



BALLOON SINUS OSTIAL DILATION

Effective Date: January 9, 2012
Date Of Origin: December 14, 2011

Review Dates: 12/11
Status: New

I. POLICY/CRITERIA

The use of balloon sinus ostial dilation, e.g. Balloon Sinuplasty™, for the treatment of *any* sinus condition, including, but not limited to sinusitis, is considered **investigational and not medically necessary**.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*



IV. DESCRIPTION

Chronic sinusitis is defined as a prolonged or recurrent infection and inflammation of the nasal sinuses. Chronic, long term sinusitis may develop in people with chronic allergies, deviated nasal septum or other obstruction of the nose. Additionally, dental infections such as tooth abscesses may also spread into the sinus and infect it directly.

A technique referred to as balloon sinus ostial dilation or Balloon Sinuplasty™ has been proposed as an alternative or in addition to standard endoscopic surgery. This procedure proposes the use of a small balloon-like device instead of the other devices usually used. There are two different devices available on the market that dilate the sinuses. With the first type of device, the balloon is placed in the blocked sinus passage under endoscopic guidance through the nostril. The second is placed in the sinus through an incision made in the gums and maxillary bone under the front lip of the individual. In both cases, once the balloon is in place in the ostia of the targeted sinus, the balloon is inflated to push the sinus tissue and bone out of the way, creating a larger airway passage and allowing drainage of nasal secretions.

Results of the available studies provide preliminary evidence that balloon sinus ostial dilation is relatively safe and efficacious for the treatment of chronic sinusitis that is refractory to medical therapy. Despite these promising early findings, the overall quality of the evidence is low since the majority of the available studies lack controls and adequate follow-up of the majority of the enrolled patients. The patient selection criteria for this therapy have not been well defined. Furthermore, many of the studies evaluated hybrid procedures, which creates difficulties in determining the specific role of balloon sinus ostial dilation in treatment outcomes. Additional studies are needed to confirm that balloon sinus ostial dilation is safer and more effective over the long term than FESS or adenoidectomy, particularly well-designed trials that randomize patients to balloon sinus ostial dilation or to standard treatment for chronic sinusitis.

V. CODING INFORMATION

ICD-9 Diagnosis Codes:

Not applicable

CPT/HCPCS Codes:

Not covered

- 31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
- 31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
- 31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

**VI. REFERENCES**

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