

2022 ACCLARENT ENT MEDICARE UPDATES

The following tables reflect the CY 2022 Medicare national average fee schedules for Physician, Hospital Outpatient and Ambulatory Surgical Centers, for Airway Dilation, Balloon Sinuplasty (BSP), Eustachian Tube Balloon Dilation (ETBD), and Navigation procedures.

2022 MEDICARE NATIONAL AVERAGE PHYSICIAN PAYMENTS

CPT® CODES	DESCRIPTION	2021 FACILITY PAYMENT ¹	2022 FACILITY PAYMENT ²	2021-2022 % CHANGE IN FACILITY PAYMENT	2021 NON-FACILITY PAYMENT ¹	2022 NON-FACILITY PAYMENT ²	2021-2022 % CHANGE IN NON-FACILITY PAYMENT
31295	Nasal/sinus endoscopy, surgical, with dilation (e.g. balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	\$159	\$161	1.3%	\$1,932	\$1,794	-7.1%
31296	Nasal/sinus endoscopy, surgical, with dilation (e.g. balloon dilation); frontal sinus ostium	\$181	\$182	-0.6%	\$1,958	\$1,820	-7.0%
31297	Nasal/sinus endoscopy, surgical, with dilation (e.g. balloon dilation); sphenoid sinus ostium	\$145	\$146	-0.7%	\$1,917	\$1,779	-7.2%
31298	Nasal/sinus endoscopy, surgical, with dilation (e.g. balloon dilation); frontal and sphenoid sinus ostia	\$259	\$260	0.4%	\$3,664	\$3,380	-7.8%
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	\$145	\$145	-0.0%	N/A	N/A	N/A
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	\$162	\$163	0.6%	N/A	N/A	N/A
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	\$202	\$200	-1.0%	N/A	N/A	N/A
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	\$231	\$229	-0.9%	N/A	N/A	N/A
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	\$177	\$177	-0.0%	\$3,112	\$2,942	-5.5%
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	\$246	\$247	-0.4%	\$3,206	\$3,037	-5.3%
61782	Stereotactic (computer-assisted) navigation procedure; cranial, extradural	\$176	\$176	-0.0%	N/A	N/A	N/A

Main Driver of 2022 Reductions: For the first time in nearly 20 years, CMS is updating 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 listed on the Medicare Physician Fee Schedule.

2022 HOSPITAL OUTPATIENT MEDICARE NATIONAL AVERAGE PAYMENTS

APC	DESCRIPTION	2021 PAYMENT ³	2022 PAYMENT ⁴	2021-2022 % CHANGE IN PAYMENT
5154	Level 4 Airway Endoscopy: Includes Airway dilation procedures	\$3,098	\$3,164	2.1%
5155	Level 5 Airway Endoscopy: Includes BSP and FESS	\$5,823	\$5,947	2.1%
5165	Level 5 ENT Procedures: Includes ETBD	\$5,086	\$5,194	2.1%

No additional Hospital reimbursement for the use of navigation. Navigation is considered inclusive to the primary procedure.

2022 AMBULATORY SURGICAL CENTER MEDICARE NATIONAL AVERAGE PAYMENTS

CPT® CODES	DESCRIPTION	2021 PAYMENT ³	2022 PAYMENT ⁴	2021-2022 % CHANGE IN PAYMENT
31253-31255, 31257, 31298	FESS and combined frontal / sphenoid BSP	\$2,001	\$2,039	1.9%
31256	FESS (exploration maxillary sinus)	\$1,302	\$1,329	2.1%
31295*	Maxillary BSP	\$1,813	\$1,687	-6.9%
31296*	Frontal BSP	\$1,823	\$1,698	-6.9%
31297*	Sphenoid BSP	\$1,809	\$1,683	-7.0%
69705 or 69706	ETBD	\$3,575	\$3,647	2.0%
31528, 31529, 31630	Airway Dilation	\$1,302	\$1,329	2.1%
31631	Airway Dilation	\$2,001	\$2,039	1.9%

No additional ASC reimbursement for the use of navigation. Navigation is considered inclusive to the primary procedure.

Medicare Reimbursement Policies to Consider:

Multiple Endoscopy Rules¹: The Physician Fee Schedule reimbursement calculation method for multiple procedures will be determined according to 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 and ETBD 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.

*CPT 31295, 31296, and 31297: These 3 CPT codes have a payment indicator of "P3" which CMS defines as an *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. Therefore, these ASC rates are also affected by the updates to the 2022 clinical labor rates.*

Medicare Promotion of Evidence-Based Care for Advanced Diagnostic Imaging (for services ordered on or after January 1, 2020):

Ordering Professionals must consult appropriate use criteria (AUC) through qualified Clinical Decision Support Mechanisms (CDSMs) for applicable imaging services under specified settings and payment systems. Ordering Professionals must consult appropriate use criteria (AUC) through qualified Clinical Decision Support Mechanisms (CDSMs) for applicable imaging services under specified settings and payment systems, and provide relevant information to the furnishing professional.

