The physician introduced the flexible fiber optic endoscope through the nose and advances it into the pharynx to determine whether there are any fixed blockages such as a deviated septum, nasal polyps, or enlarged adenoids and tonsils.

The physician may position the tip of the endoscope at the level of the hard palate and instruct the patient to perform simple maneuvers that demonstrate airway activity under conditions that promote or prevent collapse. The test may be performed to identify anatomic factors contributing to sleep disorders, stability of the upper airway and determining treatments.

92511 Flexible nasalpharyngoscopy, diagnostic  RVU CMS – 4.09
31757 Flexible laryngoscopy, diagnostic  RVU CMS – 2.99