

Policy: MP204

Section: Medical Benefit Policy

Subject: Nasal and Sinus Surgery

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Nasal and Sinus Surgery

II. Purpose/Objective:

To provide a policy of coverage regarding Nasal and Sinus Surgery

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Septoplasty: a surgical revision of the nasal septum performed to improve breathing, relieve nasal obstruction, to reconstruct the septum following extensive surgery or traumatic injury, or to remove benign or malignant tumors.

Rhinoplasty: a surgical procedure to correct nasal contour and/or correct nasal function. Considered cosmetic in most instances.

Rhinoplasty with Septoplasty or Septoplasty with Rhinoplasty: Both procedures address all of the bone and cartilage supporting the nose and have the potential to alter the external appearance of the nose. These procedures may be performed for cosmetic and/or functional indications.

Computer augmented endoscopic sinus surgery (CAESS) utilizes a stereotactic image guidance system (InstaTrak™) to provide surgical field orientation outside the viewing area of the endoscope. Using two and three dimensional computer screen displays, the endoscope position is integrated and superimposed on pre-operative CT scan images oriented to the patient by using a stereotactic reference frame, to assist in surgical navigation through diseased and/or surgically revised complex anatomy.

Balloon Sinuplasty is an endoscopic, catheter-based device, used to dilate blocked ostia and spaces in paranasal sinus cavities without cutting bone or tissue.

INDICATIONS:

Septoplasty/Rhinoplasty: REQUIRES PRIOR MEDICAL DIRECTOR or DESIGNEE AUTHORIZATION

- **Septoplasty** may be considered for medical necessity for the following indications:
 - Medical documentation of chronic nasal airway obstruction that is refractory to attempts at non-surgical management such as, but not limited to nasal decongestants and intranasal steroids and evidenced by documentation of impairment in the ability to perform daily activities because of difficult breathing (i.e., loss of sleep and accompanying fatigue, headache, poor concentration, impacting ability to carry out physical, social and work/school responsibilities effectively); **or**
 - A deviated septum that produces chronic nasal airway obstruction and results in significant medical conditions such as, but not limited to:
 - Recurrent documented purulent sinusitis (defined as a minimum of 3 episodes in the past 12 months) refractory to non-surgical management; or
 - Recurrent epistaxis when non-surgical management has failed; or
 - Impending nasal septal perforation with failure of non-surgical management

Or
 - Radiographic evidence of nasal septal deformity (not present prior to the injury) as a result of traumatic injury; **or**
 - Nasal septal deformity that prevents access to other intranasal areas, when required to perform medically necessary surgical procedures such as, but not limited to sinus endoscopy, ethmoidectomy, nasal polypectomy or tumor removal; **or**
 - Septoplasty done in association with cleft palate repair
- **Rhinoplasty in conjunction with septoplasty** may be considered for medical necessity when the member's condition cannot be corrected by septoplasty and turbinectomy alone **and**;
 - There is radiographic evidence of a nasal deformity due to surgical treatment of disease, congenital abnormality or traumatic injury; **or**
 - There is the presence of an airway obstruction caused by deformity due to disease, congenital abnormality or traumatic injury that is refractory to non-surgical interventions.

Functional Endoscopic Sinus Surgery:

- **Functional Endoscopic Sinus Surgery (FESS)** is considered medically necessary for the treatment of sinusitis, polyposis or sinus tumor when any one of the following criteria are met:
 - Suspected tumor on imaging or
 - physical examination
 - Suppurative complications, which include but are not limited to:
 - Subperiosteal abscess
 - Brain abscess
 - Chronic polyposis with symptoms unresponsive to medical therapy

- Allergic fungal sinusitis, as indicated by All of the following;
 - Nasal polyposis
 - Positive CT findings
 - Eosinophilic mucus
- Mucocele
- Recurrent sinusitis that triggers or aggravates pulmonary disease, such as asthma or cystic fibrosis
- Uncomplicated sinusitis and ALL of the following:
 - Either four or more documented episodes of acute rhinosinusitis in one year, or chronic sinusitis that interferes with lifestyle
 - Maximal medical therapy has been attempted, as indicated by all of the following:
 - Antibiotic therapy
 - Trial of inhaled steroids
 - Nasal lavage
 - Allergy Assessment
- Abnormal diagnostic work-up as indicated by any one of the following:
 - Findings suggestive of obstruction or active infection on CT
 - Significant obstructive symptoms due to polyposis that persist or recur after oral and topical corticosteroid treatment
 - Nasal endoscopy finding suggestive of significant disease
- Fungal mycetoma
- Failed previous sinus surgery
- Cerebrospinal Fluid rhinorrhea
- Encephalocele

Mometasone furoate sinus implant:

The use of mometasone furoate sinus implant (eg, Propel™) is considered medically necessary when used at the time of sinus surgical procedures when all the following criteria are met:

- Member is 18 years of age or older; and
- The primary sinus procedure has been considered medically necessary; and
- One or more of the following conditions are present:
 - Contraindication to systemic steroids
 - Polypoid disease
 - Failed previous surgery or restenosis

Computer augmented endoscopic sinus surgery:

