2022 ACCLARENT REIMBURSEMENT GUIDE

Physician and Facility

Acclarent®

PART OF THE Johnson & Johnson FAMILY OF COMPANIES

TABLE OF CONTENTS

This guide has been developed to assist you in obtaining physician and facility reimbursement for:

- Nasal/Sinus Endoscopic Surgery
- Eustachian Tube Balloon Dilation
- Airway Endoscopic Surgery
- Computer Assisted Surgical Navigation

These procedures may be a covered service if they meet all of the requirements established by Medicare and private payors. It is essential that each claim be coded properly and supported with appropriate documentation in the medical record.

FACILITY

PHYSICIAN

FACILITY REIMBURSEMENT

NASAL/SINUS ENDOSCOPIC SURGERY

Some of the Current Procedure Terminology (CPT®) Codes for endoscopic nasal/sinus surgery are listed below. CPT® codes 31295, 31296, 31297 and 31298 apply to cases in which a balloon catheter is the only instrument/tool used to create the opening and no tissue is removed. When balloons are used in combination with other instruments/tools and tissue is removed, the existing endoscopic sinus surgery codes are the appropriate codes to report per the guidance of CPT® Assistant (January 2010/Volume 20, Issue 1). Endoscopic sinus surgery codes are unilateral, therefore modifier 50 should be used when billing for bilateral procedures.

CY 2022 FINAL HOSPITAL OUTPATIENT AND AMBULATORY SURGERY CENTER PAYMENT

		HOSPITAL OUTPATIENT (POS 22)			AMBULATORY SURGERY CENTER (POS 24)	
CPT®	**DESCRIPTION**	**APC**	**MEDICARE NATIONAL AVERAGE PAYMENT**	**SI**	**MEDICARE NATIONAL AVERAGE PAYMENT**	**PI**
30140	Submucous resection, inferior turbinate, partial or complete, any method	5164	$2,794	J1	$1,109	A2
30420	Rhinoplasty, primary; including major septal repair	5165	$5,194	J1	$2,445	A2
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	5164	$2,794	J1	$1,109	A2
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	5163	$1,382	J1	$526	A2
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	5161	$216	T	$110	P2
31002	Lavage by cannulation; sphenoid sinus	5163	$1,382	J1	$741	R2
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	5151	$168	T	$85	P2
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	5152	$384	T	$195	A2
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	5153	$1,528	J1	$658	A2
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	5153	$1,528	J1	$658	A2
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	5153	$1,528	J1	$658	A2
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	5154	$3,164	J1	$1,329	A2
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	5153	$1,528	J1	$658	A2
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	5153	$1,528	J1	N/A – Excluded from coverage and payment in an ASC	N/A
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	5155	$5,947	J1	$2,040	A2
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	5155	$5,947	J1	$2,040	A2

		HOSPITAL OUTPATIENT (POS 22)			AMBULATORY SURGERY CENTER (POS 24)	
CPT®	**DESCRIPTION**	**APC**	**MEDICARE NATIONAL AVERAGE PAYMENT**	**SI**	**MEDICARE NATIONAL AVERAGE PAYMENT**	**PI**
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	5155	$5,947	J1	$2,040	G2
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	5155	$5,947	J1	$2,040	G2
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	5155	$5,947	J1	$2,040	G2
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy	5154	$3,164	J1	$1,329	A2
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	5155	$5,947	J1	$2,040	A2
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	5155	$5,947	J1	$2,040	A2
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	5155	$5,947	J1	$2,040	A2
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	5155	$5,947	J1	$2,040	A2
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	5155	$5,947	J1	N/A – Excluded from coverage and payment in an ASC	N/A
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	5155	$5,947	J1	N/A – Excluded from coverage and payment in an ASC	N/A
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	5155	$5,947	J1	N/A – Excluded from coverage and payment in an ASC	N/A
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	5155	$5,947	J1	$1,687	P3
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	5155	$5,947	J1	$1,698	P3
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	5155	$5,947	J1	$1,683	P3
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	5155	$5,947	J1	$2,040	P2
42830	Adenoidectomy, primary; younger than age 12	5164	$2,794	J1	$1,109	A2
42831	Adenoidectomy, primary; age 12 or older	5164	$2,794	J1	$1,109	A2
42835	Adenoidectomy, secondary; younger than age 12	5164	$2,794	J1	$1,109	A2
42836	Adenoidectomy, secondary; age 12 or over	5164	$2,794	J1	$1,109	A2

HOSPITAL OUTPATIENT PAYMENT EXAMPLE

A patient undergoes a procedure including bilateral frontal sinus balloon dilation and bilateral maxillary sinus balloon dilation, either alone or in a hybrid FESS procedure.

