

Corporate Medical Policy

Functional Endoscopic Sinus Surgery (FESS)

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Description of Procedure or Service

Chronic sinusitis is one of the most frequently diagnosed chronic medical conditions, even more so than hypertension and arthritis. A course of conservative medical therapy is attempted initially to resolve the symptoms; this treatment may include antibiotics, nasal irrigation, decongestants, and steroids.

Functional endoscopic sinus surgery (FESS) is the most commonly used surgical technique to treat medically unresponsive chronic sinusitis and other serious conditions of the nasal sinuses that result in impaired sinus drainage. The use of the endoscope permits a better view of the surgical field. Goals of FESS are to allow for maximum preservation of mucosa, and to open and enlarge the sinus passageways allowing for proper drainage.

FESS is performed using a rigid endoscope to view the structures of the nose and sinuses. The endoscope is inserted through the nose, as are the tiny surgical instruments the surgeon uses to perform the surgery. The procedure can be performed under general or local anesthesia on an outpatient basis, and patients usually experience minimal discomfort. The use of FESS allows for a much less invasive and traumatic procedure than conventional sinus surgery. There are shorter surgery and healing times, less postoperative discomfort, and fewer surgical complications with FESS. However, because of the proximity of sinus structures to the eyes and the brain, it is not risk free.

Related policy: Balloon Sinuplasty for Treatment of Chronic Sinusitis

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

BCBSNC will cover functional endoscopic sinus surgery (FESS) when determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Functional endoscopic sinus surgery may require prior review.

Functional Endoscopic Sinus Surgery (FESS)

When Functional Endoscopic Sinus Surgery (FESS) is covered

Functional endoscopic sinus surgery is considered **medically necessary** for the treatment of sinusitis, polyposis, sinus tumor, or other conditions listed below when **any one or more** of the following circumstances is present:

1. Uncomplicated sinusitis and **all** of the following:
 - a. Either four or more documented episodes of acute rhinosinusitis in one year, or chronic sinusitis that interferes with lifestyle; and,
 - b. Optimal medical therapy has been attempted and failed; and,
 - c. For chronic rhinosinusitis, documentation of coronal CT and/or nasal endoscopy following optimal medical therapy showing persistent sinus pathology; and,
 - d. For recurrent acute rhinosinusitis, coronal CT and nasal endoscopy may be normal after treatment. However, CT and/or nasal endoscopy during acute rhinosinusitis should document sinus pathology amenable to surgical treatment.
2. Multiple or recurrent polyps with airway obstruction and failure of optimal medical management (including assessment for allergy symptoms and allergy evaluation if indicated) with persistent sinus disease on follow up CT scan and/or nasal endoscopy,
3. Complications of sinusitis, including extension to adjacent structures,
4. Chronic headache or facial pain caused by a demonstrable anatomic or pathologic sinus disorder,
5. Mucocele (excludes benign, asymptomatic mucus retention cysts),
6. Recurrent sinusitis with significant associated comorbid conditions (some examples include immune system disorders, and congenital or acquired ciliary dyskinesia),
7. Recurrent sinusitis which exacerbates significant comorbid conditions (including but not limited to asthma, recurrent bronchitis or pneumonia, diabetes),
8. Multidrug resistant organisms identified by culture,
9. Sinonasal benign or malignant tumor (including inverted papilloma),
10. Cerebrospinal fluid leak (CSF leak),
11. Dacryocystorhinostomy (DCR) for disorders of the lacrimal system,
12. Orbital decompression,
13. Repair of choanal atresia.

When Functional Endoscopic Sinus Surgery (FESS) is not covered

FESS is not covered as an adjunct to nasal septal and/or turbinate surgery in the absence of the above clinical indications. Optimal medical management, when indicated, must have been attempted, and failed to resolve the patient's condition

Functional endoscopic sinus surgery is considered not medically necessary for the treatment of sinusitis or polyposis when the criteria above are not met.

Functional Endoscopic Sinus Surgery (FESS)

Policy Guidelines

Functional endoscopic sinus surgery (FESS) should be reserved for use in patients in whom optimal medical treatment has failed. The majority of patients with sinusitis do not require surgery. Their sinus symptoms can usually be successfully treated medically, including antibiotic therapy and other medications, treatment of allergy, and environmental control.

- 1) The Clinical Indicators for Adult Endoscopic Sinus Surgery, obtained from the American Academy of Otolaryngology-Head and Neck Surgery web site include the following requirements for the physical examination:
 - a) Complete anterior and posterior nasal examination (rhinoscopy after mucosal decongestion),
 - b) Examination of nasopharynx (if possible),
 - c) Nasal endoscopic examination, obtained following medical therapy.

- 2) The definitions that follow were obtained from the American Academy of Otolaryngology-Head and Neck Surgery *Clinical Practice Guideline: Adult Sinusitis*:
 - a) Rhinosinusitis - symptomatic inflammation of the paranasal sinuses and nasal cavity.
 - b) Uncomplicated rhinosinusitis - rhinosinusitis without clinically evident extension of inflammation outside the paranasal sinuses and nasal cavity at the time of diagnosis (e.g., no neurologic, ophthalmologic, or soft tissue involvement).
 - c) Rhinosinusitis may be further classified by duration as
 - i) acute (less than 4 weeks),
 - ii) subacute (4-12 weeks), or
 - iii) chronic (more than 12 weeks, with or without acute exacerbations).
 - d) Acute rhinosinusitis is diagnosed as up to 4 weeks of purulent (not clear) nasal drainage accompanied by nasal obstruction, facial pain-pressure-fullness, or both. When this symptom complex is present, the clinician should distinguish between viral rhinosinusitis (VRS) and presumed acute bacterial rhinosinusitis (ABRS).
 - e) When there are 4 or more acute episodes per year of ABRS, without persistent symptoms between episodes, the condition is termed recurrent acute rhinosinusitis.

