

Sinus Surgery and Related Procedures

Policy Number: **M20260826047**

Effective Date: **10/1/2026**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
- ✦ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
- ✦ Medicare, if yes, which plan(s): ☒ MAPD; ☒ PDP; ☒ ISNP; ☒ CSNP
- ✦ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
- ☒ Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

This section is intended to list specific LOB products that are excluded from adhering to this policy (due to differences in law/regulations). If not applicable, please indicate N/A.

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for sinus surgery and related procedures.

Policy:

Background:

Rhinosinusitis is a disease which causes thickening and swelling of the linings of the sinuses in the face and forehead region, causing symptoms of congestion, drainage, and post-nasal drip, diminished sense of smell, and headaches or facial pain. Allergic rhinitis is a common precipitating factor in cases of chronic and recurrent rhinosinusitis. Staphylococcus aureus, gram-negative organisms, and anaerobes are the most common causes of chronic rhinosinusitis; however, non-infectious inflammation resulting from allergies and nasal obstruction frequently complicates this disease.

Functional endoscopic sinus surgery (FESS) was developed in the 1970's. The procedure requires no incisions on the face but utilizes instrumentation that provides illumination and visualization in the nose and sinus pathways. The

purpose of the procedure is to enlarge the drainage pathways of the sinuses thereby preventing the build-up of mucus and pus in the sinuses so common in chronic sinusitis.

Balloon sinuplasty is an office-based procedure that has been proposed as an alternative to endoscopic sinus surgery for the treatment of chronic sinusitis refractory to medical management. The procedure involves placing a balloon using a guide wire in the sinus ostium. The balloon is inflated causing dilation of the blocked ostia and spaces within the paranasal sinus cavities.

Eustachian tube dysfunction (ETD) is the inability of the eustachian tube (ET) to ventilate the middle ear, drain secretions, or protect the middle ear from sounds or pathogens in the nasopharynx. ETD is associated with otologic and rhinology symptoms, including tinnitus (ringing in the ears), aural fullness, a sensation of being underwater, impaired hearing and balance problems. The Eustachian Tube Balloon Dilation (ETBD) System is a balloon device that consists of a blunt-tipped catheter which is inserted through the nose and advanced to the ET. The balloon is advanced through the guidance catheter to the isthmus of the ET, inflated and then withdrawn.

Sinuva is a steroid releasing sinus implant that is used for the treatment of recurrent nasal polyps who have had previous ethmoid surgery.

Posterior Nasal Nerve destruction has been proposed as a treatment for chronic rhinitis/rhinorrhea. Cryoablation of the nerve (ClariFIX) and radiofrequency ablation (Rhinair) are currently being used.

Commercial, Self-Funded, MediSource, MediSource Connect, Child Health Plus and Essential Plan: Sinus Surgery and Related Procedures may be covered utilizing the criteria below.

Medicare Advantage: In the absence of CMS criteria, the commercial criteria below will be utilized for Sinus Surgery and Related Procedures.

Clinical Indications

Functional Endoscopic Sinus Surgery (FESS)

Functional Endoscopic Sinus Surgery (FESS) will be considered medically necessary for the treatment of sinusitis, polyposis, sinus tumor, or other conditions listed below when **1 or more** of the following is present:

- Uncomplicated sinusitis (i.e., sinusitis confined to the paranasal sinuses without adjacent involvement of neurologic soft tissue, or bony structures) and **ALL** of the following:
 - Four or more documented episodes of acute rhinosinusitis in one year, each episode lasting 10 or more days; or chronic sinusitis that interferes with lifestyle
 - Optimal medical therapy has been attempted and failed, as indicated by **ALL** of the following:
 - Antibiotic therapy for four or more weeks of broad-spectrum or culture-directed antibiotics
 - Trial of inhaled nasal steroids and/or oral steroids
 - Routine use of nasal saline irrigations
 - Antihistamines and/or decongestants as clinically indicated
- Multiple or recurrent polyps with airway obstruction and failure of optimal medical management (including assessment for allergy symptoms and allergy evaluation if indicated) with persistent sinus disease on follow up CT scan and/or nasal endoscopy
- Complications of sinusitis, including extension to adjacent structures
- Chronic headache or facial pain caused by an anatomic or pathologic sinus disorder
- Mucocele (excludes benign, asymptomatic mucus retention cysts)
- Recurrent sinusitis which exacerbates co-morbid conditions (including but not limited to asthma, recurrent bronchitis or pneumonia, diabetes)
- Multi-drug resistant organisms identified by culture
- Sino-nasal benign or malignant tumor (including inverted papilloma)

