IHCP issues correction regarding coverage policy for sinus surgery

Indiana Health Coverage Programs (IHCP) Bulletin BT201714, published February 14, 2017, stated that prior authorization (PA) is required for functional endoscopic sinus surgery (FESS) and balloon sinus ostial dilation services rendered under the fee-for-service (FFS) delivery system and outlined established criteria. This information was inaccurate and is corrected by this bulletin.

PA is not required for FESS or for balloon sinus ostial dilation services rendered under the FFS delivery system. Before rendering these services, however, providers must establish that the services are medically necessary for the member and must document same in the member’s medical records. The criteria published in BT201714 accurately reflected what is necessary to determine medical necessity and are restated below for ease of reference.

Individual managed care entities (MCEs) establish and publish PA criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

Functional endoscopic sinus surgery (FESS)
FESS is considered medically necessary for the treatment of sinusitis, polyposis, or sinus tumor when any one of the following circumstances exists:
- Suspected tumor seen on imaging, physical examination, or endoscopy
- Suppurative (pus forming) complications, including but are not limited to:  
  - Subperiosteal abscess  
  - Brain abscess
- Chronic polyposis with symptoms unresponsive to medical therapy
- Allergic fungal sinusitis, with all of the following:  
  - Nasal polyposis  
  - Positive computed tomography (CT) findings  
  - Eosinophilic mucus
- Mucocele-causing chronic sinusitis
- Recurrent sinusitis with significant associated comorbid conditions
- Fungal mycetoma
- Previously failed sinus surgery
- Cerebrospinal fluid rhinorrhea
- Nasal encephalocele
- Posterior epistaxis (relative indication)
- Persistent facial pain after other causes ruled out (relative indication)
Cavernous sinus thrombosis caused by chronic sinusitis

Uncomplicated sinusitis (such as confined to paranasal sinuses without adjacent involvement of neurologic, soft tissue, or bony structures) and all of the following:
  - Either of the following:
    ♦ Four or more documented episodes of acute rhinosinusitis (for example, less than four weeks’ duration) in one year
    ♦ Chronic sinusitis (for example, greater than 12 weeks’ duration) that interferes with lifestyle
  - Maximal medical therapy has been attempted with all of the following:
    ♦ Antibiotic therapy for at least four consecutive weeks
    ♦ Trial of inhaled steroids
    ♦ Nasal lavage
    ♦ Allergy testing (if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls and pharmacotherapy)
  - Abnormal findings from diagnostic workup with any of the following:
    ♦ CT findings suggestive of obstruction or infection
    ♦ Nasal endoscopy findings suggestive of significant disease
    ♦ Physical exam findings suggestive of chronic/recurrent disease

**Balloon sinus ostial dilation**

Balloon sinus ostial dilation is medically necessary for treating chronic rhinosinusitis when all of the following are met:

- Rhinosinusitis lasting longer than 12 weeks
- Chronic rhinosinusitis of the sinus to be dilated is confirmed on CT scan. CT scan findings of chronic rhinosinusitis include one or more of the following:
  - Mucosal thickening
  - Bony remodeling
  - Bony thickening
  - Obstruction of the ostiomeatal complex
- Balloon sinus ostial dilation is limited to the frontal, maxillary, or sphenoid sinuses
- Balloon sinus ostial dilation is performed either as a stand-alone procedure or as part of FESS
- Balloon sinus ostial dilation is performed in persons older than 12 years of age whose symptoms persist despite medical therapy with one or more of the following:
  - Nasal lavage
  - Antibiotic therapy, if bacterial infection is suspected
  - Intranasal corticosteroids