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November 27, 2023

**VIA ELECTRONIC MAIL**

Dr. Sandhya Rao, MD  
Chief Medical Officer  
Blue Cross Blue Shield of Massachusetts  
101 Huntington Ave #1300  
Boston, MA 02199  
Sandhya.Rao@bcbsma.com

**Re: Coverage of Sinus Endoscopy or Nasal Debridement**

Dear Dr. Rao,

On behalf of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)<sup>1</sup>, I am contacting you regarding Blue Cross Blue Shield of Massachusetts's Professional Surgery Payment Policy for Postoperative Sinus Endoscopy and/or Debridement Procedures. **This policy states that "Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal or sinus cavities, unilateral or bilateral" is not reimbursed.**

Based on the reasons and rationale stated below, the AAO-HNS strongly disagrees with the placement of 31231 and 31237 on the list of non-covered services. We urge Blue Cross Blue Shield of Massachusetts to review and reconsider this policy, allowing coverage for these services moving forward.

**I. CPT Codes 31231 and 31237**

Per the policy, Blue Cross Blue Shield of Massachusetts "does not cover nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal or sinus cavities, unilateral or bilateral." The policy and subsequent denials consider

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<sup>1</sup> The AAO-HNS is the world's largest organization representing specialists who treat the ear, nose, throat, and related structures of the head and neck. The Academy represents approximately 12,000 otolaryngologist-head and neck surgeons who diagnose and treat disorders of those areas.

postoperative sinus endoscopies (31231) and postoperative sinus debridement (31237) to be included with all of the nasal and sinus procedure codes performed at an original surgical session. This statement is incorrect due to RUC description of work and need to refute the timeframe undefined on a zero day global. There is no mention of postoperative endoscopy or debridement with this description of work. The RUC description of work as published in the RUC database reads as follows: “The patient is monitored during reversal of anesthesia. Postoperative recovery care A postoperative note is written. An operative note is written, and a copy is provided to the referring physician. Prior to discharge, the patient is examined, prescriptions are written, and supplies needed for post-discharge are provided. Medication reconciliation is performed. Post-discharge wound care and activity limitations are discussed with the patient and family, and discharge instructions are written.”

While a sinus endoscopy or nasal debridement may be performed subsequent to other nasal procedures, the debridement itself is not directly related to the original procedure performed and therefore should not be included in the reimbursement for the original procedure code. The reason that Functional Endoscopic Sinus Surgery (FESS) codes (31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291) all carry a 0-day global to allow for post-operative debridement, this separate procedure requires additional work and resources that were not included in the valuation of the original code by the RVS Update Committee (RUC) and therefore should be valued separately.

Separate reimbursement for sinus debridement is justified to reduce healing time and maximize the long-term benefit of the original surgery. Failure to perform necessary debridement can lead to preventable complications and risks of those complications. Additionally, patients receiving debridement as part of the follow-up from cancer treatment should have coverage for this service as it is part of the standard of care. The current policy does not allow for ANY debridement as part of a patient's follow-up with no consideration for circumstances or timeline of care. The policy fails to provide a specific timeframe for which a patient doesn't have coverage for debridement post operatively, suggesting that a patient could never have a debridement at any point in their life if they have had a previous FESS procedure. We do not advocate for adding a specific time frame allowance but instead advocate for debridement to be covered fully at

any point as they are a critical tool for otolaryngologists to use in treating their patients.

In an international consensus statement for allergy and rhinology published in 2021 there is significant evidence to support the benefit of debridement during patient recovery at a variety of time frames, specifically citing fewer adhesions at the 3 month post-operative check-in.<sup>2</sup>

**The AAO-HNS strongly recommends that Blue Cross Blue Shield of Massachusetts review this surgical policy and remove postoperative sinus endoscopy and debridement from the list of non-covered services.**

## **II. Modifier 79**

In cases where a septoplasty (30520) is performed along with a sinus surgery, the debridement is not related to the septoplasty but to the sinus surgery. Septoplasty carries a 90-day global while the sinus procedures carry the 0-day global. CPT guidelines state that modifier 79 should be used in these cases to denote that an unrelated procedure is being performed by the same physician during the postoperative period. Currently, modifier 79 is not listed as part of this policy. The AAO-HNS strongly encourages our members to abide by CPT guidelines when billing and advocates for the appropriate use of all modifiers in practice.

**We urge Blue Cross Blue Shield of Massachusetts to add the 79 modifier and appropriate guidance on its use to this medical policy.**

## **III. Modifier 50**

Similarly, the modifier 50 is not included in this surgical policy. The field of otolaryngology unlike some other specialties requires specificity on sidedness and unilateral versus bilateral procedures as many of our procedures are completed on both sides of the body. The lack of inclusion of modifier 50 and clear instructions on how it should be used in practice is an oversight.


**The AAO-HNS encourages Blue Cross Blue Shield of Massachusetts to add the 50 modifier and appropriate guidance on its use to this surgical policy.**

**IV. Conclusions**

For the reasons stated above, the AAO-HNS believes that the Blue Cross Blue Shield of Massachusetts surgical policy referenced results in incorrect reimbursement for physicians performing postoperative sinus endoscopy and/or debridement procedures. The AAO-HNS requests that Blue Cross Blue Shield of Massachusetts revise their surgical policy by providing coverage for these services particularly in cases following a separate nasal or sinus surgical procedure.

We appreciate the opportunity to collaborate with Blue Cross Blue Shield of Massachusetts on policies impacting our members and would welcome the opportunity to discuss this and any other policy in a proactive and regular manner. Should you have any questions, please contact <mailto:healthpolicy@entnet.org>

Sincerely,



James C. Denneny III, MD  
Executive Vice President and CEO

<sup>1</sup> [https://www.cochrane.org/CD011988/ENT\\_debridement-nasal-and-sinus-cavities-postoperative-care-patients-who-have-had-endoscopic-sinus](https://www.cochrane.org/CD011988/ENT_debridement-nasal-and-sinus-cavities-postoperative-care-patients-who-have-had-endoscopic-sinus)

<sup>2</sup> Orlandi RR, Kingdom TT, Smith TL, et al. International consensus statement on allergy and rhinology: rhinosinusitis 2021. Int Forum Allergy Rhinol. 2021 Mar;11(3):213-739. doi: 10.1002/alr.22741. Erratum in: Int Forum Allergy Rhinol. 2022 Jul;12(7):974. PMID: 33236525.