Balloon Sinus Ostial Dilation and Eustachian Tube Dilation

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

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

OR at least two (2) of the following chronic sinusitis symptoms have been present for at least the past 12 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 **OR** documentation of intolerance, or contraindication to medical management:

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. Presence of air fluid levels on CT scan

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 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 six 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 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 an internal hierarchal process in the "Clinical Criteria Used in UM Decisions" policy, which includes reviewing each code to identify relevant guideline notes from the OHP Prioritized List of Health Services and Oregon Administrative Rules (OAR) for coverage of Balloon Sinus Ostial Dilation.

PacificSource follows the "Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)" criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy 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)

Related Policies

Anesthesia Care with Endoscopy

Bilateral or Multiple Procedure Guidelines

References

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The Health Evidence Review Commission (HERC) Prioritized List of Health Services https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx

Oregon Administrative Rules (OARs). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410 https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Appendix

Policy Number:

Effective: 1/1/2021 **Next review:** 3/1/2026

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

Commercial Ops: 2/2025

Government Ops: 1/2025