Furnishing Professionals must report the information on Medicare claims for advanced diagnostic imaging services. The requirement to consult an AUC for educational and operations testing process was extended during 2021 and 2022 due to pandemic, so there were no denials for errors; claims impact is expected beginning in 2023.

Additional information may be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index>.

BALLOON SINUPLASTY AND BALLOON DILATION OF THE EUSTACHIAN TUBE
PHYSICIAN CODING AND MEDICARE NATIONAL AVERAGE PAYMENT EXAMPLES

EXAMPLE #1

A patient undergoes a procedure including bilateral frontal sinus balloon dilation, bilateral maxillary sinus balloon dilation, and bilateral sphenoid dilation performed without a FESS procedure.

CPT® CODES	2021 PHYSICIAN PAYMENT		2022 PHYSICIAN PAYMENT	
	OFFICE	FACILITY	OFFICE	FACILITY
31298-50	$\$3,664 \times 150\% = \$5,496$	$\$259 \times 150\% = \389	$\$3,380 \times 150\% = \$5,070$	$\$260 \times 150\% = \390
31295-50-51	$\$1,932 \times 150\% = 2,898 - \$202 (31231) = \$2,696$	$\$159 \times 150\% = \$239 - \$65 (31231) = \174	$\$1,794 \times 150\% = \$2,691 - \$196 (31231) = \$2,495$	$\$161 \times 150\% = \$234 - \$65 (31231) = \177
TOTAL	\$8,192	\$563	\$7,565	\$567

EXAMPLE #2

A patient undergoes a stand-alone bilateral eustachian tube balloon dilation (ETBD).

CPT® CODES	2021 PHYSICIAN PAYMENT		2022 PHYSICIAN PAYMENT	
	OFFICE	FACILITY	OFFICE	FACILITY
69706	\$3,206	\$246	\$3,037	\$247
TOTAL	\$3,206	\$246	\$3,037	\$247

EXAMPLE #3

A patient undergoes a procedure including bilateral frontal balloon dilation, bilateral maxillary FESS, total ethmoidectomy, and sphenoid FESS.

CPT® CODES	2021 PHYSICIAN PAYMENT		2022 PHYSICIAN PAYMENT	
	FACILITY		FACILITY	
31259-50	$\$478 \times 150\% = \717		$\$480 \times 150\% = \720	
31267-50-51	$\$268 \times 150\% = \$402 - \$65 (31231) = \337		$\$270 \times 150\% = \$405 - \$65 (31231) = \340	
31296-50-51	$\$181 \times 150\% = \$272 - \$65 (31231) = \207		$\$182 \times 150\% = 273 - \$65 (31231) = \$208$	
TOTAL	\$1,261		\$1,268	

BALLOON SINUPLASTY AND BALLOON DILATION OF THE EUSTACHIAN TUBE
FACILITY CODING AND MEDICARE NATIONAL AVERAGE PAYMENT EXAMPLES

OUTPATIENT HOSPITAL (HOPD) BALLOON SINUPLASTY 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)		
Total Estimated Medicare Payment:				\$5,947	\$5,947

AMBULATORY SURGERY CENTER (ASC) BALLOON SINUPLASTY 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		\$3,059	
		(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		\$1,529	
		(Payment x Bilateral adjustment x Multiple Procedure Reduction)			
Total Estimated Medicare Payment:				\$3,813	\$4,588

HOPD AND ASC BALLOON DILATION OF THE EUSTACHIAN TUBE PAYMENT EXAMPLE

A patient undergoes a procedure a stand-alone bilateral eustachian tube balloon dilation (ETBD).

BALLOON-ONLY PROCEDURE	AMBULATORY SURGERY CENTER (POS 24) 2022 MEDICARE PAYMENT	HOSPITAL OUTPATIENT (POS 22) 2022 MEDICARE PAYMENT
CPT® CODES	BALLOON ONLY	HYBRID
69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	\$3,647	\$5,194
Total Estimated Medicare Payment:	\$3,647	\$5,194

FOR ADDITIONAL QUESTIONS OR INFORMATION CONTACT:

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Sources:

1. CMS-1734-F, CMS-1734-IFC, CMS-1744-F, CMS-5531-F and CMS 3401-IFC Medicare Physician Fee Schedule (MPFS) Final Rule CY 2021, as revised by Consolidated Appropriations Bill on 12/27/2020.
2. CMS-1751-F Medicare Physician Fee Schedule (MPFS) Final Rule CY 2022, as revised by the Protecting Medicare and American Farmers from Sequester Cuts Act on 12/10/2021.
3. CMS-1736-IFC Hospital Outpatient Prospective Payment System and Ambulatory Surgery Center CY 2021 Payment Rates
4. CMS-1753-FC Hospital Outpatient Prospective Payment System and Ambulatory Surgery Center CY 2022 Payment Rates

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

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