

## MCG message

Title: **Balloon Ostial Dilation (Balloon Sinuplasty) Clinical Policy**

Posting date: **September 22, 2022**

Effective November 1, 2022, Blue Cross Complete will be using Change Healthcare's InterQual® criteria to make utilization management determinations about balloon ostial dilation (balloon sinuplasty). Outpatient, office-based, or hospital/ambulatory balloon sinus ostial dilation and functional endoscopic sinus surgery performed as an alternative to traditional endoscopic sinus surgery for the treatment of dilating obstructed sinuses (maxillary, frontal, or sphenoid) related to refractory cases of chronic, uncomplicated rhinosinusitis confirmed by computed tomography scan is covered when **medically necessary and the following criteria are met:**

Uncomplicated chronic rhinosinusitis limited to the paranasal sinuses without the involvement of adjacent neurological, soft tissue, or bony structures that has persisted for at least 12 weeks with at least two of the following sinonasal symptoms:

- Facial pain/pressure
- Hyposmia/anosmia
- Nasal obstruction
- Mucopurulent nasal discharge, and
- Sinonasal symptoms that are persistent after maximal medical therapy has been attempted, as defined by all of the following, either sequentially or overlapping:
  - Saline nasal irrigation for at least six weeks
  - Nasal corticosteroids for at least six weeks
  - Approved biologics, if applicable, for at least six weeks
  - A complete course of antibiotic therapy when an acute bacterial infection is suspected
  - Treatment of concomitant allergic rhinitis, if present; and
- Objective evidence of sinonasal inflammation as determined by one of the following:
  - Nasal endoscopy, or
  - Computed tomography

Sinuplasty and functional endoscopic sinus surgery **aren't covered and not considered medically necessary in the following situations:**

- Presence of sinonasal symptoms but no objective evidence of sinonasal disease by nasal endoscopy or computed tomography
- For the treatment of obstructive sleep apnea or snoring when the above criteria aren't met
- For the treatment of headaches when the above criteria are not met
- For balloon ostial dilation only, when sinonasal polyps are present



**Prior authorization is required for sinuplasty.**

**Office-based and outpatient hospital/ambulatory balloon sinuplasty for all other indications is considered investigational.**

**Questions**

We appreciate your ongoing commitment to delivering high-quality health care to our members. If you have questions, contact your Blue Cross Complete provider account executive or call Blue Cross Complete Provider Inquiry at **1-888-312-5713**.

InterQual is a registered trademark of Change Healthcare LLC and/or one of its subsidiaries.

**###**