FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number

L33815

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type

MAC – Part B

LCD Title

Diagnostic Nasal Endoscopy

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Unless otherwise specified, italicized text represent quotation from one or more of the following CMS sources:

N/A

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands
Diagnostic Nasal Endoscopy

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

N/A

Revision Ending Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

A diagnostic nasal endoscopic examination permits visualization of upper airway structures inaccessible to the conventional otoscope or nasal speculum. The endoscopic examination is a safe and rapid (10-15 minutes) procedure used to diagnose nasal and/or sinus pathologic conditions and is performed with a rigid nasal endoscope and/or a flexible endoscope. A nasopharynx examination inspects the posterior nasopharyngeal wall, posterior choanae, fossa of Rosenmüller, eustachian tube orifices, and the superior aspect of the soft palate. The nasal/sinus examination involves the inspection of the above mentioned areas in addition to the sphenoid-ethmoidal recess.

Any symptom that refers to the upper airway may be an indication for endoscopy when routine clinical evaluation including a nasal speculum examination does not provide a satisfactory diagnosis or when the response to medical management is not satisfactory (i.e., the patient condition is not improving or is worsening).

A nasopharyngoscopy with endoscope (procedure code 92511) will be considered medically reasonable and necessary when performed for the following indications:

- To evaluate a patient with suspected adenoid hypertrophy.
- To evaluate a patient presenting with recurrent serous otitis media.
- To evaluate a patient with chronic serous and/or suppurative otitis media.
- To evaluate a patient with suspected eustachian tube dysfunction. This condition is suspected in cases when a patient presents with recurrent otitis after tympanic tube placement.
- To evaluate a patient with a neck mass of unknown etiology.
- To evaluate a patient with nasopharyngeal signs/symptoms in which a physical examination including a nasal speculum exam failed to determine the etiology. These include such symptoms as recurrent epistaxis, throat pain, ear pain/fullness, anosmia (loss of smell), hyposmia (defect in sense of smell), anterior facial pain, nasal crusting, rhinorrhea (thin, watery discharge from the nose), etc.
- To evaluate a patient with known neoplastic disease of the upper airway.
- To evaluate a patient with acute or chronic pharyngitis.

Note: It is not expected that a nasopharyngoscopy will be performed on a patient with a chronic condition such as otitis media at each patient encounter unless the symptoms are not improving or are getting worse.
Diagnostic Nasal Endoscopy

A diagnostic nasal endoscopy (procedure codes 31231-31235) will be considered medically reasonable and necessary when performed for the following indications:

- To evaluate a patient with nasal polyposis to assess extent of disease and/or evaluate the response to treatment.
- To evaluate a patient with chronic or recurrent rhinosinusitis to determine the source of the purulent material (sphenoid, maxillary, ethmoid ostia). Patients with sinusitis are diagnosed based on a combination of major and minor factors. The major factors are: facial pain/pressure (must accompany another major symptom); facial congestion/fullness; nasal obstruction/blockage; infected nasal drainage (thick and green/yellow); decreased or absent sense of smell; pus in the nose on physical examination, and fever (acute sinusitis only and must accompany another nasal symptom). The minor factors are: headache (must accompany another major symptom); fever; halitosis; fatigue; dental pain; cough; ear pain/pressure/fullness.
- To evaluate a patient with a chronic cough in which an upper airway etiology is suspected.
- To evaluate a patient with persistent nasal obstruction not due to septal deviation and not responding to standard medical therapy (e.g., decongestants, steroids).
- To evaluate a patient presenting with moderate to severe signs and/or symptoms of upper airway abnormalities in which a physical examination including a nasal speculum exam failed to determine etiology. These include but are not limited to anosmia (loss of smell), hyposmia (defect in sense of smell), persistent hoarseness, recurrent epistaxis, serosanguineous nasal discharge, facial pain, odynophagia (pain during swallowing), dysphagia (difficulty swallowing), tightness in throat, change in voice quality, halitosis, obstructive apnea, etc.
- To evaluate a patient with known or suspected granulomatous disease (e.g., sarcoidosis, Wegener’s disease, tuberculosis, syphilis) to rule out upper airway granulomas or ulcerations.
- To evaluate a patient with suspected or known neoplastic disease of the upper airway.
- To postoperatively evaluate the surgical site of the upper airway to determine functional status.
- To evaluate a patient with chronic dacryocystitis (inflammation of the tear sac involving the mucous membrane of the lacrimal sac) to assess the nasolacrimal duct inferior to the inferior turbinate.
- To evaluate a patient with atypical asthma refractory to usual treatment.

