

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-078

Subject: Postoperative Sinus Debridement

Effective Date: January 1, 2025

End Date: August 4, 2025

Issue Date: August 4, 2025

Revised Date: August 2025

Date Reviewed: July 2025

Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

REIMBURSEMENT GUIDELINES:

Postoperative sinus endoscopies (31231) and postoperative sinus debridement services (31237, S2342) are eligible for separate reimbursement under the following circumstances:

1. When all the procedure codes performed at the original surgical session have zero follow-up global days.
2. When any one of the original surgical procedures carry a global period of 10-days or 90-days, and the postoperative sinus endoscopy/debridement is not submitted with the modifier 79 appended.

Note: This policy does not supersede medical policy criteria, direction, and/or approvals.

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

The postoperative sinus endoscopies (31231) and postoperative sinus debridement (31237, S2342) are always considered to be related to all the nasal and sinus procedure codes performed at the original surgical session.

The longest global period for any procedure code from the original date of surgery applies to the entire surgical session and all subsequent services until the global period is complete.

Services may not be “unrelated” to the procedure code creating the postoperative global period and “related” to another procedure code performed by the same physician during that same original surgical session.

Either the failure to use a needed modifier when appropriate or the incorrect use of a modifier when not appropriate may result in denial of the subsequent surgery.

1. When all the procedure codes performed at the original surgical session have zero follow-up global days, then postoperative sinus endoscopies and/or debridements should be reported without appending modifiers 58, 78, or 79.
2. When any one of the original nasal or sinus surgical procedures carry a global period, postoperative sinus endoscopies and/or debridements are always considered related to the original nasal/sinus surgical procedures.

Postoperative sinus endoscopy (31231) and/or debridements (31237, S2342) may be submitted as a staged procedure (modifier 58 attached).

- The staged relationship needs to be supported in the medical record with documentation of the anticipated need for probable endoscopy and/or debridement procedures.
- If modifier 58 is not appended to the office surgery code, the endoscopy/debridement procedure code will be denied as included in the surgical global payment for the original nasal or sinus surgical procedure(s).

Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) which require a return to the operating room may be submitted as a related procedure with modifier 78 attached.

- Modifier 78 may not be submitted with place of service (POS) 11.
- Postoperative sinus endoscopies (31231) and/or debridements (31237, S2342) performed in the office (place of service 11) or otherwise not requiring a return to the operating room need to be documented and submitted as staged procedures.

Modifier 79 is not valid when attached to CPT codes 31231, 31237, S2342 for any sinus endoscopy and/or debridement performed within that global period. The use of modifier 79 in this circumstance to characterize 31231, 31237, or S2342 as “unrelated” to the procedure code with the global period is inaccurate, and an inappropriate use of modifier 79. The sinus endoscopy or debridement is related to the surgical session with the global period, regardless of which procedure code the surgeon deems the endoscopy/debridement to be related. Postoperative sinus endoscopies and/or debridements are not eligible for separate reimbursement when modifier 79 is used. (AAO-HNS₃)

Codes 31231-79, 31237-79, or S2342-79 will be denied with no member responsibility as an invalid procedure code-modifier combination. Provider appeals will only be approved if the written documentation submitted for review shows that the original surgery creating the global period was performed on a body part other than the nasal or sinus structure.

Return Trips to the Operating Room During the Postoperative Period

When treatment for complications requires a return trip to the operating room, physicians must bill the CPT code that describes the procedure(s) performed during the return trip. If no such code exists, use the unspecified procedure code in the correct series, i.e., 47999 or 64999. The procedure code for the original surgery is not used except when the identical procedure is repeated.

In addition to the CPT code, physicians use CPT modifier “-78” for these return trips (return to the operating room for a related procedure during a postoperative period.) The physician may also need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first procedure and requires the use of the operating room, this circumstance may be reported by adding the modifier “-78” to the related procedure.

Note: The CPT definition for this modifier does not limit its use to treatment for complications.

Staged or Related Procedures

Modifier “-58” was established to facilitate billing of staged or related surgical procedures done during the postoperative period of the first procedure. This modifier is not used to report the treatment of a problem that requires a return to the operating room.

The physician may need to indicate that the performance of a procedure or service during the postoperative period was:

- Planned prospectively or at the time of the original procedure;
- More extensive than the original procedure; or
- For therapy following a diagnostic surgical procedure.

These circumstances may be reported by adding modifier “-58” to the staged procedure. A new postoperative period begins when the next procedure in the series is billed.

DEFINITIONS:

Term	Definition
Functional Endoscopic Sinus Surgery	A generic term for a group of endoscopic procedures used to manage severe or treatment-refractory sinus problems, including sinusitis and nasal polyps recalcitrant infections, and other complications.
Modifier	Definition
58	Staged or related procedure/service by the same physician or other qualified health care professional during the postop period
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional, following initial procedure
79	Unrelated procedure/service, by the same physician or other qualified healthcare professional during postoperative period

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- S-280: Surgical Treatment of Obstructive Sleep Apnea
- Z-8: Diagnosis and Treatment of Obstructive Sleep Apnea

Refer to the following Reimbursement Policies for additional information:

- RP-006: Multiple Endoscopy Procedures
- RP-035: Correct Coding Guidelines
- RP-042: Global Surgery and Subsequent Services

REFERENCES:

- Centers For Medicaid and Medicare Services (CMS); Medicare Claims Processing Manual (Pub. 100-4), Chapter 12, § 40.2 – 40
- Centers For Medicaid and Medicare Services (CMS); National Correct Coding Initiative Policy Manual, Chapter 1
- “Policy Statement on Debridement of the Sinus Cavity after FESS.” The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS) and “Compare & Contrast Modifier 24 & Modifier 79,” AAO-HNS Coding Solutions 2009

POLICY UPDATE HISTORY INFORMATION:

1 / 2025	Implementation
8 / 2025	Policy archived

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