**Endoscopic Balloon Sinuplasty Ostial Dilation Treatment of Chronic Sinusitis**

**Policy Name:** Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis

**Effective Date:** 2/15/2021

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### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

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### Coverage Policy

Catheter based endoscopic balloon sinuplasty is **COVERED** either as a stand-alone procedure or as part of functional endoscopic sinus surgery (FESS) for treatment of chronic rhinosinusitis in individuals 18 years of age or older.

Catheter-based balloon dilation devices used as assistive instrumentation to gain access to sinuses during standard functional endoscopic sinus surgery (FESS) are considered incidental to the primary FESS procedure and are not separately reimbursable.

Catheter based endoscopic balloon sinuplasty is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to use in individuals less than 18 years of age. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

**Note:** See related Medica coverage policy, *Drug-Eluting Sinus Stents*.

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### Description

**Balloon Sinuplasty**

Balloon sinuplasty (also known as balloon ostial dilation, balloon dilation sinuplasty, or balloon catheter sinusotomy) is a minimally invasive dilation procedure typically performed by an otolaryngologist. It is suggested for treatment of chronic sinusitis (e.g., rhinosinusitis lasting longer than 12 weeks) associated with inflammatory obstruction of the sinus passages in individuals refractory to conservative medical treatments. The intended outcome is to widen sinus passages (i.e., ostia) and restore normal sinus drainage and function. Balloon dilation devices have been suggested as alternatives to or adjunctive to conventional functional endoscopic sinus surgery (FESS), which often requires resection of periosteal bone and tissue. Benefits of balloon sinuplasty are shorter and less traumatic recovery periods, less bleeding, and less postoperative pain than that experienced with conventional FESS.
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Patients are first given general or local anesthesia. Then, a sinus guide catheter is inserted into the targeted area, guided by using either fluoroscopy or an illuminated fiberoptic tip. Next, a flexible sinus guidewire is inserted through the catheter and advanced into the targeted sinus, followed by insertion of the balloon catheter. Once in place, the balloon is gradually inflated using a contrast medium and the nasal passage is dilated to between approximately three to seven millimeters. If the achieved dilation is less than desired, an additional dilation may be performed. If needed, dilation of several nasal passages can be done with a single balloon during one session. At postoperative visits, endoscopic evaluation of the sinuses may be performed to assess outcome.

FDA Approval
Balloon ostial dilation devices for treating chronic sinusitis are approved by the FDA under the 510(k) approval process. Examples of FDA-approved endoscopic balloon sinuplasty systems include, but are not limited to:
1. Relieva SpinPlus Balloon Sinuplasty™ system (Acclarent, Inc.)
2. FinESS™ Sinus Treatment (Entellus Medical, Inc.)
3. NuVent EM Balloon Sinus Dilation System (Medtronic Xomed)
4. XprESS™ Multi-sinus Dilation Tool (Entellus Medical, Inc.)
5. Ventera® Sinus Dilation System (Smith & Nephew).

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
- 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 ostium (eg, balloon dilation)