BALLOON-ONLY PROCEDURE	HYBRID PROCEDURE	HOSPITAL OUTPATIENT (POS 22) 2022 MEDICARE PAYMENT	
CPT® CODES	**CPT® CODES**	**BALLOON ONLY**	**HYBRID**
31296-50 (APC 5155) Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	**31276-50 (APC 5155)** Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	APC 5155 (Level 5 Airway Endoscopy)	APC 5155 (Level 5 Airway Endoscopy)
31295-50-51 (APC 5155) Nasal/sinus endoscopy, surgical, with Dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	**31267–50-51 (APC 5155)** Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		
Total Estimated Medicare Payment:		**$5,947**	**$5,947**

AMBULATORY SURGERY CENTER PAYMENT EXAMPLE

A patient undergoes a procedure including bilateral frontal sinus balloon dilation and bilateral maxillary sinus balloon dilation, either alone or in a hybrid FESS procedure.

BALLOON-ONLY PROCEDURE	HYBRID PROCEDURE	AMBULATORY SURGERY CENTER (POS 24) 2022 MEDICARE PAYMENT	
CPT® CODES	**CPT® CODES**	**BALLOON ONLY**	**HYBRID**
31296-50 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	**31276-50** Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	$2,547	$3,060
		(Payment x Bilateral adjustment)	
31295-50-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	**31267–50-51** Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	$1,266	$1,530
		(Payment x Bilateral adjustment x Multiple Procedure Reduction)	
Total Estimated Medicare Payment:		**$3,813**	**$4,590**

EUSTACHIAN TUBE BALLOON DILATION

CPT codes 69705 and 69706 are reported by both physician and facility to describe a Eustachian Tube Balloon Dilation (ETBD) procedure. If concomitant procedures are performed during the same service, providers are to report the appropriate codes to describe the procedures performed.

CY 2022 FINAL HOSPITAL OUTPATIENT AND AMBULATORY SURGICAL CENTER PAYMENT

		HOSPITAL OUTPATIENT (POS 22)			AMBULATORY SURGERY CENTER (POS 24)	
CPT® CODE	DESCRIPTION	APC	MEDICARE NATIONAL AVERAGE PAYMENT	SI	MEDICARE NATIONAL AVERAGE PAYMENT	PI
69420	Myringotomy including aspiration and/or eustachian tube inflation	5161	$216	T	$110	P2
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	5164	$2,794	J1	$1,109	A2
69424	Ventilating tube removal requiring general anesthesia	5164	$2,794	Q2	$101	P3
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	5162	$462	T	$147	P3
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	5163	$1,382	J1	$526	A2
69501	Transmastoid antrotomy (simple mastoidectomy)	5165	$5,194	J1	$2,445	A2
69502	Mastoidectomy; complete	5165	$5,194	J1	$2,445	A2
69505	Mastoidectomy; modified radical	5165	$5,194	J1	$2,445	A2
69511	Mastoidectomy; radical	5165	$5,194	J1	$2,445	A2
69540	Excision aural polyp	5163	$1,382	J1	$171	P3
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	5163	$1,382	J1	$218	P3
69620	Myringoplasty (surgery confined to drumhead and donor area)	5164	$2,794	J1	$1,109	A2
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	5165	$5,194	J1	$2,445	A2
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	5165	$5,194	J1	$2,445	A2
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2

