Authorization criteria:
Sinusotomy, frontal endoscopic

For BCN HMO℠ (commercial) and BCN Advantage℠ members
For Medicare Plus Blue℠ PPO members

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


**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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Current authorization criteria effective date: March 2020

**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