

## Balloon Ostial Dilation of the Sinus and Implantable Sinus Stents

<b>Policy ID:</b>	HHO-DE-MP-1055
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 03/01/2023
<b>Original Effective Date:</b>	01/15/2022; 04/01/2023
<b>Annual Approval Date:</b>	09/0/2021; 07/27/2022
<b>Last Revision Date:</b>	09/20/2021; 07/27/2022
<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary coronary revascularization.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Balloon ostial dilation of the sinus** – A procedure placing a catheter-based inflatable device in the sinus ostium, inflating the balloon, and dilating the ostium.

### PROCEDURES

Prior authorization is not required.

Balloon sinus ostial dilation as a stand-alone procedure is considered medically necessary in the sinus being considered for dilation (i.e., frontal, maxillary, or sphenoid) for the treatment of chronic sinusitis when ALL of the following criteria are met:

- Presence of two or more of the following signs/symptoms for more than three (3) consecutive months;
  - Nasal obstruction; or
  - Anterior or posterior mucopurulent (foul) drainage; or
  - Facial pain, pressure and/or fullness over the affected sinus; or
  - Decreased sense of smell; and
- Evidence of chronic rhinosinusitis on computerized tomography (CT) scan in each of the sinuses being considered for treatment including ANY of the following:
  - Mucosal thickening greater than 3 millimeters; or
  - Air fluid levels; or
  - Opacification; or
  - Nasal polyposis; and
- Failure, intolerance or contraindication of medical management for at least eight (8) consecutive weeks including ALL of the following:
  - At least two different full courses of antibiotics; and
  - Steroid nasal spray and/or systemic steroids.

Balloon sinus ostial dilation is considered experimental, investigational or unproven for all other indications and therefore non-covered.

\*\* Balloon sinus ostial dilation is contraindicated in the presence of a mass lesion filling the sinus cavity involved or in the case of inspissated chronic fungal sinusitis.

Use of a catheter-based inflatable device (balloon sinus ostial dilation) may be considered medically necessary during functional endoscopic sinus surgery (FESS). Balloon sinus ostial dilation is considered an inherent part of the FESS procedure, and is not eligible for separate payment:

- When code 31295 is reported with code 31233, 31256, or 31267, the charges will be combined and processed under code 31233, 31256, or 31267.
- When code 31296 is reported with code 31276, the charges will be combined and processed under code 31276.
- When code 31297 is reported with code 31235, 31287, or 31288, the charges will be combined and processed under code 31235, 31287, or 31288.
- When code 31298 is reported with code 31235, 31276, 31287 or 31288, the charges will be combined and processed under code 31235, 31276, 31287 or 31288.

Mometasone furoate sinus implant (e.g., Sinuva, Propel) is considered medically necessary for the treatment of recurrent nasal polyps in members 18 years of age and older who have had ethmoid sinus surgery and would otherwise be candidates for revision sinus surgery and have nasal obstruction/congestion symptoms despite use of intranasal steroid irrigations or sprays.

Mometasone furoate sinus implant (e.g.: Sinuva, Propel) is considered experimental and investigational for all other indications because of insufficient evidence in the peer reviewed literature.

### **Post-payment Audit Statement**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### **Place of Service: Inpatient/Outpatient**

Experimental/Investigational (E/I) services are not covered regardless of place of service.

Balloon Ostial Dilation of the Sinus and Implantable Sinus Stents is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

### CODING REQUIREMENTS

CPT code	Description
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture).
31235	Nasal/sinus endoscopy, diagnostic, with sphenoid sinusoscopy (via puncture of sphenoidal face of cannulation of ostium).
31241	Nasal/sinus endoscopy, surgical, with ligation of sphenopalatine artery.
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed.
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy.
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy.
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus.
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy, with removal of tissue from maxillary sinus.
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed.
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy.
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus.
31295	Nasal/sinus endoscopy, surgical, with dilation (e.g., Balloon dilation); maxillary sinus ostium, transnasal or via canine fossa.
31296	Nasal/sinus endoscopy, surgical, with dilation (e.g., Balloon dilation); frontal sinus ostium.
31297	Nasal/sinus endoscopy, surgical, with dilation (e.g., Balloon dilation); sphenoid sinus ostium.
31298	Nasal/sinus endoscopy, surgical, with dilation (e.g., Balloon dilation); frontal and sphenoid sinus ostia.

### Covered Diagnosis Codes for Procedure Codes 31295, 31296, 31297, 31298

J32.0	J32.1	J32.3	J32.4	J32.8
J32.9				

### REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## References

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## POLICY UPDATE HISTORY

09/20/2021	Approved in Medical Policy Committee
07/27/2022	Annual review, approved in medical policy committee
08/2022	Annual review, approved in QI/UM