Nasal Surgical Treatments (Balloon Dilation and Endoscopic)

Medical Coverage Policy

Effective Date: 02/26/2019
Revision Date: 02/26/2019
Review Date: 02/26/2019
Policy Number: HCS-0309-017

Change Summary: Updated Coverage Determination, Medical Terms, References

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**Description**

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), recurrent acute (four or more occurrences in one year) or chronic (lasting longer than 12 weeks despite medical management). Eustachian tube dysfunction is described as failure of the functional valve of the eustachian tube to open and/or close properly, resulting in inadequate ventilation to the middle ear.

**Balloon sinus ostial dilation** is an outpatient treatment option for individuals diagnosed with recurrent acute or chronic rhinosinusitis. Endoscopic instruments are used to open the passages of the sinus ostia and paranasal spaces without cutting.
bone or removing tissue. Under local anesthesia, the surgeon inserts a small balloon through a tube placed in the nasal cavity where the blocked sinus is located. Using fluoroscopic guidance, the balloon is gradually inflated, deflated and then removed. The compression of soft bone and swollen tissue creates additional space and facilitates the drainage of mucus. The surgeon may assess the nasal passages with an endoscope following the procedure to confirm width.\textsuperscript{14}

**Functional endoscopic sinus surgery (FESS)** is a minimally invasive surgical procedure intended to restore sinus ventilation and drainage by removal of diseased tissue and bone, which can facilitate the gradual resolution of mucosal disease.\textsuperscript{29} FESS is generally considered a standard of care for treating recurrent acute or chronic rhinosinusitis that has not responded to medical treatment. However, because FESS does not directly treat the underlying inflammatory disorder, sinus surgery must be followed by medical management to control inflammatory processes or symptoms will invariably return.\textsuperscript{29} Endoscopic sinus surgical procedures may occur in the ethmoid, frontal, maxillary and sphenoid sinuses.

**Balloon dilation of the eustachian tube (BDET)** is a procedure intended to dilate the cartilaginous portion of the eustachian tube (ET) to treat persistent dysfunction. The system includes guide and balloon catheters. The guide catheter is used to access the ET through the nose. The clinician then threads the balloon catheter through the guide catheter and inflates the balloon (via injection of saline or sterile water), which purportedly opens a pathway for mucus and air to flow through the ET. Once the ET is dilated, the balloon is deflated and removed. Examples of these devices include, but may not be limited to: Aera Eustachian Balloon Dilation System and XprESS ENT Dilation System. (Refer to Coverage Limitations Section)

**Drug-eluting sinus stents** are implantable devices placed to expand and prop open the sinus, support the bony structures inside the nose and are purported to prevent scar formation. Drug-eluting sinus stents (eg, mometasone furoate sinus implant), deliver a sustained, localized, controlled release of a corticosteroid which dissolves over time. Currently, the stents are being placed following surgery of the ethmoid, frontal and/or maxillary sinus cavities. Examples of these devices include, but may not be limited to: Propel, Propel Mini and Propel Contour. (Refer to Coverage Limitations section)

For information regarding **Sinuva sinus implant** coverage determination/limitations, please refer to Sinuva (mometasone furoate) sinus implant Pharmacy Coverage Policy.

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For information regarding absorbable nasal implants for the repair of nasal valve collapse, please refer to Rhinoplasty/Septoplasty Medical Coverage Policy.

Coverage Determination

Balloon Sinus Ostial Dilation

Humana members may be eligible under the Plan for balloon sinus ostial dilation when the following criteria are met:

- Age 18 years or older; AND
- Balloon dilation is limited to the frontal, maxillary or sphenoid sinuses; AND
- Documentation of chronic rhinosinusitis for greater than 12 weeks OR documentation of recurrent acute rhinosinusitis (four or more occurrences in one year) and all of the following:
  - Documented failure of medical therapy demonstrated by persistent upper respiratory symptoms despite treatment consisting of the following:
    - A minimum of two different antibiotic courses; AND
    - A trial of steroid nasal spray (eg, Nasonex, Veramyst); AND
    - Allergy evaluation and treatment (if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls, antihistamine nasal spray (eg, Astepro, Patanase), and/or allergen immunotherapy (eg, injections) (For information regarding coverage determination/limitations, please refer to Allergy Testing and Allergy Treatment Medical Coverage Policies); AND
    - Nasal saline irrigation; AND
    - Radiographic confirmation, of the affected sinus(es), showing objective evidence of sinusitis or obstructive anatomy (eg, air fluid levels, mucosal thickening or swelling, opacification, concha bullosa, pansinusitis, etc.)
Balloon sinus ostial dilation used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity is considered integral to the primary procedure and not separately reimbursable.

