Sinus Procedures (for Louisiana Only)

Policy Number: CS138LA.K
Effective Date: December 1, 2024

➲ Instructions for Use

Certain content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. Portions of the coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

Coverage Rationale

State-Specific Criteria

Balloon ostial dilation and functional endoscopic sinus surgery are considered medically necessary for the treatment of chronic rhinosinusitis when all of the following criteria are met:

- Uncomplicated chronic rhinosinusitis limited to the paranasal sinuses without the involvement of adjacent neurological, soft tissue, or bony structures that has persisted for at least 12 weeks with at least two of the following sinonasal symptoms:
  - Facial pain/pressure
  - Hyposmia/anosmia
  - Nasal obstruction
  - Mucopurulent nasal discharge

  and
- Sinonasal symptoms that are persistent after maximal medical therapy has been attempted, as defined by all of the following, either sequentially or overlapping:
  - Saline nasal irrigation for at least six weeks
  - Nasal corticosteroids for at least six weeks
  - Approved biologics, if applicable, for at least six weeks
  - A complete course of antibiotic therapy when an acute bacterial infection is suspected
  - Treatment of concomitant allergic rhinitis, if present

  and
- Objective evidence of sinonasal inflammation as determined by one of the following:
  - Nasal endoscopy; or
  - Computed tomography

Balloon ostial dilation and functional endoscopic sinus surgery are not covered and not considered medically necessary in the following situations:

- Presence of sinonasal symptoms but no objective evidence of sinonasal disease by nasal endoscopy or computed tomography
- For the treatment of obstructive sleep apnea and/or snoring when the above criteria are not met

- For the treatment of headaches when the above criteria are not met
- For balloon ostial dilation only, when sinonasal polyps are present

Non State-Specific Criteria

Self-expanding absorptive sinus ostial dilation is unproven and not medically necessary for evaluating or treating sinusitis and all other conditions due to insufficient evidence of efficacy.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
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
31299	Unlisted procedure, accessory sinuses

Description of Services

Self-expanding absorptive sinus ostial dilation has been proposed as an alternative to standard balloon sinus ostial dilation. The self-expanding device is inserted into the sinus ostia and starts absorbing moisture and begins to expand providing gradual dilation of the sinus ostia. When the device is fully expanded, it is removed. The SinuSys Vent-OS Sinus Dilation System is a self-expanding device that has been cleared by the FDA. These devices are being studied to determine their safety and effectiveness.

Clinical Evidence

Self-Expanding Absorptive Sinus Ostial Dilation

The evidence is insufficient to support the use of self-expanding absorptive sinus ostial dilation devices. Studies with control groups are needed to demonstrate the efficacy of these devices.
Hathorn et al. (2014) conducted a pilot study to determine the safety and performance of a maxillary sinus ostium (MSO) self-dilation device. Twelve CRS patients presenting with maxillary sinus inflammation requiring FESS were enrolled. The device was inserted into the MSO at the start of surgery and removed after 60 minutes. Endoscopic evaluation for patency was performed immediately after removal, and at 1 week, 1 month, and 3 months. Adverse events were recorded intraoperatively and at each subsequent visit. The device was successfully inserted in 100% of cases attempted (19/19 MSOs, 12 patients). Seventeen (89%) devices remained in the MSO for 60 minutes and dilated to a mean diameter of 4.8 ±0.5 mm. One patient was withdrawn from the study. No adverse events occurred during insertion or removal of the device. At 3 months postinsertion 14 of 15 MSO dilated (93%) were confirmed patent. The investigators concluded that the placement of an osmotic self-dilating expansion device in human MSO is safe, achievable, and effective at dilating the ostia. This study is limited by a small sample size and lack of a comparison group.

References

Hathorn I, Habib AR, Santos RD, et al. The safety and performance of a maxillary sinus ostium self-dilation device: a pilot study. Int Forum Allergy Rhinol. 2014 Aug;4(8):625-31.

Louisiana Department of Health: Professional Services Provider Manual, Section 5.1: Covered Services. Sinus Procedures. Retrieved from: https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf. Accessed May 6, 2024.

Policy History/Revision Information

Date	Summary of Changes
12/01/2024	**Application** • Added language to clarify *portions of* the *Coverage Rationale* contained in this policy represent Louisiana Medicaid coverage policy and is set forth [in the policy] in accordance with State requirements **Coverage Rationale** ***Non State-Specific Criteria*** • Added language to indicate self-expanding absorptive sinus ostial dilation is unproven and not medically necessary for evaluating or treating sinusitis and all other conditions due to insufficient evidence of efficacy **Supporting Information** • Added Description of Services and Clinical Evidence sections • Updated *References* section to reflect the most current information • Archived previous policy version CS138LA.J

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

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