Balloon Sinus Ostial Dilation and Eustachian Tube Dilation

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Rhinosinusitis is an inflammatory condition of the cavities around the nasal passages (sinuses) which causes them to become swollen and can be further classified as:

- Acute (isolated episode lasting less than four weeks)
- Recurrent acute (four or more occurrences in one year)
- Chronic (lasting longer than 12 weeks despite medical management).

For members with persistent symptoms despite medical therapy, a balloon sinus ostial dilation procedure may be indicated. This procedure inserts a small balloon into the sinus opening, inflates it to widen the ostium, and restores drainage.

The eustachian tube (ET) is a narrow tube that connects the middle ear to the back of the nose. A eustachian tube dysfunction occurs when the narrow tubes connecting the middle ear to the back of the throat fail to open or close properly. A balloon dilation of the eustachian tube (BDET) procedure may be indicated to dilate the cartilaginous portion of the eustachian tube to treat a persistent obstruction. The procedure involves inserting a balloon into the eustachian tube through the nose. Once inside the eustachian tube, a balloon is inflated to widen the tube and then remove the obstruction.

Criteria

Commercial

Prior authorization is required.

I. Balloon Sinus Ostial Dilation

PacificSource considers Balloon Sinus Ostial Dilation medically necessary for the treatment of medically refractory sinusitis when **ALL** of the following criteria is met:

A. Member is 18 years or older

B. Either of the following:

1. At least four (4) documented episodes of recurrent acute bacterial rhinosinusitis within the past 12 months

OR

2. At least two (2) of the following chronic sinusitis symptoms have been present for the past 12 weeks:
    a. Purulent drainage
    b. Nasal obstruction (congestion)
    c. Facial pain-pressure-fullness
    d. Decreased sense of smell

C. Failed maximal medical treatment, as indicated by **ALL** of the following:

1. Course of at least 5 to 7 days of antibiotics, if bacterial infection is suspected
2. At least 6 weeks of intra-nasal corticosteroids

D. Diagnostic evaluation (by nasal endoscopy or Computed Tomography (CT)) suggestive of significant disease documented by **ONE OR MORE** of the following:

1. Presence of air fluid levels on CT scan
2. Diffuse opacification
3. Mucosal thickening
4. Nasal mucocele
5. Nasal ostial obstruction
6. Pansinusitis

E. Balloon sinus ostial dilation is limited to the frontal, maxillary, or sphenoid sinuses

II. Balloon Dilation of the Eustachian Tube (BDET)

PacificSource considers unilateral or bilateral balloon dilation of the Eustachian tube(s) to be medically necessary (**once per lifetime)** for the treatment of chronic obstructive eustachian tube dysfunction when **ALL** the following criteria is met:

A. Member is 18 years or older

B. **ONE OR MORE** of the following symptoms have been present for at least the past three (3) months:

1. Aural fullness
2. Aural pressure
3. Hearing loss
4. Autophony

C. History of chronic ear disease (e.g., chronic otitis media or cholesteatoma) **OR** intolerance to barometric changes for greater than three (3) months

D. Abnormal result from tympanometry as indicated by **ALL** of the following:

1. Tympanogram type B (flat, clearly abnormal) **OR** type C (indicating a significantly negative pressure in middle ear, indicative of pathology)
2. Abnormal tympanic membrane (e.g., retracted membrane, effusion, perforation) on exam

E. Failure, intolerance, or contraindication to medical management including at least four (4) weeks of a nasal steroid spray

F. If patient has a history of tympanostomy tube placement, symptoms of eustachian tube obstruction improved while tubes were patent

Medicaid

PacificSource Community Solutions (PCS) follows the general coverage, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 and relevant coverage guidance, including but not limited to Guideline Note 35 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services for coverage of Balloon Sinus Ostial Dilation and Eustachian Tube Dilation.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 35, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow PacificSource Commercial criteria above for determination of coverage and medical necessity of Balloon Sinus Ostial Dilation and Eustachian Tube Dilation.

Experimental/Investigational/Unproven

PacificSource considers the Propel Bioabsorbable Steroid-Releasing Sinus Implant Stent to be experimental, investigational, and unproven.*

PacificSource considers balloon sinus ostial dilation to be experimental, investigational, and unproven for all other indications not listed above.

PacificSource considers balloon dilation of the Eustachian tube(s) to be experimental, investigational, and unproven for all other indications not listed above.

Note: * indicates the item remains E/I/U but will not be reviewed annually by the NTOC Committee, unless requested.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E/I/U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

31295	Nasal/sinus endoscopy, Surgical: with Dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or Via Canine Fossa
31296	Nasal/sinus endoscopy, Surgical: with Dilation of Frontal Sinus Ostium (e.g., balloon dilation) -
31297	Nasal/sinus endoscopy, Surgical: with Dilation of Sphenoid sinus ostium (e.g., balloon dilation)
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (e.g., balloon dilation)
31299	Unlisted procedure, accessory sinuses
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (e.g., balloon dilation); unilateral
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (e.g., balloon dilation); bilateral
C2625	Stent, noncoronary, temporary, with delivery system
S1091	Stent, noncoronary, temporary, with delivery system (Propel)

Related Policies

Anesthesia Policy

Bilateral or Multiple Procedure Guidelines

References

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Appendix

Policy Number:

Effective: 1/1/2021 **Next review:** 3/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003

OPs Approval: 2/2026