

aScope 4 RhinoLaryngo

2025 Coding and Reimbursement Guide

aScope™ 4 RhinoLaryngo Portfolio



Ambu

Exploring aScope 4 RhinoLaryngo Slim & Intervention

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.



Product Specifications & Indications for Use:

- [Ambu® aScope™ 4 RhinoLaryngo Slim](#)
- [Ambu® aScope™ 4 RhinoLaryngo Intervention](#)

For clinical and economic information on aScope 4 RhinoLaryngo please visit our product page: <https://www.ambuusa.com/endoscopy/ent-otorhinolaryngology/rhinolaryngoscopes>

HOSPITAL OUTPATIENT, AMBULATORY SURGICAL CENTER, 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 (HOPD), ambulatory surgical centers (ASC), and physician offices (non-facility & facility).

2025 Medicare National Payment Rates for Rhinolaryngoscopy Procedures

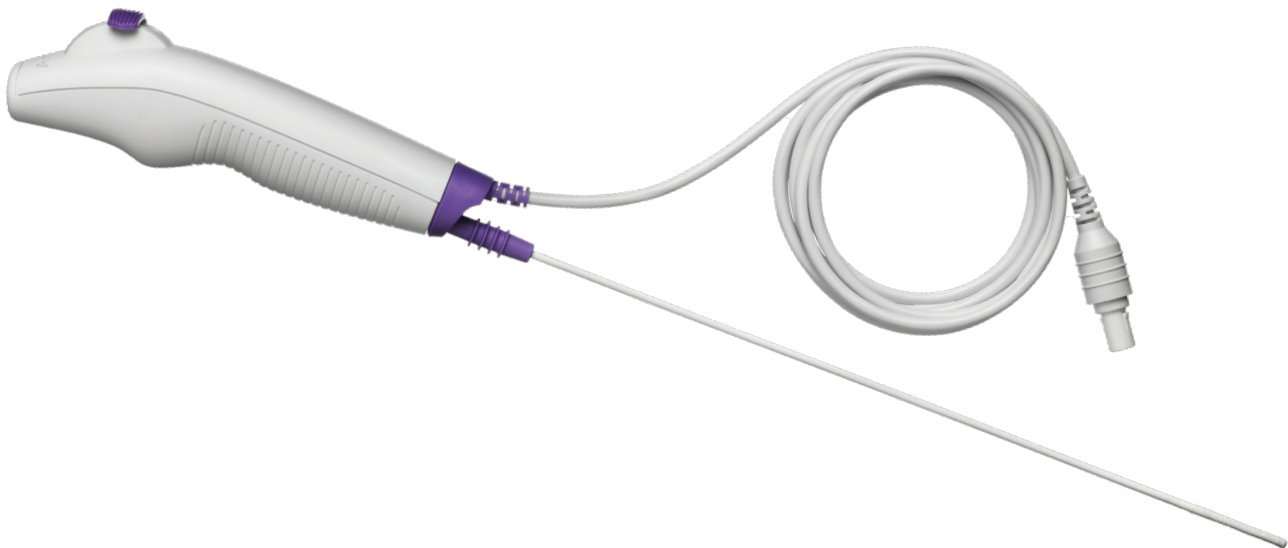
CPT® Code ¹	CPT Descriptor	Physician Payment ²		Facility Payment ³		
		Non-Facility	Facility	APC	HOPD	ASC
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	\$184.05	\$62.43	5151	\$194.14	\$104.44
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	\$262.01	\$131.33	5152	\$388.31	\$208.71
31502	Tracheotomy tube change prior to establishment of fistula tract	n/a	\$365.52	5155	\$232.22	\$124.13
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	n/a	\$195.05	5155	\$194.14	\$63.40
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodeneration agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	n/a	\$226.75	5155	\$1,724.47	\$186.96
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	n/a	\$33.32	5161	\$1,724.47	\$778.90
31575	Laryngoscopy, flexible; diagnostic	n/a	\$48.52	5151	\$194.14	\$88.63
31576	Laryngoscopy, flexible; with biopsy(ies)	n/a	\$144.59	5153	\$1,724.47	\$792.14
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	\$145.24	5153	\$1,724.47	\$792.14
92511	Nasopharyngoscopy with endoscope (separate procedure)	\$111.92	\$33.81	5151	\$194.14	n/a
92612	Flexible endoscopic evaluation of swallowing by cine or video recording	\$193.43	\$59.96	n/a	n/a	n/a
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	\$35.26	\$35.26	n/a	n/a	n/a

