

UnitedHealthcare, Inc. ("UHC") Proprietary and Confidential Information: The information contained in this document is confidential, proprietary and the sole property of UHC. The recipient of this information agrees not to disclose or use it for any purpose other than to facilitate UHC's compliance with applicable State Medicaid contractual requirements. Any other use or disclosure is strictly prohibited and requires the express written consent of UHC



Sinus Procedures (for Louisiana Only)

Policy Number: CS138LA.1J

Effective Date: ~~March 9, 2022~~ TBD

[Instructions for Use](#)

Content mandated by Louisiana Department of Health

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	2
References	3
Policy History/Revision Information	3
Instructions for Use	3
Archived Policy Versions	Error! Bookmark not defined.

Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

~~The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.~~

Balloon ostial dilation and functional endoscopic sinus surgery are considered medically necessary for the treatment of chronic rhinosinusitis when all of 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

UnitedHealthcare, Inc. ("UHC") Proprietary and Confidential Information: The information contained in this document is confidential, proprietary and the sole property of UHC. The recipient of this information agrees not to disclose or use it for any purpose other than to facilitate UHC's compliance with applicable State Medicaid contractual requirements. Any other use or disclosure is strictly prohibited and requires the express written consent of UHC

- Objective evidence of sinonasal inflammation as determined by one of the following:
 - o Nasal endoscopy; or
 - o Computed tomography

Balloon ostial dilation and functional endoscopic sinus surgery are not 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 and/or snoring when the above criteria are not met;
- For the treatment of headaches when the above criteria are not met; and
- For balloon ostial dilation only, when sinonasal polyps are present

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
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, including removal of tissue from frontal sinus, when performed
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 (e.g., balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal sinus ostium

UnitedHealthcare, Inc. ("UHC") Proprietary and Confidential Information: The information contained in this document is confidential, proprietary and the sole property of UHC. The recipient of this information agrees not to disclose or use it for any purpose other than to facilitate UHC's compliance with applicable State Medicaid contractual requirements. Any other use or disclosure is strictly prohibited and requires the express written consent of UHC

CPT Code	Description
31297	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); sphenoid sinus ostium
31298	Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); frontal and sphenoid sinus ostia
31299	Unlisted procedure, accessory sinuses

CPT® is a registered trademark of the American Medical Association

References

~~Louisiana Department of Health: Louisiana Medicaid Managed Care Organization (MCO) Manual, Professional Services: Sinus Procedures.
https://ldh.la.gov/assets/medicaid/MCOManual_2022-03-04_published.pdf (Accessed March 23, 2022).~~

Louisiana Department of Health: Professional Services Provider Manual, Section 5.1: Covered Services. Sinus Procedures. Retrieved from:
<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>. (Accessed May 24, 2023).

Policy History/Revision Information

Date	Summary of Changes
<u>TBD</u>	<u>Application</u> <ul style="list-style-type: none">Added language (relocated from the Coverage Rationale section) to indicate the Coverage Rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth [in the policy] in accordance with State requirements <u>Supporting Information</u> <ul style="list-style-type: none">Updated References section to reflect the most current information<ul style="list-style-type: none">Archived previous policy version CS138IA.I

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.