AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY FOUNDATION®

October 22, 2024

Lisa Grimes, Senior Manager
Provider Account Management
Point 32Health
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Canton, MA 02021
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Dear Ms. Grimes,

I am contacting you on behalf of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), regarding multiple assistance requests we have received from our members concerning Point 32 Health's denials and non-reimbursement for debridement following Functional Endoscopic Sinus Surgery (FESS) when performed at the same time as a Septoplasty.

We appreciate your detailed explanation concerning the relationship of the various components of the sinonasal anatomic area. While the nasal septum and the paranasal sinus area are in close proximity, they are separate anatomically and functionally. The surgery done in the paranasal sinuses with or without septoplasty requires a well-defined course of care to optimize the outcome. This includes debridement post-operatively as needed for each individual patient. Each endoscopic sinus surgery case is unique, and unlike septoplasty, the necessity and frequency of debridements is not uniform, the need becomes apparent as the patient is healing.

We believe these denials and subsequent non-reimbursement issues can be resolved with some factual background information on these two separately identifiable procedures as they have been defined by the American Medical Association's (AMA) Current Procedural Terminology Editorial Panel (CPT) and their subsequent intended value and utilization by the AMA's RVS Update Committee (RUC) and the Centers for Medicare & Medicaid Services' (CMS) assignment of global periods.

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The AMA's CPT definition of FESS, code 31237, is nasal/sinus endoscopy, surgical; with biopsy, polypectomy, or debridement (separate procedure) and Septoplasty, code 30520, as septoplasty or submucous resection with or without cartilage scoring, contouring or replacement with graft.

In a response from the company to an Academy member who inquired to Point 32 about the basis of these denials , you state:

"Since the nasal debridement was performed during the post-op period of a procedure that occurred in the same (nasal cavity) operative area – this implies that the debridement was related to the surgical procedures which were performed in that same anatomic area. We do not make a distinction between services being "unrelated" to one procedure code and "related" to another procedure code during that same surgical session when they are in the same area. We consider postoperative sinus debridement and inspection to be related to all the nasal and sinus procedures performed during the surgery. Services are considered unrelated if they involve a body part that does not include the nasal or sinus region."

This statement is concerning as it implies an understanding that the sinus and nasal cavities are one and the same and therefore surgery performed in those cavities is in the same anatomic region. This is an error, and it needs to be corrected.

While the nasal cavity and the sinus cavities are in close proximity, they are separate and clearly defined anatomical structures that provide different functions. Surgery is done for different reasons on the septum and paranasal sinus and the procedures differ in how they heal. The septum is closed while the sinuses are not and require debridement in well-defined circumstances.

In the same response shared by yourself, you state the following:

"This denial is based on the CMS Internet Only Manual (IOM) for global surgery, postoperative procedures performed during the global period that are related and are not payable. If two procedures are done at the same session and have different

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postoperative fee periods (e.g. 0 days and 90 days), the global fee period is set to the highest day period. For a patient who has had a FESS (functional endoscopy sinus surgery) done as well as a septoplasty, the septoplasty is driving the global period with a 90-day global fee period."

The AAO-HNS would like to clarify that while Septoplasty carries a 90-day global, code 31237 and most other Functional Endoscopic Sinus Surgery (FESS) codes (31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31290, 31291) carry a zero-day global. The valuation of the FESS codes as zero-day globals by the RUC does not include debridement in the valuation of the codes post-operative services. The need for debridement of the sinus cavity varies depending on each individual surgical case. Each case is different, each person is different, and 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 the inherent risks of those complications

Endoscopic Sinus Surgery (ESS) relative value units were developed with the exclusion of debridements factored into their overall weight. 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. ESS code values do not include the work, risk, judgement, and skill necessary for this separate procedure. As a separate procedure, it requires separate reimbursement to account for the additional work and resources that were not included in the valuation of the original code by the RVS Update Committee (RUC).

An incomplete understanding of vital background information related to the definition and nature of the assigned CPT codes and to the reasons of the assignment of the different global periods to these procedures, leads to severe skewing of several key elements that have been predetermined to allow fairness and equitable payments in recognition of the work, risk, judgement and skills necessary that are inherent to separate procedures performed by physicians.

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The AAO-HNS is appreciative of the opportunity for continued interaction between private payers and the members it represents. In the spirit of continued collaboration, we welcome any further discussions and inquiries that may remain outstanding. Any further questions may be directed to healthpolicy@entnet.org .

Sincerely,

James C Denneny III

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

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