Indications And Contraindications

Dr. Drue Manning, DO

Indications – Nasal Endoscopy (31231)

- Symptoms of Sinusitis
  - Mucopurulent drainage, facial pain or pressure, nasal obstruction or congestion, or decreased sense of smell
- Nasal Obstruction
- Nasal Drainage, obtaining culture
- Evaluation and treatment of epistaxis (recurrent or single severe episode
- Nasal Mass/Sinonasal neoplasm
- Nasal Polyposis
- Chronic sinusitis/Recurrent Acute Sinusitis
- Abnormal finding on imaging study

Indications – Nasal Endoscopy (31231)

- Response to medical treatment
  - resolution of polyps, purulent secretions, or mucosal edema and inflammation after treatment with topical nasal steroids, antibiotics, oral steroids, and antihistamines
- Evaluation of unilateral disease
- Evaluation of hyposmia or anosmia
- Evaluation and treatment of nasal foreign bodies
- Assess interval response to medical or surgical therapy in patients with chronic sinusitis and recurrent acute sinusitis
- Assess facial pain suggestive of rhinogenic origin
- Evaluate clear rhinorrhea suggestive of cerebrospinal fluid leak

Indications Nasopharyngoscopy (92511)

- When visualization of the nasopharyngeal anatomy is needed for diagnosis/treatment
- Chronic Middle ear effusion
- Adult with unilateral effusion
- Ear pressure/fullness
- Referred otalgia
- Nasopharyngeal mass
- Nasal obstruction not secondary to intranasal findings
- Abnormal finding on imaging study

Indications Nasolaryngoscopy (31575)

- Foreign bodies
- Airway obstruction
- Neoplasm
- OSA
- Glossoptosis
- Laryngomalacia
- Stridor
- Angioedema
- Globus
- Dysphagia
- Hoarseness/Dysphonia
- Tonsillar hypertrophy
- Persistent cough
- Odynophagia
- Sore Throat
- Referred otalgia
- Hemoptysis
- Abnormal Finding on Imaging study.

Contraindications

- Few absolute contraindications to the above discussed procedures exist
- Epiglottitis is a contraindication to fiberoptic nasopharyngoscopy and nasolaryngoscopy by inexperienced personnel, as it may result in laryngospasm and subsequent airway compromise.
- Experienced operators often evaluate suspected epiglottitis with nasopharyngoscopy.
- Acute craniofacial trauma,
  - the benefits should be carefully weighed against the risks of inadvertent intracranial instrumentation and exacerbation of nasopharyngeal injuries.
- Some patient populations are at increased risk for complications.
  - bleeding disorder or are receiving anticoagulants
    - nasal endoscopy should be performed carefully so as not to provoke bleeding
  - anxious patient or a patient with cardiovascular disease
    - risk of a vasovagal episode
- Lack of experience for complicated or risky patients.

Implementation

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Equipment

- Flexible Fiber Optic Scope
- Cleaning Station
- Storage Station
- Supportive Equipment
  - Afrin
  - Lidocaine/Pontocaine
  - De-fog/patient saliva/alcohol pad
- Staff available to assist