Functional Endoscopic Sinus Surgery (FESS)

Humana members may be eligible under the Plan for FESS for the following indications:

- Acute complications of rhinosinusitis confirmed by CT scan or diagnostic endoscopic exam, consisting of one of the following:
  - Abscess (epidural, intracerebral, orbital, subdural, subperiosteal); OR
  - Cavernous sinus thrombosis; OR
  - Cellulitis (orbital, preseptal); OR
  - Frontal bone osteomyelitis; OR
  - Meningitis; OR

- Allergic fungal sinusitis and all of the following:
  - Nasal airway obstruction; AND
  - Positive findings on CT scan (eg, bony erosion or thinning, partial or complete opacification); AND
  - Positive fungal smear or culture of sinus drainage; OR

- Cerebrospinal fluid rhinorrhea; OR

- Chronic sinus polyposis unresponsive to medical treatment for one month or more (eg, antibiotics, nasal steroids); OR

- Documentation of chronic rhinosinusitis for greater than 12 weeks OR documentation of recurrent acute rhinosinusitis (four or more occurrences in one year) and all of the following:
  - Documented failure of medical therapy demonstrated by persistent upper
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respiratory symptoms despite treatment consisting of the following:

- A minimum of two different antibiotic courses; **AND**
- A trial of steroid nasal spray (eg, Nasonex, Veramyst); **AND**
- Allergy evaluation and treatment (if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls, antihistamine nasal spray (eg, Astepro, Patanase), and/or allergen immunotherapy (eg, injections) (For information regarding coverage determination/limitations, please refer to Allergy Testing and Allergy Treatment Medical Coverage Policies); **AND**
- Nasal saline irrigation; **AND**
  - Radiographic confirmation, of the affected sinus(es), showing objective evidence of sinusitis or obstructive anatomy (eg, air fluid levels, mucosal thickening or swelling, nasal polyposis, opacification, concha bullosa, pansinusitis, etc.); **OR**
- Foreign body removal; **OR**
- Mucoceles; **OR**
- Posterior epistaxis, uncontrolled; **OR**
- Recurrent sinusitis (four or more occurrences in one year) that triggers or aggravates pulmonary disease (eg, asthma, cystic fibrosis); **OR**
- Tumors, suspected, via CT scan, diagnostic endoscopy or physical examination

Humana members may be eligible under the plan for **repeat balloon sinus ostial dilation or FESS** following failure of a previous sinus surgical procedure.

**Coverage Limitations**

Humana members may **NOT** be eligible under the Plan for **balloon sinus ostial dilation** for any indications other than those listed above including anyone under the age of 18.

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years old. This is considered experimental/investigational as it is not identified as widely used and generally accepted for any other proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may NOT be eligible under the Plan for functional endoscopic sinus surgery (FESS) for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member’s individual certificate. Please refer to the member’s individual certificate for the specific definition.

Humana members may NOT be eligible under the Plan for balloon dilation of the eustachian tube (eg, Aera Eustachian Balloon Dilation System, XprESS ENT Dilation System) for any indications. This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may NOT be eligible under the Plan for drug-eluting sinus stents (eg, Propel, Propel Mini, Propel Contour) for any indications. These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Background

Additional information about chronic sinusitis, chronic rhinosinusitis and eustachian tube dysfunction may be found from the following websites:

- American Academy of Allergy, Asthma and Immunology
- American Academy of Otolaryngology-Head and Neck Surgery
- National Library of Medicine

Medical Alternatives

Alternatives to balloon sinus ostial dilation and functional endoscopic sinus surgery include, but may not be limited to, the following:

- Sinus surgery (conventional)

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Alternatives to balloon dilation of the eustachian tube include, but may not be limited to, the following:

- Tympanostomy tube(s)

Physician consultation is advised to make an informed decision based on an individual’s health needs.

### Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

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<tbody>
<tr>
<td>31237</td>
<td>Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)</td>
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<td>31238</td>
<td>Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage</td>
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<td>31239</td>
<td>Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy</td>
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<td>Nasal/sinus endoscopy, surgical; with concha bullosa resection</td>
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<td>31241</td>
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<td>31253</td>
<td>Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed</td>
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<td>31254</td>
<td>Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)</td>
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<td>31259</td>
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<td>31267</td>
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<td>31276</td>
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<tr>
<td>31287</td>
<td>Nasal/sinus endoscopy, surgical, with sphenoidotomy;</td>
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<td>31288</td>
<td>Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus</td>
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<td>31290</td>
<td>Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region</td>
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<td>Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region</td>
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<td>31292</td>
<td>Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression</td>
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<td>31293</td>
<td>Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression</td>
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<td>Nasal/sinus endoscopy, surgical; with optic nerve decompression</td>
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<td>31295</td>
<td>Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa</td>
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<td></td>
<td>No additional reimbursement when used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity</td>
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<tr>
<td>31296</td>
<td>Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)</td>
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<td>No additional reimbursement when used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity</td>
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### Nasal Surgical Treatments (Balloon Dilation and Endoscopic)

