Subject: Sinus Surgeries

Policy:
Harvard Pilgrim StrideSM (HMO) Medicare Advantage covers sinus surgery procedures that are medically necessary for the treatment of sinusitis, rhinosinusitis, polyposis, mucocele or mucopyocele, or sinus tumor.

Covered services must be:
- Reasonable and medically necessary based on the member’s condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member’s medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.¹

Authorization:
Prior authorization is required for the following procedures:
- Frontal Sinusotomy
- Maxillary Sinusotomy
- Functional Endoscopic Sinus Surgery (FESS)
- Nasal or sinus cavity debridement following FESS

Criteria:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Diagnosis/Criteria</th>
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<tbody>
<tr>
<td>Frontal Sinusotomy</td>
<td>Authorized when medical record documentation confirms ANY of the following:</td>
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<td>• Recurrent acute frontal rhinosinusitis (4 or more episodes of within 1</td>
</tr>
</tbody>
</table>

¹ Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), the Community Health Accreditation Program (CHAP), Pharmacy Compounding Accreditation Board (PCAB), Healthcare Quality Association on Accreditation (HQAA), Accreditation Commission for Healthcare (ACHC), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.
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<td><strong>Sinus Surgeries</strong></td>
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</table>
| **Maxillary Sinusotomy** | Authorized when medical record documentation confirms ANY of the following, and relevant criteria are met:  
  
  - **Acute maxillary rhinosinusitis**: CT confirms diagnosis (e.g., findings of air fluid levels or opacification), and ANY of the following are present:  
    - Primary immunodeficiency, or immunocompromise secondary to immunosuppressant medication  
    - Focal neurological defect (e.g., weakness secondary to brain injury/insult)  
    - CT or physical exam confirmation of facial or orbital cellulitis, or orbital or periorbital abscess  
    - CT or MRI confirmation of intracranial abscess, cavernous sinus thrombosis  
    - Meningitis (LP confirmed)  
    - Severe, persistent pain referable to maxillary sinus despite maximal medical therapy |

**Medical Review Criteria**

Harvard Pilgrim Stride℠ (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim Stride℠ (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride℠ (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.
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| Chronic maxillary rhinosinusitis:         | • Symptoms present for >12 weeks; AND  
• CT confirms mucosal thickening, or opacity; AND  
• Symptoms persist after appropriate medical management, including the possibility of antibiotic therapy (if indicated and tolerated) and intranasal corticosteroid spray (if not contraindicated and patient tolerates) |
| Fracture of orbital floor or malar eminence | (CT or xray confirmation required)                                                                                                                   |
| Maxillary sinus mass:                     | (CT or MRI confirmation required)                                                                                                                   |
| Recurrent acute maxillary rhinosinusitis  | (4 or more episodes within 1 year)                                                                                                                  |

**Functional Endoscopic Sinus Surgery (FESS)**

Authorized when medical record documentation confirms ANY listed diagnosis, and relevant criteria are met:

- **Chronic Polyposis**: Documentation confirms symptoms have not responded to medical therapy.
- **Sinus tumor**: Imaging, physical examination, and/or endoscopy confirm the presence of a suspected tumor.
- **Sinusitis**: Documentation confirms ANY of the following findings:
  - Recurrent sinusitis triggering or exacerbating existing pulmonary disease (e.g., asthma including escalation of medical therapy of asthma, cystic fibrosis);
  - Chronic sinusitis refractory to medical therapy as delineated above (may be primary indication for sinus surgery);
  - Allergic fungal sinusitis with nasal polyposis, positive CT findings, and eosinophilic mucus;
  - Chronic sinusitis causing mucocele or cavernous sinus thrombosis;
  - Suppurative (pus forming) complications, including, but not limited to, subperiosteal abscess or brain abscess;
  - Fungal mycetoma;
  - Cerebrospinal fluid rhinorrhea;
  - Encephalocele;
  - Posterior epistaxis (relative indication) or epistaxis related to severe septal deformity;
  - Persistent facial pain after other causes have been ruled out (relative indication);
  - Uncomplicated sinusitis (i.e., confined to paranasal sinuses without

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| Nasal or sinus cavity debridement following FESS | Authorized up to 4 times during the first 30 postoperative days following FESS (generally weekly assessment in immediate post op period is standard to allow for debridement and ensure healing without synechiae to reduce risk of recurrent disease) and rarely, if synechiae are seen, more than 4 may be necessary.*  
Procedure may also be authorized when documentation confirms ANY of the following:  
➢ Postoperative loss of vision or double vision  
➢ Cerebrospinal fluid leak (e.g., rhinorrhea)  
➢ Physical obstruction of the sinus opening related to:  
  ▪ Nasal polyps, unresponsive to oral or nasal steroids  
  ▪ Papilloma, carcinoma or other neoplasm  
  ▪ Allergic fungal sinusitis  
  ▪ Osteomyelitis of frontal bone  
  ▪ Synechiae formation (see above) |

*Allergy testing is indicated if symptoms consistent with allergic rhinitis have not responded to appropriate environmental controls and pharmacotherapy (e.g., antihistamines, intranasal corticosteroids, leukotriene antagonists, etc.). Allergy testing is indicated in most patients with worsening asthma as well as nasal polyposis according to the AAOHNS Consensus guidelines.

**Medical Review Criteria**

**Sinus Surgeries**

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Exclusions:
HPHC does not cover sinus surgeries when criteria above are not met.

Coding:
Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

<table>
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<tr>
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<th>Description</th>
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<tr>
<td>31254</td>
<td>Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)</td>
</tr>
<tr>
<td>31255</td>
<td>Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)</td>
</tr>
<tr>
<td>31256</td>
<td>Nasal/sinus endoscopy, surgical, with maxillary antrostomy</td>
</tr>
<tr>
<td>31267</td>
<td>Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus</td>
</tr>
<tr>
<td>31276</td>
<td>Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus</td>
</tr>
<tr>
<td>31295</td>
<td>Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa</td>
</tr>
<tr>
<td>31296</td>
<td>Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)</td>
</tr>
</tbody>
</table>

Approved by UMCPC: 5/10/17

References:


12. Office-based balloon sinus dilation: a prospective, multicenter study of 203 patients. Boris Karanfilov, MD1, Stacey Silvers, MD2, Raza Pasha, MD3, Ashley Sikand, MD4, Alan Shikani, MD, FACSS,Michael Sillers, MD1 and for the ORIOS2 Study Investigators (showing significant improvement in both objective and subjective outcomes up to 24 weeks).


14. CLEAR studies I, II and III: showing durable and statistically significant results at 24 weeks, 1 year and 2 years:


21. Marple, B; Advance II: A Prospective, Randomized Study Assessing Safety and Efficacy of BioabsorbableSteroid-Releasing Sinus Implants; Otolaryngology–Head and Neck Surgery 146(6) 1004 –1011


