



## Corporate Medical Policy

# Ultrasound for the Evaluation of Paranasal Sinuses

**File Name:** ultrasound\_for\_the\_evaluation\_of\_paranasal\_sinuses  
**Policy Number:** RAD5240  
**Origination:** 12/1983  
**Last Review:** 6/2008  
**Next Review:** 6/2010

### Description of Procedure or Service

---

[Ultrasound](#) for the evaluation of paranasal [sinuses](#) has been proposed as a diagnostic procedure intended to determine the diagnosis of and the presence of [sinus](#) fluid in cases of sinusitis. [Ultrasound](#) is also proposed for use in demonstrating mucosal wall thickening, focal soft tissue masses, and complex collections. [Ultrasound](#) is non-ionizing and [non-invasive](#) when compared to the conventional diagnostic alternatives of [radiography](#) or [sinuscopy](#), for [sinus](#) evaluation.

### Policy

---

**BCBSNC will not provide coverage for Ultrasound for the Evaluation of the Paranasal Sinuses because it is considered investigational. BCBSNC does not cover investigational services.**

### Benefits Application

---

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### When Ultrasound for the Evaluation of the Paranasal Sinuses is covered

---

Not applicable

### When Ultrasound for the Evaluation of the Paranasal Sinuses is not covered

---

It is not covered. It is considered investigational and BCBSNC does not cover investigational services.

### Policy Guidelines

---

The diagnosis and management of disorders of the paranasal sinuses are the typical focus of a general otolaryngologist's practice. While most cases can be managed [empirically](#), imaging of the sinuses may be required for [equivocal](#) or [atypical](#) presentations. Imaging options include plain film [radiography](#), [computed tomography](#) (CT), [magnetic resonance imaging \(MRI\)](#) or ultrasonography, with CT scans consid-

## Policy: Ultrasound for the Evaluation of Paranasal Sinuses

ered the gold standard. Ultrasonography has been proposed as a convenient office-based alternative with the added advantage of low radiation exposure and a better discriminator between mucosal thickening and fluid retention. However, there is inconclusive medical and scientific evidence in peer-reviewed medical literature that adequately explored the diagnostic capabilities of ultrasonography in comparison to other imaging options.

### 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](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: S9024*

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.

### Policy Key Words

---

Key Words: Nasal sinus ultrasound, Paranasal, Sinusitis, Sinuses, RAD5240

### Medical Term Definitions

---

#### **Atypical**

not corresponding to the normal form or type; not typical.

#### **Computed Tomography**

radiography in which a three-dimensional image of a body structure is constructed by computer from a series of plane cross-sectional images made along an axis -- abbreviation CT.

#### **Empirical**

based on experience.

#### **Equivocal**

of a doubtful or uncertain nature, uncertain as an indication or sign.

#### **Magnetic resonance imaging (MRI)**

a special imaging technique used to see internal structures of the body, especially soft tissues. It produces clearer images than x-ray and is particularly good for viewing the brain, spinal cord, joints and abdomen.

#### **Non-invasive**

a diagnostic technique that does not involve puncture or incision of the skin or insertion of an instrument or foreign material into the body.

## Policy: Ultrasound for the Evaluation of Paranasal Sinuses

### Radiography

x-ray.

### Sinus

an air containing space within the substance of a bone; a cavity or channel.

### Sinuscopy

visualization of the sinuses through an instrument.

### Ultrasound

a type of imaging that uses high-frequency sound waves.

## Scientific Background and Reference Sources

---

BCBSA Medical Policy Reference Manual - 3/96

Medical Policy Advisory Group - 1/99

Specialty Matched Consultant Advisory Panel - 7/00

Medical Policy Advisory Group - 9/14/2000

Specialty Matched Consultant Advisory Panel - 6/2002

BCBSA Medical Policy Reference Manual, 6.01.14; 10/08/02

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.14, 2/25/04.

Specialty Matched Consultant Advisory Panel - 6/2004

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.14, 3/15/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.14, 3/7/06.

American Academy of Pediatrics. Clinical practice guideline: management of sinusitis. *Pediatrics* 2001; 108(3):798-808. Retrieved March 6, 2006 from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/3/798>.

American Academy of Allergy, Asthma and Immunology. Parameters for the diagnosis and management of sinusitis. *Ann Allergy Asthma Immunol* 1997; 102(6 pt 2):S107-44. Retrieved March 6, 2006 from [http://www.aaaai.org/members/committee\\_info/sinusitis\\_practice\\_parameters.stm](http://www.aaaai.org/members/committee_info/sinusitis_practice_parameters.stm).

Specialty Matched Consultant Advisory Panel - 6/2006

BCBSA Medical Policy Reference Manual [Electronic Version]. 6.01.14, 9/18/07.

Specialty Matched Consultant Advisory Panel - 6/2008

## Policy Implementation/Update Information

---

- |       |   |
|-------|---|
| 12/83 | Original policy: Experimental/Investigative (Advice to Plans) |
| 3/88  | Reviewed: Investigational                                     |
| 7/96  | Reaffirmed: National Association reviewed 3/96. No changes.   |
| 1/99  | Reaffirmed: Medical Policy Advisory Group                     |
| 8/99  | Reformatted, Medical Term Definitions added.                  |

## **Policy: Ultrasound for the Evaluation of Paranasal Sinuses**

- 7/00 Specialty Matched Consultant Advisory Panel. No change in criteria.
- 9/00 Medical Policy Advisory Group review. Approve. No change in criteria.
- 6/02 Specialty Matched Consultant Advisory Panel review. No change in criteria.
- 7/15/04 Specialty Matched Consultant Advisory Panel review 6/21/04. Benefits Application and Billing/  
Coding sections revised. No changes to policy criteria.
- 7/10/06 Description section revised, policy guidelines added (rationale), reference sources added. Specialty  
Matched Consultant Advisory Panel review 6/1/2006. Medical term definitions added. No changes  
to criteria.
- 7/14/08 Matched Consultant Advisory Panel review 6/2008. Reference sources added. No changes to cri-  
teria.

---

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.

•