SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.27 NASAL ENDOSCOPY PROCEDURES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

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NASAL ENDOSCOPY PROCEDURES

For CPT codes 31295-31298, bill Modifier CG on the nasal endoscopy procedure code where the balloon is initially used for appropriate reimbursement for the balloon and related supplies. Modifier CG should not be billed on multiple code lines.

For example, if a bilateral nasal endoscopy was performed of the maxillary and frontal sinuses, the codes and modifiers would be reported as follows:

Code	Modifier	Modifier
31295	50	CG
31296	50	