



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

**To:** AmeriHealth Caritas DC Providers  
**Date:** October 20, 2022  
**Subject:** Balloon Sinus Ostial Dilation (Balloon Sinuplasty) Clinical Policy

Dear Provider:

Effective December 1, 2022, outpatient, office-based, or hospital/ambulatory balloon sinus ostial dilation (balloon sinuplasty) and functional endoscopic sinus surgery performed as an alternative to traditional endoscopic sinus surgery for the treatment of dilating obstructed sinuses (maxillary, frontal, or sphenoid) related to refractory cases of chronic, uncomplicated rhinosinusitis confirmed by CT is covered when **medically necessary and the following criteria are met:**

Uncomplicated chronic rhino sinusitis 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
- Objective evidence of sinonasal inflammation as determined by one of the following:
  - Nasal endoscopy; or
  - Computed tomography.

Sinuplasty 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 sinus ostial dilation only, when sinonasal polyps are present.

**Prior authorization is required for sinuplasty.**

**Office-based and outpatient hospital/ambulatory balloon sinuplasty for all other indications is considered investigational.**

**Questions:**

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 202-408-2237.