

## Balloon Sinuplasty

Last Review Date: September 14, 2018

Number: MG.MM.ME.26C2a

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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, and/or antibiotics if applicable)
3. Chronic rhinosinusitis is confirmed by endoscopy/CT 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
4. 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. 14, 2018 | Added endoscopy as accepted chronic rhinosinusitis imaging modality<br>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

|       |                                |
|-------|--------------------------------|
| J32.0 | Chronic maxillary sinusitis    |
| J32.1 | Chronic frontal sinusitis      |
| J32.2 | Chronic ethmoidal 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 1/8/2015. Available at: [https://www.american-rhinologic.org/position\\_balloon\\_dilation](https://www.american-rhinologic.org/position_balloon_dilation)
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.