

Authorization criteria: Sinusotomy, frontal endoscopic

For BCN HMOSM (commercial) and BCN AdvantageSM members

For Medicare Plus BlueSM PPO members

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT code: *31276, *31295, *31296, *31297, *31298

Frontal sinus mass

Frontal sinus mass identified by CT or MRI

Acute frontal rhinosinusitis, complicated (urgent)

ALL of the following must be met:

1. Rhinosinusitis identified by CT AND EITHER of the following:
 - a. Air fluid levels
 - b. Opacification
2. Complication(s) or complicating factor(s) present as evidenced by ONE or more of the following:
 - a. Immunocompromised host
 - b. Focal neurologic finding
 - c. Facial cellulitis
 - d. Orbital cellulitis or abscess identified by physical examination or by CT
 - e. Periorbital abscess identified by physical examination or by CT
 - f. Meningitis identified by lumbar puncture
 - g. Intracranial abscess identified by CT or by MRI
 - h. Cavernous sinus thrombosis identified by CT or MRI
 - i. Osteomyelitis of frontal bone identified by CT or MRI

Recurrent acute frontal rhinosinusitis

ALL the following must be met:

1. At least 4 episodes of acute bacterial rhinosinusitis within 1 year AND an absence of signs or symptoms of rhinosinusitis between episodes
2. Frontal sinus involvement identified by CT

Chronic frontal rhinosinusitis

All the following must be met:

1. TWO OR MORE of the following symptoms for at least 12 weeks:
 - a. Purulent nasal discharge
 - b. Nasal obstruction, blockage or congestion
 - c. Facial pain, pressure or fullness
 - d. Decreased or altered sense of smell
2. Rhinosinusitis identified by CT and ONE or MORE of the following:
 - a. Air fluid levels
 - b. Mucosal thickening greater than 2 mm
 - c. Opacification
3. Continued symptoms after treatment with BOTH of the following:
 - a. Antibiotic treatment at least 3 weeks or not indicated or not tolerated
 - b. Oral corticosteroid therapy for at least 5 days or intranasal corticosteroid spray for at least 3 weeks (unless intranasal corticosteroid spray contraindicated or not tolerated)

Mucocele or mucopyocele

Mucocele or mucopyocele mass identified by CT or MRI



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Chronic frontal, maxillary or sphenoid rhinosinusitis by CT scan

All the following must be met:

1. TWO OR MORE of the following symptoms for at least 12 weeks:
 - a. Purulent nasal discharge
 - b. Nasal congestion or obstruction
 - c. Facial pain, pressure or fullness
 - d. Decreased or altered sense of smell
2. Continued symptoms after treatment with at least one of the following:
 - a. Antibiotic treatment for at least 3 weeks or not indicated or not tolerated
 - b. Oral corticosteroid therapy for at least 5 days or intranasal corticosteroid spray for at least 3 weeks (unless intranasal corticosteroid spray contraindicated or not tolerated)
 - c. Intranasal saline irrigation

References

Change Healthcare's InterQual[®] 2019 Procedures Adult Criteria, Sinusotomy, Frontal, Endoscopic

Change Healthcare's InterQual[®] 2019 Procedures Adult Criteria, Balloon Ostial Dilation

BCBSM/BCN Michigan Medical Policy Title: Balloon Dilation for Treatment of Chronic Sinusitis effective 5/1/19