		HOSPITAL OUTPATIENT (POS 22)			AMBULATORY SURGERY CENTER (POS 24)	
CPT® CODE	**DESCRIPTION**	**APC**	**MEDICARE NATIONAL AVERAGE PAYMENT**	**SI**	**MEDICARE NATIONAL AVERAGE PAYMENT**	**PI**
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	5165	$5,194	J1	$2,445	A2
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, with ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	5165	$5,194	J1	$2,445	A2
69705	Nasopharyngoscopy, surgical with dilation of eustachian tube (ie, balloon dilation); unilateral	5165	$5,194	J1	$3,647	J8
69706	Nasopharyngoscopy, surgical with dilation of eustachian tube (ie, balloon dilation); bilateral	5165	$5,194	J1	$3,647	J8
69799	Unlisted procedure, middle ear	5161	$216	T	N/A – Excluded from coverage and payment in an ASC	N/A

AIRWAY ENDOSCOPIC SURGERY

CY 2022 FINAL HOSPITAL OUTPATIENT AND AMBULATORY SURGERY CENTER PAYMENT

		HOSPITAL OUTPATIENT (POS 22)			AMBULATORY SURGERY CENTER (POS 24)	
CPT® CODE	DESCRIPTION	APC	MEDICARE NATIONAL AVERAGE PAYMENT	SI	MEDICARE NATIONAL AVERAGE PAYMENT	PI
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	5153	$1,528	J1	$658	A2
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	5154	$3,164	J1	$1,329	A2
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	5154	$3,164	J1	$1,329	A2
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	5154	$3,164	J1	$1,329	A2
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	5154	$3,164	J1	$1,329	A2
31615	Tracheobronchoscopy through established tracheostomy incision	5162	$462	T	$234	A2
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	5154	$3,164	J1	$1,329	A2
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	5155	$5,947	J1	$2,040	A2
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	5154	$3,164	J1	$1,329	A2

COMPUTER ASSISTED SURGICAL NAVIGATION

CY 2022 FINAL HOSPITAL OUTPATIENT AND AMBULATORY SURGERY CENTER PAYMENT

		HOSPITAL OUTPATIENT (POS 22)			AMBULATORY SURGERY CENTER (POS 24)	
CPT® CODE	DESCRIPTION	APC	MEDICARE NATIONAL AVERAGE PAYMENT	SI	MEDICARE NATIONAL AVERAGE PAYMENT	PI
+61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural	N/A	$0	N	$0	N1

NASAL/SINUS ENDOSCOPIC SURGERY

Some of the Current Procedure Terminology (CPT®) Codes for endoscopic nasal/sinus surgery are listed below. CPT® codes 31295, 31296, 31297 and 31298 apply to cases in which a balloon catheter is the only instrument/tool used to create the opening and no tissue is removed. When balloons are used in combination with other instruments/tools and tissue is removed, the existing endoscopic sinus surgery codes are the appropriate codes to report per the guidance of CPT® Assistant (January 2010/Volume 20, Issue1). Endoscopic sinus surgery codes are unilateral, therefore modifier 50 should be used when billing for bilateral procedures.

CY 2022 FINAL PHYSICIAN PAYMENT

			RELATIVE VALUE UNIT (RVU)			MEDICARE NATIONAL AVERAGE PAYMENT	
CPT®	DESCRIPTION	GLOBAL	WORK	FACILITY TOTAL	NON-FACILITY TOTAL	FACILITY PAYMENT	NON-FACILITY PAYMENT
30140	Submucous resection, inferior turbinate, partial or complete, any method	0	3.00	5.23	8.88	$181	$307
30420	Rhinoplasty, primary; including major septal repair	90	16.90	43.78	N/A	$1,515	N/A
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	90	7.01	20.31	N/A	$703	N/A
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	10	1.14	4.61	6.63	$160	$229
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	10	1.20	3.23	5.52	$112	$191
31002	Lavage by cannulation; sphenoid sinus	10	1.96	5.82	N/A	$201	N/A
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	0	1.10	1.87	5.66	$65	$196
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	0	2.18	3.96	8.24	$137	$285
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	0	2.64	4.65	9.35	$161	$324
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	0	2.60	4.68	7.63	$162	$264
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	0	2.74	4.90	7.45	$170	$258
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	10	9.04	17.89	N/A	$619	N/A
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	0	2.61	4.65	N/A	$161	N/A
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	0	8.00	13.05	N/A	$452	N/A
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	0	4.27	7.14	13.18	$247	$456
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	0	5.75	9.53	N/A	$330	N/A
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	0	9.00	14.71	N/A	$509	N/A
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	0	8.00	13.09	N/A	$453	N/A

