



Balloon Sinus Ostial Dilation and Eustachian Tube Dilation

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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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. It can be further classified as acute (isolated episode lasting less than four weeks), recurrent acute (four or more occurrences in one year) or chronic (lasting longer than 12 weeks despite medical management). For members with persistent symptoms despite medical management, surgical intervention of the sinus cavities may be necessary.

Balloon sinus ostial dilation is a procedure involves inserting a catheter into the nose without disrupting the surrounding bone and tissue, guided by X-ray images or fluoroscopy. A balloon is then inflated to widen passageways, allowing for proper drainage of sinus fluid.

The Eustachian tube (ET) is a narrow tube that connects the middle ear to the back of the nose. Normally, the Eustachian tube acts as a pressure-equalizing valve for the middle ear that opens with every swallow or yawn. The Eustachian tube functions to ventilate the middle ear, equalizing air pressure, and to help drain secretions from the middle ear cleft. Eustachian tube dysfunction is the inability of the Eustachian tube to adequately perform these functions.

Balloon dilation of the Eustachian tube (BDET) is a procedure intended to dilate the cartilaginous portion of the Eustachian tube to treat persistent obstruction. Along with the procedure, a nasopharyngoscopy may be performed in order to evaluate whether there are any anatomic challenges that may complicate the procedure or require additional surgical intervention. The system includes

guide and balloon catheters. The guide catheter is used to access the Eustachian tube through the nose, the balloon is inflated causing dilation of the Eustachian tube.

Criteria

Commercial

Prior authorization is required

I. Balloon Sinus Ostial Dilation

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

- A. At least four (4) documented episodes of recurrent acute bacterial rhinosinusitis within 12 continuous months **OR** at least two (2) of the following chronic sinusitis symptoms have been present for at least 12 continuous weeks
 - 1. Purulent drainage
 - 2. Nasal obstruction (congestion)
 - 3. Facial pain-pressure-fullness
 - 4. Decreased sense of smell
- B. Failed medical therapy, as indicated by **ALL** of the following:
 - 1. Minimum of 2 different antibiotic courses
 - 2. At least 2 weeks of Intranasal steroids
 - 3. At least 2 weeks nasal saline lavage
 - 4. Treatment of underlying allergic rhinitis if present
- C. Diagnostic evaluation suggestive of significant disease by nasal endoscopy **OR** Computed tomography (CT) documenting at least **ONE** of the following:
 - A. Air fluid levels
 - B. Diffuse opacification
 - C. Mucosal thickening
 - D. Nasal mucocele
 - E. Ostial obstruction
 - F. Pansinusitis
- D. Balloon sinus ostial dilation will be limited to the frontal, maxillary, or sphenoid sinuses

II. Balloon Dilation of the Eustachian Tube (BDET)

PacificSource may consider 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 are met:

- A. Patient is 18 years or older
- B. **One or more** of the following symptoms have been present for at least six continuous 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 six 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 appropriate medical management including at least four 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 follows Guideline Note 35 of the OHP Prioritized List of Health Services for coverage of Balloon Sinus Ostial Dilation.

PacificSource Community Solutions follows Oregon Administrative Rules (OAR) 410-120-1200 and 410-141-3820 to 3830 for coverage of Balloon Dilation of the Eustachian Tube (BDET).

PacificSource Community Solutions follows New and Emerging Technology Policy for code 31299 Unlisted procedure, accessory sinuses as experimental, investigational, unproven (E/I/U).

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, evidence-based criteria, and internal policy guidelines, requests are reviewed on an individual basis for determination of coverage and medical necessity.

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.

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)

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

Anesthesia Care with Endoscopy

Bilateral or Multiple Procedure Guidelines

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Appendix

Policy Number:

Effective: 1/1/2021

Next review: 3/1/2025

Policy type: Enterprise

Author(s): [Authors]

Depts: Health Services

Applicable regulation(s): Guideline Note 35 of the OHP, OAR 410-120-1200 and 410-141-3820 to 3830

Commercial Ops: 8/2024

