

Balloon Sinuplasty

POLICY NUMBER	LAST REVIEW
MG.MM. ME.26dC5	September 12, 2025

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Guideline

Balloon sinuplasty is considered medically necessary when performed along with a functional endoscopic sinus surgery (FESS).

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

1. Rhinosinusitis lasting ≥ 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 ≥ 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 ≥ 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 and Exclusions

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

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)

ICD-10 Diagnoses

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

1. U.S. Food and Drug Administration (FDA). 510(K) Summary. Relieva Sinus Balloon Dilation Catheter.

2. The American Academy of Otolaryngology-Head and Neck Surgery. Sinus Balloon Catheterization Position Statement. 2007.
3. American Rhinologic Society (ARS). Ostial Balloon Dilation Position Statement. Revised 3/14/2017. Available at: <https://www.american-rhinologic.org/position> https://www.american-rhinologic.org/index.php?option=com_content&view=article&id=33:ostial-balloon-dilation-position-statement&catid=26:position-statements&Itemid=197_dilation. Accessed September 25, 2025.
4. Abreu CB, Balsalobre L, Pascoto GR, et al. Effectiveness of balloon sinuplasty in patients with chronic rhinosinusitis without polyposis. *Braz J Otorhinolaryngol*. 2014 Nov-Dec;80(6):470-5.
5. Bizaki AJ, Taulu R, Numminen J, Rautiainen M. Quality of life after endoscopic sinus surgery or balloon sinuplasty: a randomized clinical study. *Rhinology*. 2014 Dec;52(4):300-5.
6. Piccirillo, J. F., Payne, S. C., Rosenfeld, R. M., Baroody, F. M., Batra, P. S., DelGaudio, J. M., Corrigan, M. D. (2018). Clinical Consensus Statement: Balloon Dilation of the Sinuses. *Otolaryngology–Head and Neck Surgery*, 158(2), 203–214.
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.
8. Specialty matched clinical peer review.

Revision History

Company(ies)	DATE	REVISION
EmblemHealth	Sept. 12, 2025	Transferred policy content to individual company branded template
EmblemHealth ConnectiCare	Mar. 10, 2023	Clarified that balloon sinuplasty is considered medically necessary when performed with FESS
EmblemHealth ConnectiCare	Sept. 10, 2021	Added endoscopy as a confirmation modality for chronic rhinosinusitis, as it is applicable evaluating to mucopurulence and edema
EmblemHealth ConnectiCare	Oct. 16, 2020	Corrected recurrent acute sinusitis acronym (changed from ABRS to RAS)
EmblemHealth ConnectiCare	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)
ConnectiCare	Jan. 1, 2020	ConnectiCare, Inc. adopts the clinical criteria of its parent corporation EmblemHealth
EmblemHealth	Sept. 13, 2019	Added examples of symptoms and management of persistent rhinosinusitis
EmblemHealth	Sept. 14, 2018	Added endoscopy as accepted chronic rhinosinusitis imaging modality Added mucopurulence and edema to chronic rhinosinusitis findings list