			RELATIVE VALUE UNIT (RVU)			MEDICARE NATIONAL AVERAGE PAYMENT	
CPT®	DESCRIPTION	GLOBAL	WORK	FACILITY TOTAL	NON-FACILITY TOTAL	FACILITY PAYMENT	NON-FACILITY PAYMENT
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	0	8.48	13.86	N/A	$480	N/A
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy	0	3.11	5.27	N/A	$182	N/A
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	0	4.68	7.79	N/A	$270	N/A
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	0	6.75	11.10	N/A	$384	N/A
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	0	3.50	5.92	N/A	$205	N/A
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	0	4.10	6.89	N/A	$238	N/A
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	10	15.90	29.54	N/A	$1,022	N/A
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	10	17.47	31.91	N/A	$1,104	N/A
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	10	20.31	36.44	N/A	$1,261	N/A
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	0	2.70	4.64	51.85	$161	$1,794
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	0	3.10	5.25	52.58	$182	$1,820
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	0	2.44	4.21	51.42	$146	$1,779
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	0	4.50	7.51	97.68	$260	$3,380
42830	Adenoidectomy, primary; younger than age 12	90	2.65	6.28	N/A	$217	N/A
42831	Adenoidectomy, primary; age 12 or older	90	2.81	6.82	N/A	$236	N/A
42835	Adenoidectomy, secondary; younger than age 12	90	2.38	5.84	N/A	$202	N/A
42836	Adenoidectomy, secondary; age 12 or over	90	3.26	7.22	N/A	$250	N/A

Relevant Medicare Reimbursement Policies:

The Physician Fee Schedule reimbursement calculation method for multiple procedures is determined by the multiple endoscopy rules. Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). For all FESS procedures, the base procedure is 31231. The highest fee schedule procedure is allowed in full; for the second and subsequent procedures, subtract the base code allowable and pay the difference. If any of the multiple surgeries are bilateral surgeries, consider the bilateral procedure at 150 percent as one payment amount, rank this with the remaining procedures, and then apply the appropriate multiple surgery reductions.

Main Driver of 2022 Reductions: For the first time in nearly 20 years, CMS has updated the clinical labor rates used in the practice expense (PE) methodology. The update results in changes to the direct expense scalar used to maintain budget neutrality within its PE methodology. This change affects all codes within the Medicare Physician Fee Schedule.

PHYSICIAN PROFESSIONAL PAYMENT EXAMPLES

The following case examples are based upon the 2022 Medicare Physician Fee Schedule. The coding and national Medicare average payments reflect a procedure in which a balloon is the only tool used and no tissue is removed. Per AMA and AAO-HNS guidance, when balloons are used as a tool in FESS and when tissue is removed, the traditional FESS codes should be used.

EXAMPLE #1
A patient undergoes an unilateral maxillary sinus balloon dilation unilateral maxillary sinus balloon dilation and unilateral frontal sinus balloon dilation.

UNILATERAL PROCEDURES CPT® CODES	2022 MEDICARE NON-FACILITY PAYMENT (PHYSICIAN OFFICE - POS 11)*	2022 MEDICARE FACILITY PAYMENT (ASC - POS 24 OR HOSPITAL - POS 22)
31296 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	$1,820 (100%)	$182 (100%)
31295-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	$1,794 (100%) – $196 (31231) = $1,598	$161 (100%) – $65 (31231) = $96
Total Estimated Medicare Payment:	**$3,418**	**$278**

EXAMPLE #2
A patient undergoes a bilateral maxillary sinus balloon dilation and bilateral frontal sinus balloon dilation.

BILATERAL PROEDURES CPT® CODES	2022 MEDICARE NON-FACILITY PAYMENT (PHYSICIAN OFFICE - POS 11)*	2022 MEDICARE FACILITY PAYMENT (ASC - POS 24 OR HOSPITAL - POS 22)
31296-50 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	$1,820 x 150% = $2,730	$182 x 150% = $273
31295-50-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	$1,794 x 150% = $2,691– $196 (31231) = $2,495	$161 x 150% = $242 – $65 (31231) = $177
Total Estimated Medicare Payment:	**$5,225**	**$450**

*Non-facility payment includes the cost of disposables.

