Medical Policy:
Functional Endoscopic Sinus Surgery (FESS) (Commercial)

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Definitions

| **Functional endoscopic sinus surgery (FESS)** | Minimally invasive outpatient mucosal-sparing surgical technique utilized to treat medically refractory CRS (with or without polyps) or recurrent acute rhinosinusitis. Rigid endoscopes are employed to visualize the surgical field to achieve one or more of the following goals:
1. Open paranasal sinuses to facilitate ventilation and drainage
2. Remove polyps and/or osteitic bony fragments to reduce inflammatory load
3. Enlarge sinus ostia to achieve optimal instillation of topical therapies
4. Obtain bacterial or fungal cultures and tissue for histopathology |
| **Acute rhinosinusitis (ARS)** | Characterized by inflammation of the mucosa of the nose and paranasal sinuses with associated sudden onset of symptoms of purulent nasal }
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<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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<tbody>
<tr>
<td>Recurrent acute rhinosinusitis (RARS)</td>
<td>Characterized by ≥ 4 recurrent ARS episodes with complete clearing of symptoms between episodes over a one year period.</td>
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<tr>
<td>Chronic rhinosinusitis (CRS)</td>
<td>Clinical disorder characterized by inflammation of the nasal mucosa and paranasal sinuses with associated signs and symptoms of 12 week consecutive duration. CRS is characterized by ≥ 2 symptoms, one of which is nasal blockage/obstruction/congestion or nasal discharge (anterior/posterior nasal drip), with or without facial pain/pressure and reduction or loss of smell with endoscopic evidence of mucopurulence, edema, and/or polyps and/or CT presence of mucosal thickening or air-fluid levels in the sinuses.</td>
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<tr>
<td>CRS with polyposis</td>
<td>Represents a subgroup of CRS patients with endoscopic evidence of unilateral or bilateral polyps in the inferior, superior and middle meatus.</td>
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<tr>
<td>Implantable sinus spacers/stents</td>
<td>Inserted following endoscopic surgery to maintain patency of the sinuses and deliver local steroids. (ConnectiCare regards these devices as investigational and not medically necessary; see <a href="#">Limitations/Exclusions</a>).</td>
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**Related Guideline**

**Balloon Sinuplasty**

**Guideline**

A. FESS is considered medically necessary for the treatment of polyposis, sinusitis or sinus tumor when any of the following (1–14) are applicable:

1. Presence of benign or malignant sinonasal tumor (including inverted papilloma) confirmed by physical exam, endoscopic and CT imaging
2. Presence of clinical complications associated with pus formation (suppuration) (e.g., subperiosteal abscess, brain abscess, etc.)
3. Symptomatic chronic polyposis (i.e., nasal airway obstruction or suboptimal asthma control) refractory to maximal medical therapy
4. Allergic fungal sinusitis and all:
   i. Eosinophilic mucus  
   ii. Nasal polyposis  
   iii. Positive CT imaging
5. Chronic sinusitis secondary to mucocele (excludes benign, asymptomatic mucus retention cysts)
6. Recurrent sinusitis with significant associated comorbid conditions (may casual or exacerbate conditions such as asthma, recurrent bronchitis or pneumonia, diabetes, etc.)
7. Uncomplicated sinusitis (i.e., confined to paranasal sinuses without adjacent involvement of neurologic, soft tissue or bony structures); all:
   i. ≥ 4 episodes of ARS in one year with documented antibiotic treatment or
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CRS that interferes with lifestyle
ii. Refractory to maximal medical therapy  
(Note: allergy testing is appropriate if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls and pharmacotherapy [antihistamines, intranasal corticosteroids, leukotriene antagonists, etc.])

iii. Abnormal findings on diagnostic work-up, as evidenced by any:
   1. CT findings suggestive of obstruction or infection (e.g., air fluid levels, air bubbles, significant mucosal thickening, pansinusitis, diffuse opacification, etc.)
   2. Nasal endoscopy findings suggestive of significant disease
   3. Physical exam findings suggestive of chronic/recurrent disease (e.g., mucopurulence, erythema, edema, inflammation)

8. Fungal mycetoma
9. Previously failed sinus surgery
10. Cerebrospinal fluid rhinorrhea
11. Nasal encephalocele
12. Posterior epistaxis cauterization
13. Persistent facial pain after other causes ruled out (relative indication)
14. Cavernous sinus thrombosis secondary to chronic sinusitis

B. Nasal or sinus cavity debridement post FESS is considered medically necessary as follows; any:
   1. Twice within 1st 30-day postoperative period
   2. Postoperative loss of vision or double vision
   3. Cerebrospinal fluid leak (i.e., rhinorrhea)
   4. Physical obstruction of sinus opening secondary to any:
      i. Nasal polyps unresponsive to oral or nasal steroids
      ii. Documented presence of papilloma, carcinoma or other neoplasm
      iii. Allergic fungal sinusitis

Maximal Medical Therapy

1. Oral antibiotics of 2-4 weeks duration for members with CRS (culture-directed if possible)
2. Oral antibiotics with multiple 1-3 week courses for members with RARS
3. Systemic and/or topical steroids
4. Saline irrigations (optional)
5. Topical and/or systemic decongestants (optional, if not contraindicated)
6. Treatment of concomitant allergic rhinitis, including avoidance measures, pharmacotherapy and/or immunotherapy
Limitations/Exclusions

A. FESS is not considered medically necessary unless maximal medical management, when indicated, has been attempted, but failed to resolve the member’s clinical condition.

Applicable Coding

To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy

Applicable CPT and Diagnosis Codes

References


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Specialty matched clinical peer review.


Revision history

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<th>DATE</th>
<th>REVISION</th>
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<tbody>
<tr>
<td>03/13/2020</td>
<td>Added coverage for sinus drug eluting stents (eff. 6/13/2020)</td>
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<tr>
<td>12/01/2019</td>
<td>Reformatted and reorganized policy, transferred content to new template</td>
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