

Balloon Sinus Ostial Dilation (for North Carolina Only)

Policy Number: CSNCT0571.02
Effective Date: October 14, 2021

[Instructions for Use](#)

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Related Policy

- [Functional Endoscopic Sinus Surgery \(FESS\) \(for North Carolina Only\)](#)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Balloon sinus ostial dilation is proven and medically necessary under certain circumstances. For clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Physicians, 1A-42, Balloon Ostial Dilation](#).

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
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

North Carolina Medicaid, Division of Health Benefits, Physician Clinical Coverage Policies, Balloon Ostial Dilation, No: 1A-42. <https://medicaid.ncdhhs.gov/physician-clinical-coverage-policies>. Accessed August 4, 2021.

Policy History/Revision Information

Date	Summary of Changes
10/14/2021	<p data-bbox="337 394 592 426">Coverage Rationale</p> <ul data-bbox="337 430 1510 525" style="list-style-type: none"><li data-bbox="337 430 1510 525">● Revised language to indicate balloon sinus ostial dilation is proven and medically necessary under certain circumstances; for clinical coverage criteria, refer to the North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy for Physicians, <i>1A-42: Balloon Ostial Dilation</i> <p data-bbox="337 535 641 567">Supporting Information</p> <ul data-bbox="337 571 1307 661" style="list-style-type: none"><li data-bbox="337 571 1307 602">● Removed <i>Definitions, Description of Services, Clinical Evidence, and FDA</i> sections<li data-bbox="337 606 1136 638">● Updated <i>References</i> section to reflect the most current information<li data-bbox="337 642 933 661">● Archived previous policy version CSNCT0571.01

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.