EXAMPLE #3
A patient undergoes a bilateral frontal balloon dilation, bilateral maxillary FESS, total ethmoidectomy, and sphenoid FESS.

CPT® CODES	2021 PHYSICIAN PAYMENT	2022 PHYSICIAN PAYMENT
	FACILITY	**FACILITY**
31259-50 Nasal/sinus endoscopy, surgical, with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	$478 x 150% = $717	$480 x 150% = $720
31267-50-51 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	$268 x 150% = $402 - $65 (31231) = $337	$270 x 150% = $405 - $65 (31231) = $340
31296-50-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	$181 x 150% = $272 - $65 (31231) = $207	$182 x 150% = $273 - $65 (31231) = $208
Total Estimated Medicare Payment:	**$1,261**	**$1,268**

EXAMPLE #4
A patient undergoes a bilateral frontal balloon dilation, bilateral maxillary FESS, anterior ethmoidectomy, and sphenoid balloon dilation.

CPT® CODES	2021 PHYSICIAN PAYMENT	2022 PHYSICIAN PAYMENT
	FACILITY	FACILITY
31267-50 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	$268 x 150% = $402	$270 x 150% = $405
31254-50-51 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	$246 x 150% = $369 - $65 (31231) = $304	$247 x 150% = $371 - $65 (31231) = $306
31298-50-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	$259 x 150% = $388 - $65 (31231) = $323	$260 x 150% = $390 - $65 (31231) = $325
Total Estimated Medicare Payment:	**$1,029**	**$1,036**

EUSTACHIAN TUBE BALLOON DILATION

CPT codes 69705 and 69706 report unilateral or bilateral eustachian tube balloon dilation (ETBD). If concomitant procedures are performed during the same service, providers are to report the appropriate codes to describe the procedures performed.

CY 2022 FINAL PHYSICIAN PAYMENT

			RELATIVE VALUE UNIT (RVU)			MEDICARE NATIONAL AVERAGE PAYMENT	
CPT® CODE	DESCRIPTION	GLOBAL	WORK	FACILITY TOTAL	NON-FACILITY TOTAL	FACILITY PAYMENT	NON-FACILITY PAYMENT
69420	Myringotomy including aspiration and/or eustachian tube inflation	10	1.38	3.55	5.72	$123	$198
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	10	1.78	4.50	N/A	$156	N/A
69424	Ventilating tube removal requiring general anesthesia	0	0.85	1.77	3.88	$61	$134
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	10	1.57	3.89	6.04	$135	$209
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	10	2.01	4.72	N/A	$163	N/A
69501	Transmastoid antrotomy (simple mastoidectomy)	90	9.21	21.28	N/A	$736	N/A
69502	Mastoidectomy; complete	90	12.56	28.21	N/A	$976	N/A
69505	Mastoidectomy; modified radical	90	13.17	37.01	N/A	$1,281	N/A
69511	Mastoidectomy; radical	90	13.70	37.86	N/A	$1,310	N/A
69540	Excision aural polyp	10	1.25	3.87	6.38	$134	$221
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	10	4.47	8.49	11.43	$294	$396
69620	Myringoplasty (surgery confined to drumhead and donor area)	90	6.03	14.74	22.37	$510	$774
69631	Tympanoplasty without mastoidectomy, (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	90	10.05	26.71	N/A	$924	N/A
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	90	12.96	32.59	N/A	$1,128	N/A
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	90	12.31	31.56	N/A	$1,092	N/A
69635	Tympanoplasty with antrotomy or mastoidotomy; without ossicular chain reconstruction	90	13.51	38.18	N/A	$1,321	N/A
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	90	15.43	42.41	N/A	$1,468	N/A

