows federal regulations for global surgical periods when processing postoperative debridement procedures. Therefore, HCPCS code S2342 and CPT code 31237 will not be reimbursed separately following a surgical procedure with a 10-day or 90-day global period.

Reimbursement

HCPCS code S2342 and CPT code 31237 will not be reimbursed separately following a surgical procedure with a 10-day or 90-day global period.

Referral/notification/prior authorization requirements

Fallon Health Weinberg, and Navicare® models of care are based on patient care coordination; therefore, we encourage referring providers to contact the member's designated navigator if there are questions or concerns prior to prescribing tests, supplying equipment, or any other additional appointments or services that may not routinely be authorized or require prior authorization.

Summit ElderCare® is based on member care coordination; therefore, the referring Summit ElderCare PACE site must be contacted for approval, prior to coordinating and/or rendering services.

The ordering physician is required to obtain prior authorization for:

- Unlisted CPT codes
- The applicable codes found on the List of Procedures Requiring Prior Authorization located in the Managing Patient Care section of the Provider Manual under PCP Referral and Plan Prior Authorization Process.

Billing/coding guidelines

When billing for:	Submit this code:
The limited removal of secretions, crust, or debris from the middle meatus or middle turbinate using suction, irrigation, or straight forceps requiring topical anesthesia; i.e., debridement after functional endoscopic sinus surgery (FESS).	S2342 – nasal endoscopy for post-operative debridement following functional sinus surgery, nasal, and sinus cavity(s), unilateral or bilateral.
The removal of crust, debris, or divitalized tissue from the ethmoid, maxillary, and frontal sinus cavities requiring topical or general anesthesia and instrumentation; i.e., debridement of the posterior ethmoid cavity, frontal recess or maxillary sinus.	31237 – nasal/sinus endoscopy, surgical with biopsy, polypectomy, or debridement (separate procedure). Use modifier 52 to indicate the decreased level of service provided as a Post Op FESS procedure (31237-52 LT, or 31237-52 RT or to indicate bilateral procedure 31237-52-50).

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date: March 1, 2011
Previous revision date(s): 03/01/2011 – Introduced new policy.
11/01/2015 - Moved to new Plan template and updated the billing/coding guidelines section.
Connection date & details: September 2016 – Annual review.

January 2018 – Annual review, no updates
January 2019 – Annual review, no updates.
January 2020 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.