



# Medical Policy

## Balloon Sinus Ostial Dilation

Policy Number: PG0399

Last Review: 12/01/2023

HMO & PPO  
MARKETPLACE  
MEDICARE – ELITE,  
MAP

### GUIDELINES

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE

- ☒ Professional  
☐ Facility

### 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, primary ciliary dyskinesia; frequent viral upper respiratory tract infections; smoking; environmental irritants; gastroesophageal reflux disease; and periodontitis. CRS is characterized by purulent nasal discharge, usually without fever, which persists for weeks to months. Symptoms of congestion often accompany the nasal discharge. There also may be mild pain and/or a headache. Thickening of mucosa may restrict or close natural openings between sinus cavities and the nasal fossae, although symptoms may vary considerably because of the location and shape of these sinus ostia. CRS typically starts as acute rhinosinusitis that recurs and does not respond well to conservative medical therapy. Recurrent acute rhinosinusitis (RARS) is defined as 4 or more episodes per year of acute bacterial rhinosinusitis without signs or symptoms of rhinosinusitis between episodes.

Medical management of CRS includes intranasal and systemic antibiotics and steroids, nasal lavage, 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 minimally invasive endoscopic procedure in which a balloon is inflated within the affected sinus ostia to widen the ostia and restore proper drainage of the sinus. 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**

### **Paramount Commercial Insurance Plans and Medicare Advantage Plans**

- **Balloon sinus ostial dilation (31295-31298) does not require prior authorization when the coverage criteria below is met.**
- **Balloon sinus ostial dilation is covered when the system is used according to the FDA-approved indications for age and sinus cavities.**

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

## **COVERAGE CRITERIA**

### **Paramount Commercial Insurance Plans and Medicare Advantage Plans**

Balloon sinus ostial dilation is medically necessary when All of the following criteria are met:

- Age 18 years or older
- Balloon dilation is limited to the frontal, maxillary or sphenoid sinuses
- Documentation of chronic rhinosinusitis for greater than 12 weeks or recurrent acute rhinosinusitis (four or more occurrences in 1 year)
- 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 at least six consecutive weeks utilizing steroid nasal spray (e.g., Nasonex, Veramyst); and
  - A trial of antihistamine nasal spray (e.g., Astepro, Patanase); and
  - Nasal saline irrigation for at least consecutive six weeks; 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))
- Radiographic confirmation, following the treatments noted above, which demonstrate at least **ONE** of the following:
  - Abnormal air fluid levels; or
  - Concha bullosa; or
  - Mucosal thickening and/or swelling >3 mm; or
  - Nasal polyposis; or
  - Pansinusitis; or
  - Diffuse 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**

CPT CODES	
<b>31295</b>	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa
<b>31296</b>	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)
<b>31297</b>	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)
<b>31298</b>	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (e.g., balloon dilation)
ICD-10 CODES	
<b>J01.01</b>	Acute recurrent maxillary sinusitis
<b>J01.11</b>	Acute recurrent frontal sinusitis
<b>J01.21</b>	Acute recurrent ethmoidal sinusitis
<b>J01.31</b>	Acute recurrent sphenoidal sinusitis
<b>J01.41</b>	Acute recurrent pansinusitis
<b>J01.81</b>	Other acute recurrent sinusitis
<b>J01.91</b>	Acute recurrent sinusitis, unspecified
<b>J32.0- J32.9</b>	Chronic sinusitis

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

## REVISION HISTORY EXPLANATION

### ORIGINAL EFFECTIVE DATE: 04/21/2017

Date	Explanation & Changes
<b>04/21/2017</b>	<ul style="list-style-type: none"> <li>Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)</li> </ul>
<b>03/13/2018</b>	<ul style="list-style-type: none"> <li>Added effective 01/01/18 new code 31298 as covered without prior authorization for all product lines</li> <li>Added ICD-10 codes J01.01, J01.11, J01.21, J01.31, J01.41, J01.81, J01.91, J32.0-J32.9</li> <li>Policy reviewed and updated to reflect most current clinical evidence per the Medical Policy Steering Committee</li> </ul>
<b>12/28/2020</b>	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical policy format</li> </ul>
<b>03/01/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li> </ul>
<b>12/01/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> </ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to**

**<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>**

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

## POLICY

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

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- 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:
  - Air fluid levels; **OR**
  - Mucosal thickening; **OR**
  - Nasal polyposis; **OR**
  - Opacification

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