			RELATIVE VALUE UNIT (RVU)			MEDICARE NATIONAL AVERAGE PAYMENT	
CPT® CODE	**DESCRIPTION**	**GLOBAL**	**WORK**	**FACILITY TOTAL**	**NON-FACILITY TOTAL**	**FACILITY PAYMENT**	**NON-FACILITY PAYMENT**
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	90	15.32	43.25	N/A	$1,497	N/A
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	90	12.89	31.28	N/A	$1,082	N/A
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	90	17.06	40.13	N/A	$1,389	N/A
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	90	15.59	36.72	N/A	$1,271	N/A
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, with ossicular chain reconstruction	90	17.23	45.31	N/A	$1,568	N/A
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	90	16.71	44.59	N/A	$1,543	N/A
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	90	18.37	47.19	N/A	$1,633	N/A
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	0	3.00	5.11	85.01	$177	$2,942
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	0	4.27	7.14	87.75	$247	$3,037
69799	Unlisted procedure, middle ear	YYY*		N/A**	N/A**	At the discretion of the payor***	At the discretion of the payor***

* Contractor Priced
** Unlisted CPT® codes have no RVUs assigned to them under the Medicare Physician Fee Schedule
*** Payment for unlisted codes is on a case-by-case basis. Contact the patient's health plan for verification of coverage and payment

PHYSICIAN PROFESSIONAL PAYMENT EXAMPLES

The following case examples are based upon the 2022 Medicare Physician Fee Schedule.

EXAMPLE #1
A patient undergoes a stand-alone unilateral eustachian tube balloon dilation (ETBD).

CPT® CODES	2022 MEDICARE NON-FACILITY PAYMENT (PHYSICIAN OFFICE - POS 11)*	2022 MEDICARE FACILITY PAYMENT (ASC - POS 24 OR HOSPITAL - POS 22)
69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	$2,942	$177
Total Estimated Medicare Payment:	**$2,942**	**$177**

*Non-facility payment includes the cost of disposables.

EXAMPLE #2
A patient undergoes a stand-alone bilateral eustachian tube balloon dilation (ETBD)

CPT® CODES	2022 MEDICARE NON-FACILITY PAYMENT (PHYSICIAN OFFICE - POS 11)*	2022 MEDICARE FACILITY PAYMENT (ASC - POS 24 OR HOSPITAL - POS 22)
69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	$3,037	$247
Total Estimated Medicare Payment:	**$3,037**	**$247**

*Non-facility payment includes the cost of disposables.

EXAMPLE #3
A patient undergoes a procedure including bilateral ETBD, a septoplasty and a turbinate out fracture, and a frontal balloon dilation without FESS.

CPT® CODES	2022 MEDICARE FACILITY PAYMENT (ASC - POS 24 OR HOSPITAL - POS 22)
30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	$703 (100%)
30930-51 Fracture nasal inferior turbinate(s), therapeutic	$120 x 50% = $60
69706-51 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	$247 x 50% = $124
Total Estimated Medicare Payment:	**$887**

NCCI EDITS

Background: 2021 NCCI edits bundled CPT® code 69705 (Nasopharyngoscopy, surgical, with dilation of Eustachian tube; unilateral) and CPT® code 69706 (Nasopharyngoscopy, surgical, with dilation of Eustachian tube; bilateral) with a large number of procedural codes. Performing any combination of these procedures on the same date of service resulted in the inability to report, and subsequently receive payment for ETBD.

January 2022 Update: NCCI has revised or deleted a number of edits impacting ETBD. In some instances, a modifier may now be used to indicate an exception is appropriate. For example, if a surgeon determines that ETBD, in combination with BSP and/or FESS, is medically necessary, they can now complete the surgery on the same date of service and attach a modifier -59 to report a separate procedure. There are still instances where the edits continue to bundle ETBD (69705 ad 69706) with other procedures, and a review of the full list of revised or deleted edits is recommended.

EXAMPLE #4
A patient undergoes a bilateral ETBD with balloon sinuplasty. In the office setting, the ETBD is the primary procedure for multiple procedure calculations, as it has the highest allowable, where in the facility setting the primary procedure would be 31296-50. However, January 2022 NCCI edits would require modifier -59 with 69706 in either setting, to indicate distinct and separate medically necessary procedure.

