

aScope™ 4 RhinoLaryngo

2024 Coding and Reimbursement Guide



Ambu

About the aScope 4 RhinoLaryngo

aScope 4 RhinoLaryngo endoscopes are single-use, sterile, flexible video rhinolaryngoscopes that offer an intuitive, lightweight design with similar functionality to reusable rhinolaryngoscopes. aScope RhinoLaryngo Slim is designed for use in nasal endoscopy and laryngoscopy, and aScope RhinoLaryngo Intervention is designed for use in therapeutic procedures. Both models are compatible with the aView™ 2 Advance HD monitor.

HOSPITAL OUTPATIENT, AMBULATORY SURGICAL CENTER, AND PHYSICIAN OFFICE CODING AND PAYMENT

The table below provides an overview of potential billing and coding and associated Medicare national payment rates when aScope 4 RhinoLaryngo endoscopes are used in hospital outpatient departments (HOPDs; places of service 19 and 22), ambulatory surgical centers (ASCs; place of service 24), and physician offices (place of service 11). The physician relative value units (RVUs) for the procedures below are listed on page 3. Place of service definitions are provided on page 4.

CPT Codes and 2024 Medicare National Payment Rates for Rhino Procedures

CPT® Code ¹	CPT Long Descriptor	Physician Service Payment ²		Facility Payment ³		
		Non-Facility (clinic)	Facility	APC	HOPD	ASC
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	\$184.35	\$63.20	5151	\$188.73	\$102.75
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	\$270.14	\$132.94	5152	\$389.05	\$211.82
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	\$246.56	\$164.05	5153	\$1,617.14	\$757.16
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	n/a	\$595.29	5154	\$3,568.05	\$1,566.67
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	\$429.93	\$237.40	5155	\$6,521.19	\$2,301.13
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	n/a	\$369.03	5155	\$6,521.19	\$2,301.13
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	n/a	\$196.47	5155	\$6,527.97	\$2,301.13
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	n/a	\$228.56	5155	\$6,527.97	\$2,301.13
31502	Tracheotomy tube change prior to establishment of fistula tract	n/a	\$34.05	5161	\$232.98	\$126.72
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	\$88.41	\$48.79	5151	\$188.73	\$65.82
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	\$283.24	\$145.71	5153	\$1,618.82	\$192.54
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	\$917.49	\$146.37	5153	\$1,618.82	\$757.16
31575	Laryngoscopy, flexible; diagnostic	\$127.05	\$67.45	5151	\$188.73	\$91.68
31576	Laryngoscopy, flexible; with biopsy(ies)	\$266.54	\$117.22	5153	\$1,618.82	\$757.16
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing; flexible, diagnostic	n/a	\$95.29	5153	\$1,618.82	\$757.16
92511	Nasopharyngoscopy with endoscope (separate procedure)	\$115.26	\$37.00	5151	\$188.73	n/a
92612	Flexible endoscopic evaluation of swallowing by cine or video recording	\$195.16	\$64.51	n/a	n/a	n/a

2024 Physician Relative Value Units (RVUs)⁴

CPT Code	CPT Long Descriptor	Non-Facility RVUs	Facility RVUs
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	5.63	1.93
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	8.25	4.06
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	7.53	5.01
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	n/a	18.18
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	13.13	7.25
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	n/a	11.27
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	n/a	6.00
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	n/a	6.98
31502	Tracheotomy tube change prior to establishment of fistula tract	n/a	1.04
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	2.70	1.49
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	8.65	4.45
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	28.02	4.47
31575	Laryngoscopy, flexible; diagnostic	3.88	2.06
31576	Laryngoscopy, flexible; with biopsy(ies)	8.14	3.58
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing; flexible, diagnostic	n/a	2.91
92511	Nasopharyngoscopy with endoscope (separate procedure)	3.52	1.13
92612	Flexible endoscopic evaluation of swallowing by cine or video recording	5.96	1.97

Hospital Revenue Codes

Revenue codes are used by hospitals to report services and supplies to specific cost centers. The following are potential revenue codes that may be used when billing for the aScope 4 RhinoLaryngo.

Revenue Code	Descriptor
272	Sterile supplies
278 ⁵	Medical/surgical supplies and implants; other implants

PLACE OF SERVICE

aScope 4 RhinoLaryngo may be used in different places of service, which are sometimes referred to as settings of care. The place of service, as defined by the Centers for Medicare & Medicaid Services (CMS), where a procedure is completed determines which physician service payment is applicable (i.e., non-facility (clinic) or facility), as well as whether a facility payment is applicable and if so which type of facility payment. The CMS-defined places of service are listed in the table below.⁶ The table also indicates which type of physician payment is applicable to each place of service (see table on pages 2 and 3 for physician payment rates).

Code	Name	Applicable Physician Payment	Applicable Facility Payment	Description (defined by CMS)
11	Office	Non-Facility	None	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
19	Off Campus Outpatient Hospital	Facility	HOPD	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
21	Inpatient Hospital	Facility	Inpatient	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus Outpatient Hospital	Facility	HOPD	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016).
23	Emergency Room - Hospital	Facility	HOPD	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center (ASC)	Facility	ASC	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

REFERENCES

1. Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association (AMA). Copyright 2024 AMA. All rights reserved. No fee schedules, basic units, relative value units, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
2. 2024 CMS PFS Final Rule, Addendum B (available on CMS website), 86 Fed. Reg. 6499 (Dec. 21, 2023).
3. 2024 CMS OPPS/ASC Final Rule, Addendum AA and B (available on CMS website), 86 Fed. Reg. 63458 (Dec. 21, 2023).
4. CMS PFS Relative Value Files. Available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>.
5. Items that are insertable may be billed with revenue code 0278 per the National Uniform Billing Committee (NUBC)'s Updated Guidance on Other Implant Revenue Code (0278) effective July 1, 2020 available at <https://www.nubc.org/system/files/media/file/2020/04/Guidance%20on%20Other%20Implant%20RC0278.pdf>.
6. CMS Place of Service Code Set. Available at https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.

INDICATIONS FOR USE

The endoscope is a sterile, single-use, flexible endoscope intended for endoscopic procedures and examination within the nasal lumens and upper airway anatomy. The endoscope is intended to provide visualization via a monitor. The endoscope is intended for use in a hospital environment. It is designed for use in adults.

DISCLAIMER

The reimbursement information provided in this guide was obtained from third-party sources and information that is publicly available on the internet. The reported Medicare national average payments are subject to change and may vary based on geographic location and other individual factors. Information in this Guide is not legal advice, nor is it advice about how to code or complete claims for payment. It is the provider's responsibility to report the appropriate codes based on the procedures furnished to a specific patient and the patient's documented medical condition. Providers are also responsible for submitting claims for these services consistent with the specific payer billing requirements.

Payer billing, coding, and coverage requirements vary from payer to payer and are updated and change over time. Ambu encourages providers to verify current billing, coding and coverage policies and requirements with the specific payer if the provider has questions. Providers may also contact the American Academy of Otolaryngology-Head and Neck Surgery and/or the American Medical Association (AMA).

Ambu does not promote the use of its products outside of the FDA cleared indications for use and labeling.

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