Ultrasound for the Evaluation of Paranasal Sinuses

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 oto-laryngologist’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 considered 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. 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.

**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.

**Radiography**
x-ray.

**Sinus**
an air containing space within the substance of a bone; a cavity or channel.
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**Sinuscopy**
visualization of the sinuses through an instrument.

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

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**Scientific Background and Reference Sources**

- Specialty Matched Consultant Advisory Panel - 7/00

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**Policy Implementation/Update Information**

- 12/83 Original policy: Experimental/Investigative (Advice to Plans)
- 3/88 Reviewed: Investigational
- 8/99 Reformatted, Medical Term Definitions added.
- 7/00 Specialty Matched Consultant Advisory Panel. No change in criteria.
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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 criteria. (pmo)

1/5/10 References added. Policy archived. (pmo)

6/22/10 Policy Number(s) removed (amw)

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.