- **Computer augmented endoscopic sinus surgery** (CAESS) has been reviewed by the Geisinger Technology Assessment Committee, and is considered medically necessary **only** in the limited circumstance when pre-operative CT or MRI imaging indicates that the complexity of the surgery is increased due to :
 - Distorted anatomical landmarks due to disease or injury; **or**
 - Complex anatomical revision secondary to prior surgery; **or**
 - Disease abutting the skull base, orbit, optic nerve or carotid artery;

Balloon Sinuplasty:

Balloon sinuplasty when performed as a component of FESS, or as a stand-alone procedure is considered medically necessary when the following criteria are met:

- Recurrent frontal, maxillary or sphenoidal sinusitis refractory to conservative medical management (nasal lavage, corticosteroids, antibiotics, etc); and
- Chronic sinusitis is confirmed by imaging studies that show one or more of the following:
 - Mucosal thickening
 - Bone thickening or remodeling
 - Obstruction of the osteomeatal complex

EXCLUSIONS:

Septoplasty/Rhinoplasty:

Rhinoplasty is considered a cosmetic procedure when performed to alter the external appearance of the nose in the absence of trauma or disease. Cosmetic procedures are **NOT COVERED** per the **Exclusions** section of the applicable benefit documents.

Septoplasty performed as part of a cosmetic procedure, or performed solely to improve appearance, or in the absence of the specified medical conditions as listed under INDICATIONS is considered a cosmetic procedure. Cosmetic procedures are **NOT COVERED** per the **Exclusions** section of the applicable benefit documents.

Computer augmented endoscopic sinus surgery:

Computer augmented endoscopic sinus surgery is **not covered** for indications not listed in this policy or if it is determined to be not medically necessary.

Balloon Sinuplasty:

The Plan does **NOT** provide coverage for the use of balloon sinuplasty as a treatment for nasal polyposis, sinusitis with fungal disease, or if the sinus being treated has failed previous balloon dilation use of balloon sinuplasty for these conditions is considered **experimental, investigational or unproven**.

The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

Cryoablation for Treatment of Rhinitis

The Plan does **NOT** provide coverage for the use of cryoablation as a treatment for allergic and non-allergic rhinitis as it is considered to be unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

Ablation Therapy for Treatment of Allergic Rhinitis

The Plan does NOT provide coverage for the use of intranasal ablation of the posterior nasal nerves and/or sphenopalatine ganglion for the treatment of allergic and non-allergic rhinitis (e.g., by means of the Clarifix or RhinAer device) as it is considered to be unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

Radiofrequency Nasal Valve Remodeling (exclusion not applicable to Medicare)

Low-dose radiofrequency intranasal tissue remodeling as a treatment of nasal airway obstruction is considered unproven and not medically necessary. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

Latera Absorbable Nasal Implant (Exclusion not applicable to Medicare)

The Plan does **NOT** provide coverage of the Latera absorbable nasal implant for the treatment of nasal valve obstruction or nasal wall collapse as it is considered to be **unproven**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Nasal and Sinus Surgery

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

Septoplasty/Rhinoplasty:

- 30400 Rhinoplasty, primary; lateral and alar cartilage and/or elevation of nasal tip
- 30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilage, and/or elevation of nasal tip
- 30420 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; including major septal repair
- 30430 Rhinoplasty, secondary, minor revision (small amount of nasal tip work)
- 30435 Rhinoplasty, secondary, intermediate revision (bony work with osteotomies)
- 30450 Rhinoplasty, secondary, major revision (nasal tip work and osteotomies)
- 30460 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
- 30462 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
- 30468 Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
- 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
- 30620 Septal or other intranasal dermatoplasty

Computer augmented endoscopic sinus surgery:

- 61781 Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
- 61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)

Balloon Sinuplasty:

- 31299 Unlisted procedure, accessory sinuses
- 31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
- 31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
- 31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
- 31298 nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

Functional Endoscopic Sinus Surgery:

- 31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
- 31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
- 31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement
- 31238 Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
- 31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
- 31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection
- 31241 nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
- 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, with or without removal of tissue from frontal sinus
- 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 of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
- 31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
- 31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
- 31298 Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)
- S2342 nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s) unilateral or bilateral
- J7402 Mometasone furoate sinus implant, (sinuva) 10mcg
- S1091 Mometasone furoate sinus implant, 370 micrograms

0406T – Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting stent (non-covered for Medicare/Medicaid)
0407T- with biopsy, polypectomy or debridement (non-covered for Medicare/Medicaid)
C9771- Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral
C9122 Mometasone furoate sinus implant, 370 micrograms (Sinuva)

Latera Absorbable Nasal Implant

30468 Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

Ablation Therapy for Treatment of Allergic Rhinitis

30117 Excision or destruction (eg, laser), intranasal lesion; internal approach
30999 Unlisted procedure

Radiofrequency Nasal Valve Remodeling

30469 Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 08/2007

Revised: 4/15 (Added Mometasone furoate sinus implant, removed Exclusion); 4/17 (revise balloon sinuplasty criteria) (4/21 add cryotherapy exclusion); 10/21 (add nasal implant exclusion); 3/23 (add exclusion ablation therapy rhinitis, RF nasal valve remodeling)

Reviewed: 9/08, 11/09, 11/10, 11/11, 11/12, 11/13, 11/14, 5/16, 4/18, 4/19, 4/20, 10/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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