CPT® CODES	2022 MEDICARE NON-FACILITY PAYMENT (PHYSICIAN OFFICE - POS 11)*	2022 MEDICARE FACILITY PAYMENT (ASC - POS 24 OR HOSPITAL - POS 22)
69706-59 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	$3,037	$247 - $65 (31231) = $182
31296-50 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	$1,820 x 150% = $2,730 – $196 (31231) = $2,534	$182 x 150% = $273
31295-50-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	$1,794 x 150% = $2,691– $196 (31231) = $2,495	$161 x 150% = $242 – $65 (31231) = $177
Total Estimated Medicare Payment:	**$8,066**	**$632**

*Non-facility payment includes the cost of disposables.

EXAMPLE #5
A patient undergoes a bilateral frontal balloon dilation, bilateral maxillary FESS, total ethmoidectomy, and sphenoid FESS, along with bilateral ETBD.

CPT® CODES	2021 PHYSICIAN PAYMENT	2022 PHYSICIAN PAYMENT
	FACILITY	**FACILITY**
31259-50 Nasal/sinus endoscopy, surgical, with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	$478 x 150% = $717	$480 x 150% = $720
31267-50-51 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	$268 x 150% = $402 - $65 (31231) = $337	$270 x 150% = $405 - $65 (31231) = $340
31296-50-51 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	$181 x 150% = $272 - $65 (31231) = $207	$182 x 150% = $273 - $65 (31231) = $208
69706-59 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Bundled – no exception recognized by NCCI	$247 - $65 (31231) = $182
Total Estimated Medicare Payment:	**$1,261**	**$1,450**

AIRWAY ENDOSCOPIC SURGERY

CY 2022 FINAL PHYSICIAN PAYMENT

			RELATIVE VALUE UNIT (RVU)			MEDICARE NATIONAL AVERAGE PAYMENT	
CPT® CODE	DESCRIPTION	GLOBAL	FACILITY TOTAL	FACILITY TOTAL	NON-FACILITY TOTAL	FACILITY PAYMENT	NON-FACILITY PAYMENT
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	0	2.57	4.59	N/A	$159	N/A
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	0	3.27	5.69	N/A	$197	N/A
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	0	2.37	4.20	N/A	$145	N/A
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	0	2.68	4.72	N/A	$163	N/A
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	0	4.52	7.70	N/A	$266	N/A
31615	Tracheobronchoscopy through established tracheostomy incision	0	1.84	3.38	5.16	$117	$179
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	0	3.81	5.79	N/A	$200	N/A
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	0	4.36	6.61	N/A	$229	N/A
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	0	5.02	7.47	N/A	$259	N/A

COMPUTER ASSISTED SURGICAL NAVIGATION

CY 2022 FINAL PHYSICIAN PAYMENT

			RELATIVE VALUE UNIT (RVU)			MEDICARE NATIONAL AVERAGE PAYMENT	
CPT® CODE	DESCRIPTION	GLOBAL	WORK	FACILITY TOTAL	NON-FACILITY TOTAL	FACILITY PAYMENT	NON-FACILITY PAYMENT
+61782*	Stereotactic computer-assisted (navigational) procedure; cranial, extradural	ZZZ**	3.18	5.08	N/A	$176	N/A

* Add-on codes are exempt from multiple procedure payment reduction, and so should be reimbursed at the full fee schedule amount identified by the payer.
** The code is related to another service and is always included in the Global Period of the primary service.

ICD-10-CM DIAGNOSIS CODES

ICD-10	DESCRIPTION
BALLOON SINUPLASTY	
J32.0	Chronic Maxillary Sinusitis
J32.1	Chronic Frontal Sinusitis
J32.2	Chronic Ethmoidal Sinusitis
J32.3	Chronic Sphenoidal Sinusitis
J32.4	Chronic Pansinusitis
J32.8	Other Chronic Sinusitis
J32.9	Chronic Sinusitis, Unspecified
EUSTACHIAN TUBE BALLOON DILATION (ETBD)	
H69.80	Other Specified Disorders of Eustachian Tube, Unspecified Ear
H69.81	Other Specified Disorders of Eustachian Tube, Right Ear
H69.82	Other Specified Disorders of Eustachian Tube, Left Ear
H69.83	Other Specified Disorders of Eustachian Tube, Bilateral

