Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Balloon Sinuplasty</td>
<td>Balloon Sinuplasty or as it is also known balloon ostial dilation, is a minimally invasive procedure used to treat chronic rhinosinusitis (CRS).</td>
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<td>Functional endoscopic sinus surgery (FESS)</td>
<td>A minimally invasive, mucosal-sparing surgical technique utilized to treat medically refractory CRS with or without polyps or recurrent acute rhinosinusitis.</td>
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<tr>
<td>Chronic Rhinosinusitis (CRS)</td>
<td>An inflammatory process that involves the paranasal sinuses and persists for longer than 12 weeks.</td>
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Guidelines
When performed as a component of functional endoscopic sinus surgery (FESS), balloon sinuplasty is not separately reimbursable.

If performed as a stand-alone procedure, balloon sinuplasty will be reimbursed only when it is medically necessary.

As a stand-alone procedure, balloon sinuplasty is considered medically necessary when the following criteria are met; all:

1. Rhinosinusitis lasting ≥ 12 weeks
2. Persistent rhinosinusitis symptoms despite attempted medical management (e.g., nasal lavage, intranasal corticosteroids or antihistamines, antibiotics, if applicable, and/or treatment of concomitant allergic rhinitis, including avoidance measures, pharmacotherapy, and/or immunotherapy if applicable)
3. Chronic rhinosinusitis is confirmed by endoscopy/CT scan findings that demonstrate ≥ 1 of the following:
   a. Mucosal thickening
   b. Bony remodeling
   c. Bony thickening
   d. Obstruction of the ostiomeatal complex
   e. Mucopurulence
   f. Edema
4. Sinus dilation is for the frontal, maxillary or sphenoid sinuses

Limitation/Exclusion
Balloon sinus dilation is considered experimental/investigational for all other indications including nasal polyps or tumors.

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

References


American Rhinologic Society (ARS). Ostial Balloon Dilation Positon Statement. Revised 1/8/2015. Available at: https://www.american-rhinologic.org/position_balloon_dilation


Revision history

<table>
<thead>
<tr>
<th>DATE</th>
<th>REVISION</th>
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<tr>
<td>01/01/2020</td>
<td>• New Policy</td>
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<td></td>
<td>• Connecticare has adopted the clinical criteria of its parent corporation, EmblemHealth</td>
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