Physician Relative Value Units (RVUs)

2025 Physician Relative Value Units (RVUs)⁴

Conversion Factor: \$32.3465

CPT Code	CPT Descriptor	Non-Facility	Facility
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	5.69	1.93
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	8.10	4.06
31502	Tracheotomy tube change prior to establishment of fistula tract	n/a	n/a
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	2.64	1.50
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	8.56	4.47
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	26.87	4.49
31575	Laryngoscopy, flexible; diagnostic	3.83	2.09
31576	Laryngoscopy, flexible; with biopsy(ies)	8.01	3.61
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing; flexible, diagnostic (DISE)	n/a	2.92
92511	Nasopharyngoscopy with endoscope (separate procedure)	3.46	1.14
92612	Flexible endoscopic evaluation of swallowing by cine or video recording	5.98	1.98
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only (FEES)	1.09	1.09



Medicare Hospital Inpatient Coding and MS-DRG Payments: National

Medicare Severity Diagnosis Related Groups (MS-DRGs) are reported for payment in the hospital inpatient (place of service 21), MS-DRG assignment will vary based on the patient's diagnoses and procedure(s) performed during the patient encounter. Below are the most common MS-DRGs for procedures that may involve the aScope 4 RhinoLaryngo; however, others may apply.

MS-DRG	Descriptor	Payment Rate ⁵
135	Sinus and Mastoid Procedures with CC/MCC	\$15,664.49
136	Sinus and Mastoid Procedures without CC/MCC	\$6,355.72
143	Other Ear, Nose, Mouth and Throat O.R. Procedures with MCC	\$21,452.33
144	Other Ear, Nose, Mouth and Throat O.R. Procedures with CC	\$11,413.26
145	Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC	\$7,697.42
146	Ear, Nose, Mouth and Throat Malignancy with MCC	\$14,904.29
147	Ear, Nose, Mouth and Throat Malignancy with CC	\$8,087.26
148	Ear, Nose, Mouth and Throat Malignancy without CC/MCC	\$4,958.79
150	Epistaxis with MCC	\$8,980.00
151	Epistaxis without MCC	\$4,925.00

CC: Comorbid Condition; MCC: Major Comorbid Condition

ICD-10-PCS The following ICD-10-PCS codes may be applicable for procedures using aScope 4 RhinoLaryngo.

ICD-10-PCS	Descriptor
0CJS4ZZ	Inspection of Larynx, Percutaneous Endoscopic Approach
0CJS8ZZ	Inspection of Larynx, Via Natural or Artificial Opening Endoscopic
0CJY4ZZ	Inspection of Mouth and Throat, Percutaneous Endoscopic Approach
0CJY8ZZ	Inspection of Mouth and Throat, Via Natural or Artificial Opening Endoscopic
09JK8ZZ	Inspection of Nasal Mucosa and Soft Tissue, Via Natural or Artificial Opening Endoscopic
09JY8ZZ	Inspection of Sinus, Via Natural or Artificial Opening Endoscopic
09JY4ZZ	Inspection of Sinus, Percutaneous Endoscopic Approach
093K8ZZ	Control Bleeding in Nasal Mucosa and Soft Tissue, Via Natural or Artificial Opening Endoscopic
0CJY4ZZ	Inspection of Mouth and Throat, Percutaneous Endoscopic Approach
0CJY8ZZ	Inspection of Mouth and Throat, Via Natural or Artificial Opening Endoscopic
099S8ZZ	Drainage of Right Frontal Sinus, Via Natural or Artificial Opening Endoscopic
09JK8ZZ	Inspection of Nasal Mucosa and Soft Tissue, Via Natural or Artificial Opening Endoscopic

References

1. Current Procedural Terminology (CPT) Copyright 2024 American Medical Association
2. Centers for Medicare and Medicaid Services, 2025 Medicare Physician Fee Schedule, available at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched>
3. 2025 CMS OPPS/ASC Final Rule, Addendum AA and B. Accessed via: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>
4. CMS PFS Relative Value Files. Available at: <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu25a>
5. CMS FY 2025 IPPS Final Rule MS-DRG: <https://www.federalregister.gov/d/2024-22501>

For more information, please email
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For a customized cost analysis of
reusable vs. single-use endoscopes,
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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, or 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 responsible for submitting claims for 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.

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