
CHAPTER 5: PROFESSIONAL SERVICES

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Sinus Procedures

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:

1. 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:
 - a. Facial pain/pressure;
 - b. Hyposmia/anosmia;
 - c. Nasal obstruction; and/or
 - d. Mucopurulent nasal discharge.
2. Sinonasal symptoms are persistent after maximal medical therapy has been attempted, as defined by all of the following, either sequentially or overlapping:
 - a. Saline nasal irrigation for at least six weeks;
 - b. Nasal corticosteroids for at least six weeks;
 - c. Approved biologics, if applicable, for at least six weeks;
 - d. A complete course of antibiotic therapy when an acute bacterial infection is suspected; and
 - e. Treatment of concomitant allergic rhinitis, if present.
3. Objective evidence of sinonasal inflammation as determined by one of the following:
 - a. Nasal endoscopy; or
 - b. Computed tomography.

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Coverage Limitations

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

1. Presence of sinonasal symptoms but no objective evidence of sinonasal disease by nasal endoscopy or computed tomography;
2. For the treatment of obstructive sleep apnea and/or snoring when the above criteria are not met;
3. For the treatment of headaches when the above criteria are not met; and
4. For balloon ostial dilation only, when sinonasal polyps are present.

Reimbursement for sinus procedures is subject to post-payment review and recoupment in the event of non-compliance with this coverage policy.