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<tr>
<td>31297</td>
<td>Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)</td>
<td>No additional reimbursement when used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity</td>
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<td>69799</td>
<td>Unlisted procedure, middle ear</td>
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<td>0406T</td>
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<td>C9745</td>
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<td>S1090</td>
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Click [here](#) to view ICD-10-CM code(s) associated with this medical coverage policy.

### Medical Terms

**Abscess** – A swollen area within the body tissue, containing an accumulation of pus.

**Asthma** – Respiratory condition marked by spasms in the lungs, causing difficulty in breathing.

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**Catheter** – A hollow flexible tube for insertion into a body cavity, duct or vessel to allow the passage of fluids or distend a passageway.

**Cavernous Sinus Thrombosis** – Blood clot in the cavity at the base of the brain that contains a vein, several nerves and other structures.

**Cellulitis** – Infection and inflammation of layers of skin and the underlying tissue.

**Cerebrospinal Fluid Rhinorrhea** – Discharge of cerebrospinal fluid through the nose, usually due to skull fracture.

**Chronic** – Persisting over a long period of time or marked by frequent recurrence.

**Concha Bullosa** – Air filled cavity within a nasal turbinate.

**Corticosteroid** – Class of hormones that are involved in a wide range of physiological processes, including the regulation of inflammation.

**Cystic Fibrosis** – Hereditary disorder that causes the production of abnormally thick mucus, leading to blockages in the lungs and other areas around the body.

**Epistaxis** – Bleeding from the nose.

**Endoscope** – An illuminated, usually fiberoptic, flexible or rigid tubular instrument for visualizing the interior of a hollow organ or part for diagnostic or therapeutic purposes; typically has one or more channels to enable passage of instruments (eg, forceps or scissors).

**Endoscopic** – Examination or procedure performed with an endoscope (lighted examination tube).

**Eustachian Tube** – Narrow passage that links the nasopharynx (back of the nose) to the middle ear.

**Fluoroscopic** – Performed under specialized (fluorescent) X-ray, making it possible to see internal organs or body parts in motion.
Immunotherapy – Prevention or treatment of a disease with substances that stimulate the immune response (reaction of cells and fluids of the body to the presence of a substance that is not recognized as part of the body itself).

Meningitis – An infection of the membranes covering the brain and spinal cord.

Mucocele – Epithelial lined, mucus containing sacs that completely fill a paranasal sinus.

Mucus – Thick, slippery fluid produced by the membranes that line certain organs of the body, including the nose, mouth, throat and vagina.

Opacification – Blockage often diagnosed when a cavity appears grey or white on CT scan when it should be black.

Opaque – Impervious to light rays, X-rays or other electromagnetic radiation; neither translucent nor transparent.

Osteomyelitis – Serious bone infection that is caused by bacteria or germs.

Ostia – Opening into a vessel or cavity of the body.

Pansinusitis – Occurs when all the sinus cavities in the face are infected and inflamed.

Paranasal – Any of the paired sinuses in the bones of the face adjacent to the nasal cavity that are lined with mucous membrane and are continuous with the lining of the nasal cavities.

Polyp – Any growth or mass protruding from a mucous membrane that is generally benign.

Polyposis – The presence of several polyps.

Rhinorrhea – The free discharge of thin nasal mucus.

Rhinosinusitis – Inflammation of the nasal passages and sinus cavities; usually caused by allergies or an infection. Symptoms may include runny nose, facial pain, decreased
sense of smell, toothaches and congestion. Rhinosinusitis may be acute or chronic.

**Sinusitis** – Symptomatic inflammation of the paranasal sinuses.

**Sinus Ostia** – Opening that connects a sinus to the nasal cavity and has a higher percentage of cilia than the surrounding mucosa.

**Sinus Surgery** – Excision and removal of diseased sinus tissue, creating improved drainage from the sinus cavities.

**Turbinate** – Long, narrow, curled shelf of bone that protrudes into the breathing passage of the nose.

**Tympanostomy Tube** – A small tube inserted into the eardrum that ventilates the middle ear and prevents the accumulation of fluid behind the eardrum.

**References**


Position statement: dilation of sinuses, any method (e.g., balloon, etc.).


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