MODIFIERS

MODIFIER	DESCRIPTION
50	**Bilateral Procedure:** When bilateral procedures are performed in the same session, append modifier 50 to the procedure. 50% payment reduction of the second procedure generally applies. Note: This modifier should not be appended to designated "add-on" codes.
51	**Multiple Procedures:** When multiple procedures, other than E/M Services, are performed at the same session by the same provider, append to the additional procedure or service code(s). 50% payment reduction of the second procedure generally applies, although Medicare applies a special endoscopic reimbursement methodology to certain codes. Use of modifier 51 is not required by all payors.
53	**Discontinued Procedure:** Under certain circumstances, the physician may elect to terminate the procedure.
59	**Distinct Procedural Service:** Under certain circumstances it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day.
73	**Discontinued Outpatient Hospital/Ambulatory Surgery (ASC) Procedure PRIOR TO the Administration of Anesthesia:** Applied when extenuating circumstances require the cancellation of a procedure.
74	**Discontinued Outpatient Hospital/Ambulatory Surgery (ASC) Procedure AFTER Administration of Anesthesia:** Applies when extenuating circumstances require the cancellation of a procedure.
RT **LT**	**Right Side:** Used to identify procedures performed on the right side of the body. **Left Side:** Used to identify procedures performed on the left side of the body.

NOTES

Acclarent, Inc. products are not used in all procedures listed. The most appropriate code for the patient's clinical presentation must be selected. CPT® copyright 2021 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AMA. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Sources: Calendar Year 2022 Medicare Outpatient Prospective Payment System, Final Rule [CMS-1753-FC], Federal Register, November 16, 2021 and its associated addenda posted on the Centers for Medicare and Medicaid Services (CMS) web site on November 2, 2021, with revised ASC Addenda posted on January 4, 2022, and revised HOPPS Addenda posted on January 10, 2022. Medicare payment allowable rates shown above do not reflect the automatic payment cuts required under the sequestration process of the 2011 Budget Control Act. Calendar Year 2022 Medicare Physician Fee Schedule, Final Rule [CMS-1751-F, Federal Register, November 19, 2021, posted on the CMS website November 2, 2021, as revised by the Protecting Medicare and American Farmers from Sequester Cuts Act on December 10, 2021. No geographic adjustments have been made to the reported payment rates. Acclarent defers to the guidance published by American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) found here (log in credentials required): http://www.entnet.org/Practice/Coding-for-Balloon-Sinus-Dilation-2010.cfm

STATUS INDICATOR (SI) DEFINITIONS: C - Inpatient only procedure; procedure not paid under OPPS **J1** - Hospital Part B services paid through a Comprehensive APC. **N** - Items and Services Packaged into APC Rates. Paid under OPPS; payment is packaged into payment for other services. **Q2** - Payment is packaged if billed on the same date of service as a HCPCS code assigned a status indicator "T"; otherwise payment is made through a separate APC payment. **T** - Significant procedure, multiple procedure reduction applies.

PAYMENT INDICATOR (PI) DEFINITIONS: A2 - Surgical procedure on ASC list in CY 2007, payment based on OPPS relative payment weight. **G2** - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight. **J8** - Device-intensive procedure; paid at adjusted rate. N1 - Packaged service/item; no separate payment made. **P2** - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on OPPS relative payment weight. **P3** - Office-based surgical procedure added to ASC list in CY 2008 or later with MPFS nonfacility PE RVUs; payment based on MPFS nonfacility PE RVUs.

DISCLAIMER

The information contained in this guide is provided to assist you in understanding the reimbursement process. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies.

The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Acclarent concerning levels of reimbursement, payment or charge. Similarly, all CPT® and HCPCS codes are supplied for information purposes only and represent no statement promise or guarantee by Acclarent that these codes will be appropriate or that reimbursement will be made.

FOR ADDITIONAL QUESTIONS OR INFORMATION CONTACT:

Acclarent Reimbursement Support Services
acclarentreimbursementsupport@its.jnj.com
877.340.6466

Acclarent®
PART OF THE Johnson & Johnson FAMILY OF COMPANIES