

Balloon Sinuplasty for Treatment of Chronic Sinusitis

Clinical Coverage Criteria

Overview

Balloon Sinuplasty or as it is also known balloon ostial dilation, is a minimally invasive procedure used to treat chronic rhinosinusitis (CRS). Patients who suffer CRS typically have had inflamed and swollen sinuses for several weeks, this is characterized by issues with mucus build up.

First line treatment is for CRS is typically pharmaceutical in nature and surgical interventions are only considered for those who have failed pharmaceutical treatments. The typical surgical treatment for CRS is functional endoscopic sinus surgery (FESS) in which soft tissue and/or bone is removed to create openings from the sinuses into the nose.

Balloon Sinuplasty utilizes a small balloon like device which is inflated in order to push sinus tissue and/or bones to allow a larger airway passage and assist with mucus drainage. This procedure can be done as a stand-alone procedure or in conjunction with a FESS procedure.

Policy

Fallon Health requires prior authorization for Balloon Sinuplasty, These requests must be supported by the treating provider(s) medical records. The below criteria must be met in order for approval:

1. The member must be 18 years of age or older
2. Clear documentation exists of chronic rhinosinusitis (CRS) lasting a minimal of 12 weeks via a physical exam as outlined below:
 - Complete anterior and posterior nasal examination (rhinoscopy after mucosal decongestion)
 - Examination of nasopharynx (if possible)
 - Nasal endoscopy
 - Dental, neurologic, ophthalmologic, and/or pulmonary evaluation may be required in cases of extrasinus involvement
3. Trial and Failure of the pharmaceutical interventions inclusive of the below:
 - Oral antibiotics (if a bacterial infection is suspected)
 - Nasal steroid sprays
 - Systemic and/or topical steroids
 - Saline irrigations
 - Topical and/or systemic decongestants
 - Treatment of concomitant allergic rhinitis, including avoidance measures, pharmacotherapy, and/or immunotherapy
4. CT Scan to confirm CRS performed after failure of medical therapy which indicates one or more of the following:
 - Mucosal thickening
 - Bony remodeling

- Bony thickening
- Obstruction of the ostiomeatal complex

Exclusions

- Any use of Balloon Sinuplasty other than outlined above

Codes

Code type	Code	Description
CPT	31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
	31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
	31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
	31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

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Policy History

Origination date: 11/01/2016
 Approval(s): Technology Assessment Committee: 06/22/2016 (new policy), 07/26/2017 (updated references), 06/27/2018 (updated references) 12/01/2018 (added code 31298, policy was not reviewed at TAC), 06/26/2019 (updated references)

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