- Cerebrospinal fluid leak (CSF leak)
- Dacryocystorhinostomy (DCR) (blockage of tear ducts) for disorders of the lacrimal system
- Orbital decompression
- Choanal atresia

Image Guided Endoscopic Sinus Surgery

Image guided surgery may be considered medically necessary when used to assist the surgeon during sinus surgery involving complex anatomy, unusual pathology, or when there is advanced disease in close proximity to a critical structure. There must be documentation supporting medical necessity and indicating **1 or more** of the following:

- Revision sinus surgery
- Distorted sinus anatomy of developmental, postoperative, or traumatic origin
- Extensive sino-nasal polyposis
- Pathology involving the frontal, posterior ethmoid or sphenoid sinuses
- Disease abutting the skull base, orbit, optic nerve or carotid artery
- Cerebral spinal fluid (CSF) rhinorrhea or conditions where there is a skull base defect
- Benign or malignant sino-nasal neoplasms

Image guided sinus surgery is not covered for any other conditions because it is considered not medically necessary.

Sinus Antrostomy Using Dilation Balloon

Catheter-based inflatable balloon sinuplasty is indicated for the treatment of chronic sinusitis when **ALL** of the following criteria have been met:

- Documentation of persistent sinusitis for greater than three (3) months
- Optimal medical therapy greater than three (3) months has been attempted and failed, as indicated by **ALL** of the following:
 - Antibiotic therapy for four or more weeks of broad-spectrum or culture-directed antibiotics
 - Trial of inhaled nasal steroids and/or oral steroids
 - Routine use of nasal saline irrigations
 - Antihistamines and/or decongestants as clinically indicated
- Radiologic evidence of chronic sinusitis by either air fluid levels, mucosal thickening greater than three (3) millimeters (mm), or opacification

There is no separate reimbursement for the balloon device. Balloon sinuplasty codes (31295, 31296, 31297, 31298) are inclusive of the balloon catheter cost.

Sinuva

Sinuva is indicated when **ALL** of the following criteria have been met:

- ≥18 years of age
- Diagnosis of nasal polyps
- Previous history of ethmoid sinus surgery
- Previous treatment, contraindication, or intolerance of at least 2 intranasal products

Unilateral or Bilateral Eustachian tube balloon dilation (ETBD)

Unilateral or Bilateral Eustachian tube balloon dilation is considered medically necessary for the treatment of chronic obstructive Eustachian tube dysfunction when **ALL** of the following indications are met:

- Age 18 or older
- One **(1) or more** of the following symptoms that have been present for six months or longer:
 - Aural fullness
 - Aural pressure
 - Hearing loss
 - Autophony
- History of chronic ear disease
- Evaluation with nasal endoscopy
- Two abnormal tympanograms (type B or C)
- Two abnormal tympanic membrane examinations
- Failure, intolerance, or contraindication to medical management to include nasal steroid spray

Exclusions

NOT COVERED for **ANY** of the following:

- Functional endoscopic sinus surgery (FESS) is considered not medically necessary for the treatment of sinusitis or polyposis when the criteria listed in the Indications/Criteria section of this policy have not been met
- Catheter-based inflatable balloon sinuplasty is not indicated in patients with the following:
 - Extensive nasal polyps
 - Eosinophilic mucosal membrane disease
 - Sino-nasal tumors
 - Ethmoid sinus disease
 - Fungal rhinosinusitis
 - Previous sino-nasal surgery
 - Cystic fibrosis
 - Sinus disease with significant osteogenesis
- Eustachian tube balloon dilation (ETBD) is considered experimental, investigational or unproven for all other indications
- Sinuva is not FDA approved for any other indication and is therefore considered investigational
- Propel (Propel, Propel Mini, Propel Contour), a drug-eluting device for maintaining postoperative sinus ostial patency following endoscopic sinus surgery, is considered to be investigational as there is insufficient evidence that supports the safety and efficacy of these devices
- Posterior nasal nerve destruction using radiofrequency ablation (Rhinair) or cryoablation (ClariFIX) to treat chronic rhinitis is considered to be investigational as there is insufficient evidence that supports the safety and efficacy

Pre-Authorization Required? Yes ☒ No ☐

Definitions

Enter definitions here. Remember to **bold** words throughout Policy section that require definitions. Definitions should be included when: 1) The word may be unclear or may mean something different, in different situations/contexts; 2) The word is not commonly used or known. Please refer to the Policy Writing Toolkit for additional information and direction.

References

Related Policies, Processes and Other Documents

Enter name of all Independent Health policies, processes or other documents that relates or that is referenced within this policy.

Non-Regulatory References

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Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Policy Author / Owner	Notes
10/1/2026	Health Care Services	New Policy
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