

Procedure coding and Medicare payment

CPT code ¹	Description	Physician fees ²					RVUs ²					Hospital outpatient ³			ASC ³	
		Global	Unilateral/ Bilateral	Non facility	Facility	Work	Non facility	Facility	Mal-practice	Total non facility	Total facility	APC	APC payment	SI	ASC payment	PI
NVC: Nasal valve collapse																
30468	Repair of the nasal valve collapse with subcutaneous/ submucosal lateral wall implant(s)	000	B	\$2,307	\$165	2.80	68.13	1.89	0.40	71.33	5.09	5165	\$5,916	J1	\$4,205	J8
	C1889 - Implantable/insertable device for a device intensive procedure, not other classified	No additional reimbursement														
Chronic rhinitis: cryoablation																
31243	Nasal/sinus endoscopy, surgical with destruction by cryoablation, posterior nasal nerve	000	B	\$2,243	\$153	2.70	66.24	1.64	0.39	69.33	4.73	5165	\$5,916	J1	\$4,093	J8
	C2618 - Probe/needle, cryoablation	No additional reimbursement														
BSD: Balloon sinus dilation																
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa	000	U	\$1,522	\$153	2.70	43.96	1.65	0.39	47.05	4.74	5155	\$6,922	J1	\$3,075	J8
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)	000	U	\$1,547	\$175	3.10	44.27	1.84	0.47	47.84	5.41	5155	\$6,922	J1	\$1,432	P3
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)	000	U	\$1,508	\$140	2.44	43.82	1.52	0.36	46.62	4.32	5155	\$6,922	J1	\$1,417	P3
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostium (e.g., balloon dilation)	000	U	\$2,857	\$247	4.50	83.19	2.50	0.64	88.33	7.64	5155	\$6,922	J1	\$3,110	P2
	C1726 - Catheter, balloon dilation, non-vascular	No additional reimbursement														
BDET: Balloon dilation of the Eustachian tube																
69705	Nasopharyngoscopy, surgical, with dilation of the Eustachian tube (i.e., balloon dilation); unilateral	000	U	\$2,478	\$169	3.00	73.17	1.78	0.44	76.61	5.22	5165	\$5,916	J1	\$4,237	J8
69706	Nasopharyngoscopy, surgical, with dilation of the Eustachian tube (i.e., balloon dilation); bilateral	000	B	\$2,566	\$236	4.27	74.42	2.39	0.63	79.32	7.29	5165	\$5,916	J1	\$4,224	J8
	C1726 - Catheter, balloon dilation, non-vascular	No additional reimbursement														
Navigation																
61782	Stereotactic computer-assisted (navigational) procedures for the cranial, extradural region (list separately in addition to code for primary procedure)	ZZZ	NA	NA	\$167	3.18	NA	1.50	0.49	NA	5.17	0	NA	N	NA	N1

References

1. Current Procedural Terminology 2024, American Medical Association. Chicago, IL 2021. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT) is copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
2. 2025 CMS PFS Final Rule, Addendum B (<https://www.cms.gov/>), (Nov. 1, 2024). Medicare national average physician payment rates listed in this document are based on the November 2024 release of the relative value file and conversion factor of 32.3465.
3. 2025 CMS OPPTS/ASC Final Rule, Addendum AA, B and D1 (<https://www.cms.gov/>), CMS 1807-F (Nov. 1, 2024).
4. Codes shown are examples. Please check your local LCD or with the specific payer for diagnosis codes that support medical necessity. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) [ICD-10 | CMS](#).

Reimbursement hotline | **844 842 4232** | ent.stryker.com | ent-reimbursement@stryker.com

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This information in this document is accurate as of November 2024 and all coding and reimbursement information is subject to change without notice. Please contact your Medicare Administrative Contractor or Private Payer for billing, payment and coverage information. It is the provider's responsibility to determine and document that the services provided are medically necessary and that the site of service is appropriate.

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