

Endoscopic sinus surgery (ESS) and necessary post-operative care/procedures

Summary:

Patients will receive a bill for the services performed on the day of their sinus surgery. In addition, the surgeon also needs to perform important post-operative care during the first couple months after surgery to help ensure proper healing and to minimize the risk of scar tissue formation. This care normally requires at least one post-operative “debridement” procedure performed in clinic where the surgeon typically removes old debris and crusts or scabs from inside the sinuses. This debridement procedure can take anywhere from 3-30 minutes depending on the condition of the sinuses. The CPT code for this procedure is 31276. It can be necessary on one side, both sides, and sometimes on repeated visits. This procedure is different (and more involved) than a standard nasal endoscopy (CPT code 31231) that is often used for pre-operative evaluation and to assess the sinus health after surgery. Patients need to be aware that this post-operative care and expense is not included in the cost of the original surgery. This is true for every ENT practice in the United States. For patients who want to know their potential out-of-pocket expense may be for their post-operative care, they should contact their insurance company and ask what their expense would be for CPT 31237 (one side) and 31237-50 (both sides).

More information from the American Rhinologic Society and American Academy of Otolaryngology: **Position Statement on Debridement of the Sinus Cavity after ESS:**
<https://www.entnet.org/content/intra-operative-use-computer-aided-surgery>

Debridement of the sinus cavity is a procedure commonly performed following endoscopic sinus surgery (ESS). It involves transnasal insertion of the endoscope for visualization and parallel insertion of various instruments for the purpose of removal of postsurgical crusting, residua of dissolvable spacers, coagulum, early synechiae, or devitalized bone or mucosa. It may also be utilized to remove crusts or debris in patients with longstanding chronic sinusitis with persistent sinonasal inflammation who have undergone sinus surgery in the past. It is performed under local or general anesthesia in a suitably equipped office or operating room, depending on the clinical circumstances of the case.

It is the position of the Academy that postoperative debridement aids healing and optimizes the ability to achieve open, functional sinus cavities. This also facilitates optimal instillation of topical therapies and saline irrigations, long-term disease surveillance, and endoscopically-derived cultures.

Similar improvement in control of inflammation and secondary infection is obtained by debridement in other subtypes of chronic sinusitis patients; particularly in recurrent/persistent bacterial infections and/or fungal sinusitis. Debridement may also be required in patients with chronic crusting in the setting of previous endoscopic tumor surgery and/or paranasal sinus radiation.

1. The frequency with which the above mentioned procedure should be performed is a clinical judgement best made by the surgeon and determined on a case-by-case basis, with the patient's clinical interests as the criteria of need. Setting an arbitrary limit on the number of debridements does not account for variability between patients in the healing process or severity of disease and can significantly jeopardize the quality of care which patients receive and negatively affect the overall outcome of ESS.
2. The Medicare fee schedule, the source for the concept of global periods, clearly assigns zero follow-up days to the 31237 code and most ESS procedures (several have a 10 day period: 31239 and 31290-31294). The reason for this assignment is that in the initial formulation of the relative value units for ESS, need for debridement of the sinus cavity was noted to vary greatly depending on the individual surgical case. ESS relative value units were developed with this exclusion of debridements factored into their overall weight: ESS code values do not include the work, risk, judgement, and skill necessary for this separate procedure.

Medicare work values assigned to the various codes for ESS took into account all of these factors. Haphazardly assigning lower work-valued codes in the place of 31237 as well as tampering with the Medicare global periods assigned, leads to the skewing of several of the key elements which were arrived at to produce fairness and equitable payments for the work done. This results in incorrectly lowered payments, inconsistent with the level, volume, and intensity of the work performed.

1. Insurance companies which profess to use Medicare approaches to reimbursements should use all of the critical elements of those formulations to be consistent with the work values and payment rules inherent in the Medicare concepts mentioned.
2. Sinus surgery is unilateral in nature as are debridements done thereafter. Payments for these procedures should be also.

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