



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria

Sinus Surgeries

- Functional Endoscopic Sinus Surgery (FESS)
- Sinuplasty

NOTICE: Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) provide these Clinical Review Criteria for internal use by their members and health care providers. The Clinical Review Criteria only apply to Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Use of the Clinical Review Criteria or any Kaiser Permanente entity name, logo, trade name, trademark, or service mark for marketing or publicity purposes, including on any website, or in any press release or promotional material, is strictly prohibited.

Kaiser Permanente Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change any or all of these Clinical Review Criteria, at Kaiser Permanente’s sole discretion, at any time, with or without notice. **Member contracts differ in health plan benefits. Always consult the patient’s Evidence of Coverage or call Kaiser Permanente Member Services at 1-888-901-4636 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. to determine coverage for a specific medical service.**

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article (LCA)	None
Kaiser Permanente Medical Policy	Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, “ Sinus Surgeries ” for medical necessity determinations. Refer to the Non-Medicare criteria below.

For Non-Medicare Members

Kaiser Permanente will not separately reimburse for the use of robotic surgical systems, including but not limited to the CPT/HCPCS codes listed in this document.

[Please refer to Kaiser Permanente payment policy for reimbursement clarifications.](#)

Service	Criteria
Functional Endoscopic Sinus Surgery (FESS)	Kaiser Permanente has elected to use the Functional Endoscopic Sinus Surgery (FESS) (A-0185) MCG* Care Guideline for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under <i>Quick Access</i> .
Sinuplasty	Kaiser Permanente has elected to use the Sinuplasty (A-0478) MCG* Care Guideline for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under <i>Quick Access</i> .

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

For covered criteria:

If requesting this service (or these services), please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

FESS is a minimally invasive technique in which sinus air cells and sinus ostia are opened using a rigid fiberoptic endoscope. Three factors are crucial in the normal physiologic functioning of the sinuses: a patent ostiomeatal complex, normal mucociliary transport, and normal quantity and quality of secretions. Disruption of at least one of these factors can predispose a patient to inflammation and infection of the sinuses. FESS attempts to address the patency issue in patients with medically refractory chronic rhinosinusitis.

Sinuplasty, also referred to as balloon sinuplasty or balloon ostial dilation, treats ostial narrowing of the paranasal sinuses through the use of a balloon device to enlarge or open the outflow tracts of the maxillary, frontal, or sphenoid sinuses without disrupting the epithelial mucosa. Under direct vision or fluoroscopy, a catheter is inserted into the narrowed ostium and a balloon is inflated under pressure to enlarge the opening by stretching the mucous membrane and creating a small bony fracture. Sinuplasty may be performed in the office or operating room setting, using local or general anesthesia, depending on patient tolerance.

Applicable Codes

Functional Endoscopic Sinus Surgery (FESS)—

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPCS Codes	Description
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
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
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus

Sinuplasty—

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPCS Codes	Description
---------------------	-------------

31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions, and materials are copyrighted by Centers for Medicare Services (CMS).

Date Created	Date Reviewed	Date Last Revised
09/05/2023	09/05/2023 ^{MPC} , 08/06/2024 ^{MPC}	09/05/2023

^{MPC} Medical Policy Committee

Revision History	Description
09/05/2023	MPC approved to adopt new criteria Functional Endoscopic Sinus Surgery (FESS), MCG A-0185 and Sinuplasty, MCG A-0478. Requires 60-day notice, effective February 1, 2024.