

Balloon Sinuplasty

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Medical Guideline Disclaimer

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Guideline

When performed as a component of functional endoscopic sinus surgery (FESS), balloon sinuplasty is not separately reimbursable.

If performed as a stand-alone procedure, balloon sinuplasty will be reimbursed only when it is medically necessary.

As a stand-alone procedure, balloon sinuplasty is considered medically necessary when the following criteria are met; all:

1. Rhinosinusitis lasting \geq 12 weeks
2. Persistent rhinosinusitis symptoms despite attempted medical management (e.g., nasal lavage, intranasal corticosteroids or antihistamines, antibiotics, if applicable, and/or treatment of concomitant allergic rhinitis, including avoidance measures, pharmacotherapy, and/or immunotherapy if applicable)
3. Recurrent acute sinusitis (RAS) (defined as \geq 4 episodes per year of acute bacterial rhinosinusitis [ABRS] without signs or symptoms of rhinosinusitis between episodes)
4. Chronic rhinosinusitis is confirmed by CT/endoscopy scan findings that demonstrate \geq 1 of the following:
 - a. Mucosal thickening
 - b. Bony remodeling
 - c. Bony thickening
 - d. Obstruction of the ostiomeatal complex
 - e. Mucopurulence
 - f. Edema
5. Sinus dilation is for the frontal, maxillary or sphenoid sinuses

Limitations/Exclusions

Balloon sinus dilation is considered experimental/investigational for all other indications including nasal polyps or tumors.

Revision History

Sept. 10, 2021	Added endoscopy as a confirmation modality for chronic rhinosinusitis, as it is applicable to evaluating mucopurulence and edema
Oct. 16, 2020	Corrected recurrent acute sinusitis acronym (changed from ABRS to RAS)
Aug. 14, 2020	Added recurrent acute sinusitis (ABRS) as a covered indication Removed endoscopy as an option for evaluating chronic rhinosinusitis (CT scan remains within the policy as the standard)
Sept. 13, 2019	Added examples of symptoms and management of persistent rhinosinusitis
Sept. 14, 2018	Added endoscopy as accepted chronic rhinosinusitis imaging modality Added mucopurulence and edema to chronic rhinosinusitis findings list

Applicable Procedure Codes

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)

Applicable ICD-10 Diagnosis Codes

J01.00	Acute maxillary sinusitis, unspecified
J01.01	Acute recurrent maxillary sinusitis
J01.10	Acute frontal sinusitis, unspecified
J01.11	Acute recurrent frontal sinusitis
J01.30	Acute sphenoidal sinusitis, unspecified
J01.31	Acute recurrent sphenoidal sinusitis
J01.40	Acute pansinusitis, unspecified
J01.41	Acute recurrent pansinusitis
J01.80	Other acute sinusitis
J01.81	Other acute recurrent sinusitis
J01.90	Acute sinusitis, unspecified
J01.91	Acute recurrent sinusitis, unspecified
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified

References

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7. J Rhinol Allergy. Cutler J, et al. (2013). "Standalone balloon dilation versus sinus surgery for chronic rhinosinusitis: A prospective, multicenter, randomized, controlled trial". *Am J RhinolAllergy* 27 (5): 416–422.
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