- 3) The optimal medical therapy for adult sinusitis (prior to obtaining sinus CT scan, prior to nasal endoscopy, and prior to surgery) includes the following:
 - a) Allergic evaluation and treatment when indicated,
 - b) Decongestants when indicated,
 - c) Topical and/or systemic steroids when indicated,
 - d) Treatment of rhinitis medicamentosa, when present,
 - e) Education on environmental irritants including tobacco smoke,
 - f) Antibiotic therapy consisting of three consecutive weeks of appropriate antibiotic drugs, OR multiple two to three week courses of appropriate antibiotic drugs during the symptomatic periods.

A sinus CT or nasal endoscopy or even surgery may be performed prior to these six items, if the indication is other than just adult sinusitis or multiple or recurrent polyps with airway obstruction – i.e., neoplasm, obtaining specimen/culture, determining the extent of acute infection (e.g., intracranial), or narrowing the differential diagnosis.

Functional Endoscopic Sinus Surgery (FESS)

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 31254, 31255, 31256, 31267, 31276, 31287, 31288, S2342

If Balloon Sinuplasty is performed in conjunction with FESS it will be considered incidental to the major service and not eligible for separate reimbursement. Refer to policy titled, "Balloon Sinuplasty for Treatment of Chronic Sinusitis."

Also see policy titled, "Bundling Guidelines"

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical Term Definitions

Dacryocystorhinostomy

a surgical procedure to restore the flow of tears into the nose from the lacrimal sac when the nasolacrimal duct does not function.

Sinus Mucocele

a mucous collection lined by the mucous-secreting epithelium of a paranasal sinus, whose primary opening is usually obstructed. Thus, the entire sinus cavity is mucous filled. This leads to outward expansion with bony remodeling.

Mucous Retention Cyst

a mucous collection lined by a mucous-secreting epithelium that forms when a small number of mucous glands within a sinus become obstructed. Its walls are defined by the epithelium of the mucous glands, not by the entire sinus. There is almost always air still surrounding a retention cyst, and bony expansion and remodeling of the sinus does not often occur.

Scientific Background and Reference Sources

Rosenfeld RM, Andes D, Bhattacharyya N, et al. (June 2007). Clinical practice guidelines: Adult sinusitis. Otolaryngol Head Neck Surg, 2007;137(3S):S1-S31. Available at:
<http://www.entnet.org/qualityimprovement/upload/Adult%20Sinusitis%20Guideline.pdf>

American Academy of Otolaryngology-Head and Neck Surgery. Policy statement for Sinus Endoscopy. Available at: <http://www.entnet.org/Practice/policySinusEndoscopy.cfm>

Slack R, Bates G. (Sept 1998). Functional Endoscopic Sinus Surgery. Available at:
<http://www.aafp.org/afp/980901ap/slack.html>

National Institute of Allergy and Infectious Diseases. Sinus Infection (Sinusitis). Available at:
<http://www.niaid.nih.gov/topics/sinusitis/Pages/Index.aspx>

Medical Director review 2/2010

Medical Director review 7/2010

Functional Endoscopic Sinus Surgery (FESS)

Policy Implementation/Update Information

- 3/30/2010 New policy issued. BCBSNC will cover functional endoscopic sinus surgery (FESS) when determined to be medically necessary because the medical criteria and guidelines outlined in the policy are met. Notification given 3/30/10 for effective date 7/1/10. (adn)
- 7/6/2010 Specialty Matched Consultant Advisory Panel review 5/24/10. No change to policy statement or coverage criteria. (adn)
- 7/20/2010 Minor changes in *Description* section. In the *When FESS is covered* section: Revised Item 1.c. to read “For chronic rhinosinusitis, documentation of coronal CT and/or nasal endoscopy following optimal medical therapy showing persistent sinus pathology.” Added item 1.d. which reads “For recurrent acute rhinosinusitis, coronal CT and nasal endoscopy may be normal after treatment. However, CT and/or nasal endoscopy during acute rhinosinusitis should document sinus pathology amenable to surgical treatment.” Revised Item 2 to read “Multiple or recurrent polyps with airway obstruction and failure of optimal medical management (including assessment for allergy symptoms, and allergy evaluation if indicated) with persistent sinus disease on follow up CT scan and/or nasal endoscopy.” Revised Item 4 to read “Chronic ~~anterior~~ headache or facial pain...” Inserted new items 6, 7 and 8 which read “6) Recurrent sinusitis with significant associated comorbid conditions (some examples include immune system disorders, and congenital or acquired ciliary dyskinesia), 7) Recurrent sinusitis which exacerbates significant comorbid conditions (including but not limited to asthma, recurrent bronchitis or pneumonia, diabetes), and 8) Multidrug resistant organisms identified by culture. Revised newly numbered Item 9 to read “Sinonasal benign or malignant tumor (including inverted papilloma).” In the *Policy Guidelines* section, revised item 3.f. to read “antibiotic therapy consisting of three consecutive weeks of appropriate antibiotic drugs, OR multiple two to three week courses of appropriate antibiotic drugs during the symptomatic periods.” CPT Codes 31237 and 31240 deleted from the *Billing/Coding* section. (adn)
- 9/13/11 Specialty Matched Consultant Advisory Panel review 8/31/11. No change to policy statement or medical criteria. (adn)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.