

Meeting: Utilization Management Committee	Date: 8/15/2024
Title/Topic: Medical Policy – Balloon Sinuplasty	Policy Number: n05705
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial and Medicare	Effective Date: 9/21/2023

**INTRODUCTION:**

*Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.*

Balloon Sinuplasty (also known as balloon catheter dilation surgery) is an outpatient procedure that is used for the treatment of blocked sinuses, where endoscopic instruments are used to open the passages without cutting bone or tissue.

This medical policy provides guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of the balloon sinuplasty procedure. UMC-RN staff consult the member’s individual coverage document regarding plan coverage prior to applying medical necessity criteria. This policy is due for annual review.

**ACTION RECOMMENDED:**

*States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.*

Annual review has been conducted and the Balloon Sinuplasty medical policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include minor grammatical and formatting changes, updating of references, and verification of CPT codes.

**ANALYSIS/JUSTIFICATION:**

*Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.*

No national or local coverage determinations were identified from the Centers for Medicare/Medicaid (CMS) pertaining to the balloon sinuplasty procedure.

MCG Ambulatory Care 28<sup>th</sup> edition Guidelines, Functional Endoscopic Sinus Surgery A-0185 (AC) provide some guidelines for sinus surgery but does not address balloon sinuplasty.

**REFERENCES:**

*Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.*

- American Rhinologic Society(ARS). Ostial balloon dilation position statement. January 28, 2023. Accessed August 23, 2023. Available at: [https://www.american-rhinologic.org/index.php?option=com\\_content&view=article&id=494:ostial-balloon-dilation-position-statement&catid=26:position-statements&Itemid=197statements](https://www.american-rhinologic.org/index.php?option=com_content&view=article&id=494:ostial-balloon-dilation-position-statement&catid=26:position-statements&Itemid=197statements)
- Piccirillo JF, Payne SC, Rosenfeld RM, et al. Clinical Consensus Statement: Balloon Dilation of the Sinuses. *Otolaryngology–Head and Neck Surgery*. 2018;158(2):203-214. doi:[10.1177/0194599817750086](https://doi.org/10.1177/0194599817750086)
- MCG Ambulatory Care 28th edition Functional Endoscopic Sinus Surgery (FESS) (A-0185)

**REVISION REASON:**

*Includes the date changes or updates were made and summary of changes applied.*

08/15/2024 annual review, grammatical and formatting changes and well as references updated CPT code verification was performed to monitor for changes and/or updates.

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

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Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.