

 Texas Children's®	<h2>Functional Endoscopic Sinus Surgery Guidelines</h2>	
Guideline # 11257	Categories Clinical → Medical Policies, TCHP Guidelines	This Guideline Applies To: Texas Children's Health Plan
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GUIDELINE STATEMENT: Texas Children's Health Plan (TCHP) performs authorization of all Endoscopic Sinus Surgery treatment.

DEFINITIONS:

- **Acute Rhinosinusitis (ARS):** ARS is a clinical condition characterized by inflammation of the mucosa of the nose and paranasal sinuses with associated sudden onset of symptoms of purulent nasal drainage accompanied by nasal obstruction, facial pain/pressure/fullness, or both of up to 4 weeks duration. (American Academy of Otolaryngology-Head and Neck Surgery [AAO-HNS] Clinical indicators for endoscopic sinus surgery for adults. 2012, Updated 2015)
- **Chronic Rhinosinusitis (CRS):** CRS is one of the more prevalent chronic illnesses in the United States and is an inflammatory process that involves the paranasal sinuses and persists for longer than 12 weeks. (Rosenfeld et al., 2015; Peters et al., 2014)
- **Functional Endoscopic Sinus Surgery (FESS):** FESS is a minimally invasive, mucosal-sparing surgical technique utilized to treat medically refractory CRS with or without polyps or recurrent acute rhinosinusitis.
- **Modified Lund-Mackay Scoring System:** A tool used to quantify the severity of Chronic Rhinosinusitis based on computed tomography (CT) scan findings. The Lund-Mackay System was modified by Zinreich by increasing the scale from 0 to 5. In the modified Lund-Mackay System, each sinus is assigned a score based on the percentage of opacification from mucosal thickening as follows: 0 = 0%, 1 = 1% to 25%, 2 = 26% to 50%, 3 = 51% to 75%, 4 = 76% to 99%, and 5 = 100% or completely occluded. The ostiomeatal complex is given a score of 0 to 2, depending on whether it is completely patent, partially obstructed, or completely obstructed. Each side is graded, and their sum is the total score out of maximum of 54 (Likness et al., 2014).
- **Recurrent Acute Rhinosinusitis (RARS):** RARS has been defined as four episodes per year of acute rhinosinusitis with distinct symptom free intervals between episodes. (Rosenfeld et al., 2015)

CPT CODES:

31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288

GUIDELINE

1. All requests for prior authorization for Functional Endoscopic Sinus Surgery (FESS) evaluations and treatment are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. Functional Endoscopic Sinus Surgery is proven and medically necessary when one or more of the following conditions are present:
 - 2.1 Chronic Rhinosinusitis with or without polyps with **ALL** of the following criteria:
 - 2.1.1 Longer than 12 weeks
 - 2.1.2 Persistence of symptoms despite administration of full courses of **ALL** of the following treatments:
 - 2.1.2.1 Antibiotic therapy if bacterial infection is suspected
 - 2.1.2.2 Intranasal corticosteroids
 - 2.1.2.3 Nasal lavage
 - 2.2 Confirmation of Chronic Rhinosinusitis on a computed tomography (CT) scan for each sinus to be treated that meets **ALL** of the following criteria:
 - 2.2.1 CT images are obtained after completion of medical management
 - 2.2.2 Documentation of which sinus disease and the extent of disease including the percent of opacification or the use of a scale such as the Modified Lund-Mackay Scoring System
 - 2.2.3 CT findings include one or more of the following:
 - 2.2.3.1 Bony remodeling, bony thickening, opacified sinus, ostial obstruction (outflow tract obstruction) or mucosal thickening
 - 2.3 Recurrent Acute Rhinosinusitis with **ALL** of the following:
 - 2.3.1 Four or more episodes per year with distinct symptom free intervals between episodes; **AND**
 - 2.3.2 Sinonasal symptoms such as pain, pressure, or drainage are present on the same side as CT scan findings of rhinosinusitis; **AND**
 - 2.3.3 CT scan evidence of one of the following:
 - 2.3.4 For the maxillary, frontal, or sphenoid sinuses, both of the following are present: Ostial obstruction (outflow tract obstruction) in the sinus to be treated **AND** Mucosal thickening in the sinus to be treated
 - 2.3.5 For the ethmoid sinus, mucosal thickening is present

- 2.4 Any of the following conditions confirmed on CT scan in the sinus to be treated:
 - 2.4.1 Complications of sinusitis such as abscess
 - 2.4.2 Concha bullosa
 - 2.2.3 Mucocele
 - 2.2.4 Polyposis with obstructive symptoms
 - 2.2.5 Sinonasal tumor
3. Clinical Documentation submitted with the following medical necessity criteria:
 - 3.1 Chronic Rhinosinusitis (CRS) with the following:
 - 3.1.1 Signs and symptoms: Inflammation of the sinuses that persists greater than 12 weeks
 - 3.1.2 Treatments tried and failed including duration of treatments/medical therapies
 - 3.1.3 Post medical management CT scan images:
 - 3.1.3.1 That show the abnormality for which surgery is being requested
And are the optimal image (CT or MRI) to show the abnormality of the affected area
 - 3.1.3.2 Use of the Modified Lund-Mackay Scoring System to define the severity of Chronic Rhinosinusitis
 - 3.2 Recurrent Acute Rhinosinusitis with the following:
 - 3.2.1 Number of episodes per year of Acute Rhinosinusitis
 - 3.2.2 Signs and symptoms: purulent nasal drainage accompanied by nasal obstruction, facial pain/pressure/fullness, or both up to 4 weeks duration.
 - 3.2.3 CT scan images:
 - 3.2.3.1 That show the abnormality for which surgery is being requested
 - 3.2.3.2 Are the optimal image (CT or MRI) to show the abnormality of the affected area
4. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician reviewer for review and the Denial Policy will be followed.
5. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

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