GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Chronic rhinosinusitis (CRS), which is the symptomatic inflammation of sinonasal mucosa, is one of the more prevalent chronic illnesses in the United States that is estimated to affect 12% of the population. The etiology of CRS is likely to be multifactorial. Numerous risk factors have been identified, including allergy; asthma; sinonasal anatomy; bacterial, viral, or fungal infection; mucociliary impairment; nasal polyps; immunologic disorders; and cystic fibrosis. CRS typically starts as acute rhinosinusitis that recurs and does not respond well to conservative medical therapy.

Medical management of CRS includes topical and systemic antibiotics, topical and systemic steroids, saline irrigation, mucolytics, decongestants, antihistamines, and leukotriene modifiers. Patients with CRS who have persistent or recurring symptoms that fail to respond to medical management may require surgery. Functional endoscopic sinus surgery (FESS) is the standard procedure for refractory CRS in adult patients. FESS is a minimally invasive surgical procedure that involves tissue and bone removal to access and drain the sinuses and to remove diseased tissue. Adenoidectomy is the standard treatment for recalcitrant CRS in children or adolescents with FESS and ethmoidectomy as additional options.

Balloon sinuplasty, also called balloon sinus ostial dilation, is a noninvasive endoscopic procedure that aims to dilate the sinus ostia in patients with chronic rhinosinusitis (CRS) who have not responded to conservative medical treatments. A disposable catheter delivers a balloon, which, when inflated, compresses the tissue that is blocking the sinus ostia, thereby allowing drainage of the treated sinus and a resolution or reduction of symptoms.

FESS is the standard treatment for recalcitrant CRS, which is typically performed with the patient under general anesthesia and carries a risk of complications. Balloon sinuplasty represents a noninvasive treatment for CRS that can, in many cases, be performed in an office setting with the use of local anesthesia. Although balloon sinuplasty seems to be a desirable alternative to FESS, the comparative efficacy and durability of the treatment response of these treatments have not been established.

POLICY
Balloon sinus ostial dilation (31295-31298) does not require prior authorization.

For coverage determination of drug eluting devices (0406T, 0407T, S1090) refer to PG0384 Drug Eluting Devices for Use Following Endoscopic Sinus Surgery.

HMO, PPO, Individual Marketplace, Elite, Advantage
Balloon sinus ostial dilation is medically necessary when the following criteria are met:
- Age 18 years or older; **AND**
- Balloon dilation is limited to the frontal, maxillary or sphenoid sinuses; **AND**
- Documentation of chronic rhinosinusitis for greater than 12 weeks; **AND**
- Documented failure of medical therapy greater than 12 weeks demonstrated by persistent upper respiratory symptoms despite treatment consisting of the following:
  - A minimum of two different antibiotics; **AND**
  - A trial of steroid nasal spray (e.g., Nasonex, Veramyst); **AND**
  - A trial of antihistamine nasal spray (e.g., Astepro, Patanase); **AND**
  - Nasal saline irrigation; **AND**
  - Allergy evaluation and treatment (if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls, medications and allergen immunotherapy (e.g., injections); **AND**
• Radiographic confirmation in the sinus to be dilated, of at least **ONE** of the following:
  
  o Air fluid levels; **OR**
  o Mucosal thickening; **OR**
  o Nasal polyposis; **OR**
  o Opacification

Balloon sinus ostial dilation is not medically necessary for treating nasal polyps or tumors. There is insufficient published clinical evidence to conclude that balloon sinus ostial dilation is safe and effective for treating nasal polyps or tumors.

Balloon sinus ostial dilation is not medically necessary in persons under 18 years of age. There is insufficient evidence to support the use of balloon sinus ostial dilation in the management of rhinosinusitis in children and adolescents. Long-term, well-designed studies using appropriate controls are needed to determine the effectiveness of balloon sinus ostial dilation in this population.

**CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

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**TAWG REVIEW DATES:** 04/21/2017

**REVISION HISTORY EXPLANATION**

04/21/17: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

03/13/18: Added effective 01/01/18 new code 31298 as covered without prior authorization for all product lines. Added ICD-10 codes J01.01, J01.11, J01.21, J01.31, J01.41, J01.81, J01.91, J32.0-J32.9. Policy reviewed and updated to reflect most current clinical evidence per the Medical Policy Steering Committee.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.