Medica Central Coverage Policy

Policy Name:	**Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis MP9667**
Effective Date:	**06/01/2024**

Important Information – Please Read Before Using This Policy
These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Catheter based endoscopic balloon sinuplasty using an FDA-approved device for the FDA-approved indications **is COVERED** either as a stand-alone procedure or as part of functional endoscopic sinus surgery (FESS) for treatment of chronic refractory rhinosinusitis.

Catheter based endoscopic balloon sinuplasty is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to use in recurrent acute rhinosinusitis. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Note: See related coverage policy, *Drug-Eluting Sinus Stents, Bioabsorbable*.

Description

Balloon sinuplasty (also known as balloon ostial dilation, balloon dilation sinuplasty, or balloon catheter sinusotomy) is a minimally invasive dilation procedure typically performed by an otolaryngologist. It is suggested for treatment of chronic sinusitis (e.g., rhinosinusitis lasting longer than 12 weeks) associated with inflammatory obstruction of the sinus passages in individuals refractory to conservative medical treatments. The intended outcome is to widen sinus passages (i.e., ostia) and restore normal sinus drainage and function. Balloon dilation devices have been suggested as alternatives to or adjunctive to conventional functional endoscopic sinus surgery (FESS), which often requires resection of periosteal bone and tissue. Benefits of balloon sinuplasty are shorter and less traumatic recovery periods, less bleeding, and less postoperative pain than that experienced with conventional FESS.

Patients are first given general or local anesthesia. Then, a sinus guide catheter is inserted into the targeted area, guided by using either fluoroscopy or an illuminated fiberoptic tip. Next, a flexible sinus guidewire is inserted through the catheter and advanced into the targeted sinus, followed by insertion of the balloon catheter. Once in place, the balloon is gradually inflated using a contrast medium and the nasal passage is dilated to between approximately three to seven millimeters. If the achieved dilation is less than desired, an additional dilation may be performed. If needed, dilation of several nasal passages can be done with a single balloon during one session. At postoperative visits, endoscopic evaluation of the sinuses may be performed to assess outcome.

FDA Approval

Balloon ostial dilation devices for treating chronic sinusitis are approved by the FDA under the 510(k) approval process. Certain devices are FDA approved for individuals less than 18 years of age.

Examples of FDA-approved endoscopic balloon sinuplasty systems include, but are not limited to:

1. Relieva SpinPlus Balloon Sinuplasty™ system (Acclarent, Inc.)
2. RELIEVA SPINPLUS NAV Balloon Sinuplasty System
3. RELIEVA ULTIRRA Sinus Balloon Catheter
4. FinESS™ Sinus Treatment (Entellus Medical, Inc.)
5. Mesire Sinus Balloon Dilation System
6. NuVent EM Balloon Sinus Dilation System (Medtronic Xomed)
7. XprESS™ Multi-sinus Dilation Tool (Entellus Medical, Inc.)
8. VenSure Balloon
9. Vent-Os Sinus Dilation System
10. Ventera® Sinus Dilation System (Smith & Nephew).

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **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)
- **31298** - Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostium (eg, balloon dilation)

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