

IHCP *bulletin*

Note: This bulletin is obsolete. Please see [BT201759](#) for the corrected version of this bulletin.

INDIANA HEALTH COVERAGE PROGRAMS BT201714 FEBRUARY 14, 2017

IHCP establishes PA criteria for sinus surgery

The Indiana Health Coverage Programs (IHCP) covers functional endoscopic sinus surgery and balloon sinus ostial dilation. Prior authorization (PA) is required for these services. Effective March 14, 2017, the IHCP will implement new PA criteria for functional endoscopic sinus surgery and balloon sinus ostial dilation as described in this bulletin. The PA criteria applies to dates of service (DOS) on or after March 14, 2017, for services rendered under the fee-for-service (FFS) delivery system.

Functional endoscopic sinus surgery

Functional endoscopic sinus surgery (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 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 four or more documented episodes of acute rhinosinusitis (for example, less than four weeks duration) in one year OR 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 one of the following:
 - ◆ CT findings suggestive of obstruction or infection
 - ◆ Nasal endoscopy findings suggestive of significant disease
 - ◆ Physical exam findings suggestive of chronic or 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

For more information

Questions regarding FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. 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.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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