

Sinus Procedures (for Louisiana Only)

Policy Number: CS138LA.I
Effective Date: March 9, 2022

[Instructions for Use](#)

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Application

This Medical Policy only applies to the state of Louisiana.

Coverage Rationale

The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

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:

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

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

- Presence of sinonasal symptoms but no objective evidence of sinonasal disease by nasal endoscopy or computed tomography;

- For the treatment of obstructive sleep apnea and/or snoring when the above criteria are not met;
- For the treatment of headaches when the above criteria are not met; and
- For balloon ostial dilation only, when sinonasal polyps are present

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description |
|----------|--|
| 31240 | Nasal/sinus endoscopy, surgical; with concha bullosa resection |
| 31253 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed |
| 31254 | Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior) |
| 31255 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior) |
| 31256 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy |
| 31257 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy |
| 31259 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus |
| 31267 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus |
| 31276 | Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed |
| 31287 | Nasal/sinus endoscopy, surgical, with sphenoidotomy |
| 31288 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus |
| 31295 | Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); maxillary sinus ostium, transnasal or via canine fossa |
| 31296 | Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal sinus ostium |
| 31297 | Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); sphenoid sinus ostium |
| 31298 | Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal and sphenoid sinus ostia |
| 31299 | Unlisted procedure, accessory sinuses |

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References

Louisiana Department of Health: Louisiana Medicaid Managed Care Organization (MCO) Manual, Professional Services: Sinus Procedures. https://ldh.la.gov/assets/medicaid/MCOManual_2022-03-04_published.pdf (Accessed March 23, 2022).

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 03/09/2022 | <p>Title Change</p> <ul style="list-style-type: none">Previously titled <i>Balloon Sinus Ostial Dilation (for Louisiana Only)</i> <p>Coverage Rationale</p> <ul style="list-style-type: none">Revised language to indicate:<ul style="list-style-type: none">The <i>Coverage Rationale</i> contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirementsBalloon 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:<ul style="list-style-type: none">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:<ul style="list-style-type: none">Facial pain/pressureHyposmia/anosmiaNasal obstructionMucopurulent nasal dischargeSinonasal symptoms that are persistent after maximal medical therapy has been attempted, as defined by all of the following, either sequentially or overlapping:<ul style="list-style-type: none">Saline nasal irrigation for at least six weeksNasal corticosteroids for at least six weeksApproved biologics, if applicable, for at least six weeksA complete course of antibiotic therapy when an acute bacterial infection is suspectedTreatment of concomitant allergic rhinitis, if presentObjective evidence of sinonasal inflammation as determined by one of the following:<ul style="list-style-type: none">Nasal endoscopyComputed tomographyBalloon ostial dilation and functional endoscopic sinus surgery are not covered and not considered medically necessary in the following situations:<ul style="list-style-type: none">Presence of sinonasal symptoms but no objective evidence of sinonasal disease by nasal endoscopy or computed tomographyFor the treatment of obstructive sleep apnea and/or snoring when the above criteria are not metFor the treatment of headaches when the above criteria are not metFor balloon ostial dilation only, when sinonasal polyps are present <p>Applicable Codes</p> <ul style="list-style-type: none">Added CPT codes 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, and 31299 <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationRemoved <i>Definitions, Description of Services, Clinical Evidence, and FDA</i> sectionsArchived previous policy version CS138LA.H |

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.