

2024 Nasal Nerve Ablation Coding and Payment Guide

For Medicare Reimbursement

Physician Services

CPT ^{® 1}	Description	Non-Facility ²	Facility
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	\$2,458	\$155
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	\$216	\$151

Ambulatory Surgery Center

СРТ [®]	Description	Payment Indicator	Payment ³
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	38	\$3,477
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	A2	\$667

*Ambulatory Payment Classification (APCs) are effective for services performed in an Outpatient Hospital) January 1, 2024 – December 31, 2024. An APC is a single all-inclusive payment for a primary device dependent procedure and all adjunct services provided to support the delivery of the primary service.

Hospital Outpatient

СРТ [®]	Description	APC*	Status Indicator	Payment ⁴
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	5165	J1	\$5 <i>,</i> 589
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	5163	J1	\$1,453

⁴ Medicare 2024 OPPS (CMS-1772-FC)) at www.cmg.gov, November 1,2023; CY2024 NFRM Addendum B 11012023

¹ Current Procedural Terminology (CPT), American Medical Association, 2024

² 2023 CMS PFS Final Rule, CMS-1770-F, Addendum B, 87 Fed. Reg. 222 (Nov. 18, 2023), PPRRVU Update dated 01/05/2024. multiplied by Conversation Factor of \$32.74, <u>www.cms.gov</u>.

³Medicare 2024 ASC Final Rule (CMS-1772-FC) CY2024 NFRMAddendumAA11012023 at www.cms.gov, November 1, 2023

Code	ICD-10 Short Description
CPT 31242	Destruction of the posterior nasal nerve (PNN)
J31.0	Chronic Rhinitis
J30.0	Vasomotor rhinitis
J30.1	Allergic rhinitis due to pollen
J34.89	Other disorders of the nose or nasal sinuses
CPT 30801	Destruction of inferior turbinate
J34.3	Hypertrophy of nasal turbinate

Status Indicators for Hospital Outpatient

Status Indicator	Description
J1	Separate APC payment based on OPPS payment criteria
Т	Procedure or Service, Multiple Procedure Reduction Applies

Payment Indicators for Ambulatory Surgical Centers

Payment Indicator	Description
A2	Surgical Procedure on ASC list in CY 2007; payment based on OPPS relative payment weight
J8	Device intensive procedure; payment amount adjusted to incorporate device cost



Reimbursement Support Call: (385) 295-8122 email: <u>mymarksupport@tammnet.com</u> Fax: (385) 501-2112 Hours of operation: Monday-Friday, 9AM-5PM EST

Disclaimer

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INDICATIONS FOR USE: The NEUROMARK System is indicated for use in otorhinolaryngology (ENT) surgery for creation of radiofrequency (RF)lesions to disrupt posterior nasal nerves in patients with chronic rhinitis. Most common side effects associated with the NEUROMARK device include infection, bleeding, and temporary pain or discomfort.

Please see Instructions for Use (IFU) for a complete listing of warnings, precautions, and adverse events.

CAUTION: Federal (USA) law restricts this device to be sold by or on the order of a physician.

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