Note: It is not expected that a nasal endoscopy be performed on patients with uncomplicated allergic rhinitis or for random screening for nasal polyps in asymptomatic patients or patients with simple allergic rhinitis. In addition, it is not expected that a nasal endoscopy will be performed on a patient with a chronic condition such as sinusitis and nasal congestion unless the symptoms are not improving or are getting worse after undergoing standard medical treatment.

CPT/HCPCS Codes

31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
92511 Nasopharyngoscopy with endoscope (separate procedure)

ICD-10 Codes that Support Medical Necessity

Nasal Endoscopy (31231-31235)

[C09.0 -C14.8 Malignant neoplasm of tonsil, lip, oral cavity and pharynx
C30.0 - C32.9 Malignant neoplasm of respiratory and intrathoracic organs
D10.4-D10.9 Benign neoplasm of tonsil, mouth and pharynx
D14.0 Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D37.01 Neoplasm of uncertain behavior of lip
D37.02 Neoplasm of uncertain behavior of tongue
D37.04 Neoplasm of uncertain behavior of the minor salivary glands
D37.05 Neoplasm of uncertain behavior of pharynx
D37.09 Neoplasm of uncertain behavior of other specified sites of the oral cavity
### Diagnostic Nasal Endoscopy

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D86.0 – D86.9</td>
<td>Sarcoïdosis</td>
</tr>
<tr>
<td>G44.1</td>
<td>Vascular headache, not elsewhere classified</td>
</tr>
<tr>
<td>G47.00</td>
<td>Insomnia, unspecified</td>
</tr>
<tr>
<td>G47.10</td>
<td>Hypersomnia, unspecified</td>
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<tr>
<td>G47.20</td>
<td>Circadian rhythm sleep disorder, unspecified type</td>
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<tr>
<td>G47.30</td>
<td>Sleep apnea, unspecified</td>
</tr>
<tr>
<td>G47.8</td>
<td>Other sleep disorders</td>
</tr>
<tr>
<td>G47.9</td>
<td>Sleep disorder, unspecified</td>
</tr>
<tr>
<td>G93.3</td>
<td>Postviral fatigue syndrome</td>
</tr>
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<td>H04.411 – H04.419</td>
<td>Chronic dacryocystitis</td>
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<tr>
<td>H04.551 – H04.559</td>
<td>Acquired stenosis of nasolacrical duct</td>
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<tr>
<td>H65.00 – H69.93</td>
<td>Disorders of middle ear and mastoid</td>
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<tr>
<td>J01.00 – J01.91</td>
<td>Acute sinusitis</td>
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<tr>
<td>J02.8 – J02.9</td>
<td>Acute pharyngitis</td>
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<tr>
<td>J04.0 – J04.31</td>
<td>Acute laryngitis and tracheitis</td>
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<tr>
<td>J05.0 – J05.11</td>
<td>Acute obstructive laryngitis [croup] and epiglottitis</td>
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<tr>
<td>J06.0</td>
<td>Acute laryngopharyngitis</td>
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<tr>
<td>J31.0 – J31.2</td>
<td>Chronic rhinitis, nasopharyngitis and pharyngitis</td>
</tr>
<tr>
<td>J32.0 – J32.9</td>
<td>Chronic sinusitis</td>
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<tr>
<td>J33.0 – J33.8</td>
<td>Nasal polyp</td>
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<tr>
<td>J34.0 – J34.9</td>
<td>Other and unspecified disorders of nose and nasal sinuses</td>
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<tr>
<td>J37.0</td>
<td>Chronic laryngitis</td>
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<tr>
<td>J39.0 – J39.2</td>
<td>Other diseases of upper respiratory tract</td>
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<td>J44.0 – J44.9</td>
<td>Other chronic obstructive pulmonary diseases</td>
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<tr>
<td>J45.20 – J45.52</td>
<td>Asthma</td>
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<td>J45.902 – J45.909</td>
<td>Unspecified asthma</td>
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<tr>
<td>J45.990 – J45.998</td>
<td>Other asthma</td>
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<td>K20.0 – K20.9</td>
<td>Esophagitis</td>
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<tr>
<td>K21.0</td>
<td>Gastro-esophageal reflux disease</td>
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<tr>
<td>M30.1</td>
<td>Polyarteritis with lung involvement [Churg-Strauss]</td>
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<tr>
<td>M31.30 – M31.31</td>
<td>Wegener’s granulomatosis without renal involvement</td>
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<tr>
<td>R04.0</td>
<td>Epistaxis</td>
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<tr>
<td>R04.2</td>
<td>Hemoptysis</td>
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<tr>
<td>R04.89</td>
<td>Hemorrhage from other sites in respiratory passages</td>
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<tr>
<td>R04.9</td>
<td>Hemorrhage from respiratory passages, unspecified</td>
</tr>
<tr>
<td>R05</td>
<td>Cough</td>
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<tr>
<td>R06.5</td>
<td>Mouth breathing</td>
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<tr>
<td>R06.7</td>
<td>Sneezing</td>
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<tr>
<td>R06.89</td>
<td>Other abnormalities of breathing</td>
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<tr>
<td>R07.0</td>
<td>Pain in throat</td>
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<tr>
<td>R09.81</td>
<td>Nasal congestion</td>
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<td>R13.0 – R13.19</td>
<td>Aphagia and dysphagia</td>
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<tr>
<td>R19.6</td>
<td>Halitosis</td>
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<tr>
<td>R22.1</td>
<td>Localized swelling, mass and lump, neck</td>
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<tr>
<td>R43.0 – R43.9</td>
<td>Disturbances of smell and taste</td>
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<tr>
<td>R47.02 – R47.9</td>
<td>Speech disturbances, not elsewhere classified</td>
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<tr>
<td>R49.0 – R49.9</td>
<td>Voice and resonance disorders</td>
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<tr>
<td>R50.2 – R50.81</td>
<td>Fever of other and unknown origin</td>
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<tr>
<td>R50.9</td>
<td>Fever, unspecified</td>
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<tr>
<td>S17.0XXA – S17.9XXS</td>
<td>Crushing injury of neck</td>
</tr>
<tr>
<td>Z09</td>
<td>Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm]</td>
</tr>
</tbody>
</table>
Diagnostic Nasal Endoscopy