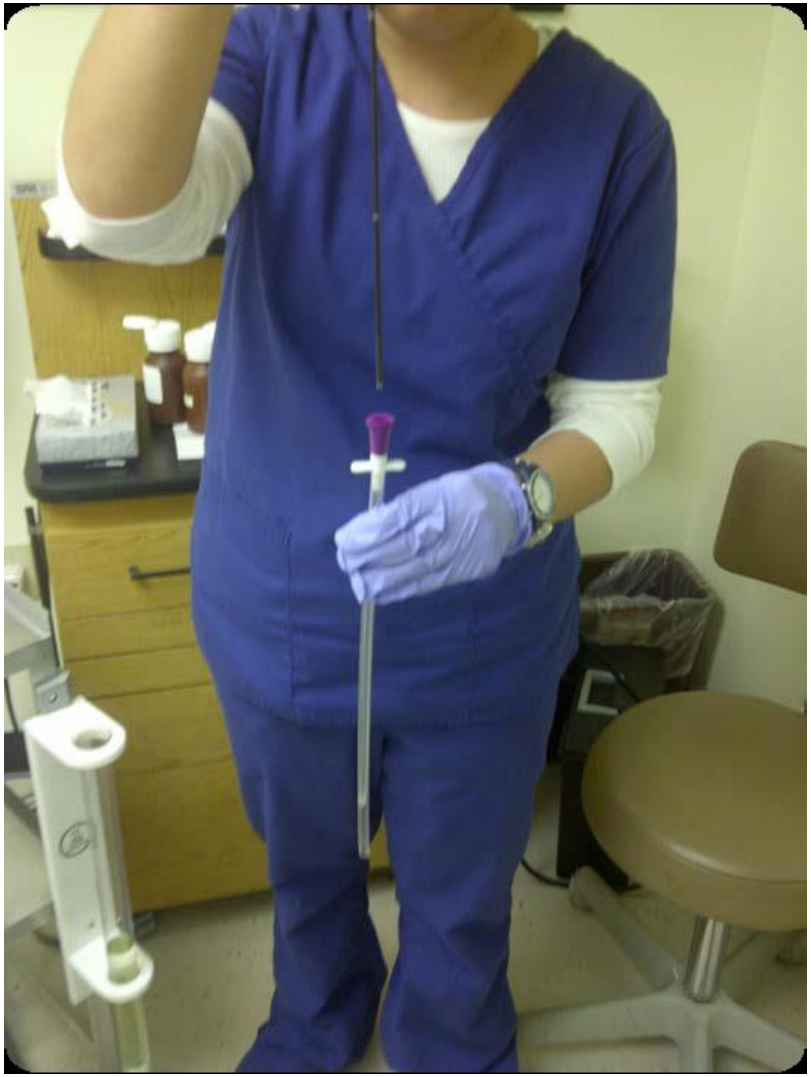
Timing

- Allow Afrin and Lidocaine time to work
  - At least 5 min
- Have staff gather equipment while letting sprays work
- Have patient sign consent for procedure
- Give yourself enough time while you are working on your proficiency
- Have staff gather and clean equipment once finished with procedure

Cleaning Station

- Must be cleaned and decontaminated after each use.
  - Aggressive cleaning and disinfecting agents.
- Scopes are sturdy by not indestructible
- All scope users should be familiar with care, use, proper cleaning and storage
- Sink basins used for cleaning should be large enough to allow loose coiling of the scope .
- Use only cleaning brushes that are gentle and will not damage the scope.
- Use only soft lint free cloth or sponges to wipe the outer covers on the flexible tubes.
  - Never use hard bristle brushes on the flexible tubes.
- Clean only one scope at a time in a sink basin. Stacking scopes here or at any time can cause stress damage to the flexible tubes as well as increase the risk of puncture damage.
- Remove scopes from reprocessing chemicals immediately. Avoid overexposure to detergents and chemicals.
- Thoroughly rinse the scopes after each chemical immersion. This includes rinsing all enzymatic detergent prior to placement in disinfectant.
- The scopes should be stored and cleaned in a specified area with separate cleaner, drying and storing areas.
- Flexible scopes are not amenable to autoclave sterilization.
- High-level decontamination is usually adequate.
- Failure to place scopes properly may cause structural or fluid damage and may jeopardize reprocessing outcomes.

Cleaning



Endosheath vs. Cold Sterilization

- Sterile disposable sheaths are custom built for a variety of scopes and some models even come with a working channel.
- The tip of the sheath must be fully slid onto the scope so that the special optical element at the end of the sheath is flat against the tip of the scope.
- After using the sheath, it can be slid off and disposed of without the need to re-sterilize the scope.
- These sheaths should never be forcefully removed.

- Flexible scopes are non-autoclavable.
- Clean length of flexible scope with an enzymatic detergent solution to remove debris and reduce bacterial burden before instruments are disinfected or sterilized.
- Soak flexible scope in a glutaraldehyde solution which provides quick high-level disinfection.
- Noncorrosive solution reduces instrument damage and associated repair costs.
- Soaking times vary by product.

Storage

- Room clear of patients
- Adequate area to hang on wall
- Keep Flexible fiber protected
- Try to store flexible fiber with minimal bend/curve

Billing/coding

- Flexible Nasolaryngoscopy - 31575
- Flexibe nasopharyngoscopy – 92511
- Nasal Endoscopy – 31231
- Use appropriate modifier
  - 25 – significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service

Billing and Coding

- Have an appropriate Indication/diagnosis code to indicate need for procedure
- Document
  - Risks, Benefits, alternatives
  - Findings
  - Patient tolerance to procedure
  - Complications

Questions??