Balloon Sinus Ostial Dilation

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

Enterprise Policy

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 determination 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

Balloon sinus ostial dilation is a therapeutic option for selected patients with chronic rhinosinusitis (CRS) and recurrent acute rhinosinusitis (RARS) who have failed appropriate medical therapy. The procedure involves inserting a thin catheter guided by X-ray images or fluoroscopy into the nose without disrupting the surrounding bone and tissue. A small balloon is then inflated to widen blocked passageways and allow for proper drainage of sinus fluid.

Criteria

Commercial

Preauthorization is required

PacificSource considers Balloon Sinus Ostial Dilation, with an FDA approved device, medically necessary for the treatment of medically refractory chronic sinusitis in adults when **ALL** of the following criteria have been met:

1. Either of the following:
    1. Four or more documented episodes of acute bacterial rhinosinusitis within 12 continuous months
    2. Two or more of the following chronic sinusitis symptoms have been present for at least 12 continuous weeks:
        a. Purulent drainage
        b. Nasal obstruction (congestion)
        c. Facial pain-pressure-fullness or
        d. Decreased sense of smell

2. Maximal medical therapy has been attempted and failed, as indicated by **ALL** of the following:

1. A minimum of 2 different antibiotic courses (at least a 7-14 day course); and
2. Trial of intranasal steroids (minimum of 2 weeks); and
3. Nasal saline lavage for at least 2 weeks; and
4. Treatment of underlying allergic rhinitis, if present

3. Abnormal findings from diagnostic work-up, as indicated by **one** or more of the following:

1. Computed tomography (CT) and/or endoscopy findings document sinus pathology, including but not limited to any of the following:
    a. Air fluid levels
    b. Diffuse opacification
    c. Mucosal thickening
    d. Nasal mucocele
    e. Ostial obstruction
    f. Pansinusitis

2. Nasal endoscopy findings suggestive of significant disease; **and**

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

Balloon Ostial Dilation is considered not medically necessary if the above criteria are not met.

Medicaid

PacificSource Community Solutions follows Guideline Note 35 of the OHP Prioritized List of Health Services for coverage of Balloon Sinus Ostial Dilation

Medicare

PacificSource Medicare does not require preauthorization for Balloon Sinus Ostial Dilation CPT codes 31295-31298. PacificSource Medicare follows the criteria in this policy.

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.

FESS codes

31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed

31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)

31255 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)

31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy

31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy

31259 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from sphenoid sinus

31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

31276 Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus

31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy

31288 Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus

Balloon Ostial Dilation codes

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

Related Policies

Anesthesia Care with Endoscopy

Bilateral or Multiple Procedure Guidelines

Post-Operative Nasal Endoscopies

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Available at URL address: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm

U.S. Food and Drug Administration (FDA). Premarket approval database.
Available at URL address: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm

Appendix

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 2/2021

Government Ops: 2/2021