Nasopharyngoscopy (92511)

[C09.0 – C14.8] Malignant neoplasm of tonsil, lip, oral cavity and pharynx
C30.0 – C32.9 Malignant neoplasm of nasal cavity and middle ear
D10.4-D10.9 Benign neoplasm of tonsil, mouth and pharynx
D14.0 Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D37.01 Neoplasm of uncertain behavior of lip
D37.02 Neoplasm of uncertain behavior of tongue
D37.04 Neoplasm of uncertain behavior of the minor salivary glands
D37.05 Neoplasm of uncertain behavior of pharynx
D37.09 Neoplasm of uncertain behavior of other specified sites of the oral cavity
G44.1 Vascular headache, not elsewhere classified
G93.3 Postviral fatigue syndrome
H65.00 – H69.93 Diseases of middle ear and mastoid
J02.8 – J02.9 Acute pharyngitis
J31.0 – J31.2 Chronic rhinitis, nasopharyngitis and pharyngitis
J34.0 – J34.9 Other and unspecified disorders of nose and nasal sinuses
J39.0 – J39.2 Other diseases of upper respiratory tract
R04.0 Epistaxis
R04.2 Hemoptysis
R04.89 Hemorrhage from other sites in respiratory passages
R04.9 Hemorrhage from respiratory passages, unspecified
R05 Cough
R06.5 Mouth breathing
R06.7 Sneezing
R06.89 Other abnormalities of breathing
R07.0 Pain in throat
R09.81 Nasal congestion
R13.0 – R13.19 Aphagia and dysphagia
R19.6 Halitosis
R22.1 Localized swelling, mass and lump, neck
R43.0 – R43.9 Disturbances of smell and taste
R50.2 – R50.81 Fever of other and unknown origin
R50.9 Fever, unspecified
R51 Headache
R53.0 – R53.1 Malaise and fatigue
R53.81 Other malaise
R53.83 Other fatigue

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements
Diagnostic Nasal Endoscopy

Medical record documentation maintained by the performing physician must clearly indicate the medical necessity of the service being billed. In addition, documentation that the service was performed must be included in the patient’s medical record. This information is normally found in the office/progress notes, hospital notes, and/or procedure report.

Documentation should support the criteria for coverage as set forth in the “Indications and Limitations of Coverage and/or Medical Necessity” section of this policy.

Utilization Guidelines

N/A

Sources of Information and Basis for Decision

FCSO reference LCD number – L29335


Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

04/01/2015

Original
Publication: April 2014 Connection

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A
Diagnostic Nasal Endoscopy

**LCD Attachments**

Coding Guidelines

Document formatted: 06/19/2013(DA/et)