

Disease states and associated devices

CPT code ¹	Description	Global	Unilateral / Blateral	Physician fees ²			RVUs ²				Hospital outpatient			ASC ³		
				Non facility	Facility	Work	Non facility	Facility	Mal-practice	Total non facility	Total facility	APC	APC payment	SI	ASC payment	PI
NAO: Nasal airway obstruction LATERA absorbable nasal implant system																
30468	Repair of the nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	000	B	\$2,455	\$166	2.8	71.79	1.86	0.4	74.99	5.06	5165	\$5,586	J1	\$4,053	J8
C1889 - Implantable/insertable device for a device intensive procedure, not other classified		No additional reimbursement														
Chronic rhinitis ClariFix cryotherapy device																
31243	Nasal/sinus endoscopy, surgical with destruction by cryoablation, posterior nasal nerve	000	B	\$2,386	\$155	2.7	69.78	1.62	0.4	72.88	4.72	5165	\$5,586	J1	\$3,673	J8
C2618 - Probe/needle, cryoablation		No additional reimbursement														
BSD: Balloon sinus dilation XprESS ENT dilation system																
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa	000	U	\$1,614	\$154	2.7	46.2	1.62	0.39	49.29	4.71	5155	\$6,528	J1	\$2,888	J8
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)	000	U	\$1,639	\$175	3.1	46.51	1.81	0.44	50.05	5.35	5155	\$6,528	J1	\$1,523	P3
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)	000	U	\$1,600	\$141	2.44	46.06	1.5	0.36	48.86	4.3	5155	\$6,528	J1	\$1,508	P3
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostium (e.g., balloon dilation)	000	U	\$3,034	\$250	4.5	87.52	2.47	0.66	92.68	7.63	5155	\$6,528	J1	\$2,301	P2
C1726 - Catheter, balloon dilation, non-vascular		No additional reimbursement														
BDET: Balloon dilation of the Eustachian tube Audion ET and XprESS ENT dilation system																
69705	Nasopharyngoscopy, surgical, with dilation of the Eustachian tube (i.e., balloon dilation); unilateral	000	U	\$2,637	\$170	3	77.12	1.76	0.43	80.55	5.19	5165	\$5,586	J1	\$3,901	J8
69706	Nasopharyngoscopy, surgical, with dilation of the Eustachian tube (i.e., balloon dilation); bilateral	000	B	\$2,724	\$237	4.27	78.33	2.36	0.62	83.22	7.25	5165	\$5,586	J1	\$3,851	J8
C1726 - Catheter, balloon dilation, non-vascular		No additional reimbursement														
Navigation: Scopis system																
61782	Stereotactic computer-assisted (navigational) procedures for the cranial, extradural region (list separately in addition to code for primary procedure)	ZZZ	NA	NA	\$168	3.18	NA	1.48	0.47	NA	5.13	0	NA	N	NA	N1

References

1. Current Procedural Terminology 2023, 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. 2024 CMS PFS Final Rule, Addendum B (available on CMS website), 85 Fed. Reg. 248 (Dec. 28, 2020, updated Jan. 7, 2021). Medicare national average physician payment rates listed in this document are based on the January 2021 release of the relative value file and conversion factor of 34.8931.
3. 2024 CMS OPPI/ASC Final Rule, Addendum AA, B and D1 (available on CMS website), CMS 1736-FC (Dec. 3, 2020).
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** (Monday-Friday, 7am-5pm MT) | [ent.stryker.com](https://www.ent.stryker.com) | ent-reimbursement@stryker.com

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This information in this document is accurate as of January 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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Stryker ENT Reimbursement
3600 Holly Lane North, Suite 40
Plymouth, MN 55447

844 842 4232
ent-reimbursement@stryker.com

[ent.stryker.com](https://www.ent.stryker.com)