

Medical Necessity Guidelines: Sinusotomy, Endoscopic

Effective: February 17, 2021

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.	
SENIOR Products <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	
To obtain InterQual® SmartSheets™: <ul style="list-style-type: none"> Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires the use of an InterQual SmartSheet to obtain prior authorization for endoscopic sinusotomy. In order to obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Tufts Health Plan.

- **Sinusotomy, Frontal, Endoscopic**
- **Sinusotomy, Maxillary**
- **Balloon Ostial Dilatation**
- **Ethmoidectomy, Endoscopic**

TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL CRITERIA:

Tufts Health Plan covers nasal/sinus endoscopy and balloon dilatation surgery for members under the age of 18 when applicable InterQual criteria are met. In order to obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Tufts Health Plan.

- **Sinusotomy, Frontal, Endoscopic**
- **Sinusotomy, Maxillary**
- **Balloon Ostial Dilatation**

Procedures REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s).

Table 1: CPT Codes**SINUSOTOMY, FRONTAL, ENDOSCOPIC**

The following CPT codes require prior authorization:

Code	Description
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus

SINUSOTOMY, MAXILLARY

The following CPT codes require prior authorization:

CPT Code	Description
Note: For the following CPT code(s) use the InterQual SmartSheet for Sinusotomy, Maxillary, as applicable	
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

BALLOON OSTIAL DILATION

The following CPT codes require prior authorization:

CPT Code	Description
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 (e.g., balloon dilation)
31297	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31298	Nasal/sinus endoscopy, surgical; with dialation of frontal and sphenoid sinus ostia (eg, balloon dialation)

ETHMOIDECTOMY, ENDOSCOPIC

The following CPT codes require prior authorization:

CPT Code	Description
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
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

LIMITATIONS

- Tufts Health Plan will not cover Endoscopic Ethmoidectomy surgery for Members under the age of 18.

REFERENCES

1. Hayes. Health Technology Brief. Relieva Balloon Sinuplasty (Acclarent Inc.) for Treatment of Chronic Sinusitis in Children. October 8, 2012. Update Search November 4, 2013. Update Search August 28, 2014. Last accessed March 25, 2016.
2. Hayes. Health Technology Brief. Relieva Balloon Sinuplasty (Acclarent Inc.) for Treatment of Chronic Sinusitis in Adults. October 8, 2012. Update Search November 4, 2013. Update Search August 28, 2014.
3. Rosenfeld RM, Piccirillo JF, Chandrasekharr SS. Clinical practice guideline (update): adult sinusitis. Otolaryngology Head Neck Surgery. 2015 Apr; 152(2 Suppl):S1-S39

APPROVAL HISTORY

October 2010: Reviewed by Medical Affairs, Medical Policy for a January 1, 2011 effective date.

Subsequent endorsement date(s) and changes made:

- April 13, 2011: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC); no changes.
- April 11, 2012: Reviewed by IMPAC; CPT codes 31295, 31296 and 31297 were added as covered when criteria are met, effective July, 1, 2012.
- October 10, 2012: Reviewed by IMPAC. The CPT codes 31295, 31296 and 31297 were clarified for InterQual® SmartSheet™ identification.
- February 13, 2013: Reviewed and renewed by IMPAC. ICD-9 Coding updated. ICD-10 codes will be added prior to the next IMPAC approval date.
- March 12, 2014: Reviewed and renewed by IMPAC. Tufts Health Plan will not cover sinus endoscopy surgery for Members under the age of 18 effective October 1, 2014.
- March 11, 2015: Reviewed by IMPAC, Medical Necessity Guideline for Network Health-Commercial and Network Health-Medicaid products effective June 1, 2015.
- April 8, 2015: Reviewed and renewed without changes.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- March 9, 2016: Reviewed by IMPAC, renewed without changes.
- March 25, 2016: Coding updated; ICD-9-CM codes removed.
- December 14, 2016: Reviewed by IMPAC, modification to Interqual added to this document with reference to Sections **20** of Frontal and Maxillary Sinusotomy Smartsheet(s) criteria **(3)A** for antibiotic treatment ≥ 3 weeks is no longer required.
- March 15, 2017: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- December 31, 2017: Coding updated. Per AMA CPT, effective January 1, 2018 the following code(s) added: 31253, 31257, 31259, and 31298.
- February 14, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. January 14, 2019, Interqual upgrade is effective for Tufts Health RITogether and Tufts Health Unify.
- December 12, 2018: Reviewed by IMPAC. Removal of "Tufts Health Plan Modification to InterQual®" language. Transfer of CPT codes 31295, 31296 and 31297 to newly created section: Balloon Ostial Dilatation.
- February 20, 2019: Reviewed by IMPAC. Revised name of Medical Necessity Guideline to Sinusotomy, Endoscopic. Addition of Ethmoidectomy, Endoscopic InterQual Smartsheet. CPT codes 31257 and 31259 moved to this subset.
- November 20, 2019: Reviewed at IMPAC. Effective February 1, 2020, nasal/sinus endoscopy or balloon dilatation surgery (CPT 31253, 31256, 31267, 31276 and 31298) is covered with prior authorization for members under the age of 18
- December 18, 2019: Reviewed at IMPAC. Effective February 1, 2020, Removal of codes 31253 and 31298 Sinusotomy, Frontal, Endoscopic section and added to Ethmoidectomy, Endoscopic and Sinusotomy, Maxillary subset.
- February 1, 2020, coding updated, ICD 10 Diagnosis codes removed from MNG.
- June 17, 2020: Reviewed by IMPAC, renewed with no changes
- July 1, 2020: Fax number for Unify updated
- February 17, 2021: Reviewed by IMPAC, renewed with no changes

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.