

Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis

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- Also known as**
1. FinESS™ Sinus Treatment (Entellus Medical, Inc.)
 2. Functional Endoscopic Dilation of the Sinuses (FEDS)
 3. Relieva Balloon Sinuplasty System
 4. Ventera® Sinus Dilation System (ENTrigue Surgical, Inc.).
 5. Vent-Os™ Sinus Dilation System (SinuSys Corporation)
 6. XprESS Multi-Sinus Dilation Tool Balloon Sinuplasty™ system (Acclarent, Inc.)
 7. XprESS™ Multi-sinus Dilation Tool (Entellus Medical, Inc.)
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Description

Endoscopic balloon sinuplasty uses a thin balloon to open the sinus passages. The balloon is placed into position and inflated, then deflated and removed. As a stand-alone procedure, it is intended to widen sinus passages to restore normal sinus drainage and function while leaving the nose lining and underlining bone and cartilage intact. It is also used as assistive instrumentation to gain access to sinuses during Functional Endoscopic Sinus Surgery (FESS) requiring resection of periosteal bone and tissue.

See also

Similar, related, or easily confused documents.

- [Functional Endoscopic Sinus Surgery \(FESS\)](#) - Opens and enlarges the connection between sinuses and nose, allowing for proper drainage.

Document history

The document history for the past 12 months is outlined below.

Date	Description
10.17.22	Updated to new template.
2.25.21	BIC re-review.
2.25.21	CP name change.

Commercial

Introduction

This section applies to all Commercial members.

Benefits

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
 - **Clinic POS:** Also quote office visit benefits when done in the clinic.
 - For investigative indications, not covered.
 - **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
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Document history

The document history for the past 12 months is outlined below.

Date	Description
10.17.22	Updated to new template.

Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

[Medicaid only groups](#):

- Refer to [Medicaid](#) below.

Minnesota Senior Care Plus (MSC+)

[Medicare eligible groups](#):

- Quote outpatient surgery benefits.
 - **Drug eluting stents**: If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
 - Medicare is the primary payer.
 - Follows Medicare guidelines.
 - If no Medicare eligibility, Medicaid applies. Refer to [Medicaid](#) below.
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AccessAbility Enhanced (SNBC SNP),

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on [medica.com](#).

DUAL (MSHO)

- Covered indications are listed under *Coverage Policy*.
 - **Important**: Check policy for limits or exclusions.
 - If eligible, quote outpatient surgery benefits.
 - For investigative indications, not covered.
 - **Drug eluting stents**: If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
 - Medica is the only payer.
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Advantage

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on [medica.com](#).

- Covered indications are listed under *Coverage Policy*.
 - **Important**: Check policy for limits or exclusions.
 - If eligible, quote outpatient surgery benefits.
 - For investigative indications, not covered.
 - **Drug eluting stents**: If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
 - Medica is the only payer.
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Government Programs, Continued

Advantage PartnerCare (I- SNP)

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on [medica.com](https://www.medicare.com).

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, quote outpatient surgery benefits.
 - For investigative indications, not covered.
 - **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
 - Medica is the only payer.
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Medicaid (SPP)

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on [medica.com](https://www.medicare.com).

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
 - For investigative indications, not covered.
 - **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
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Prime

Check for an LCD or NCD. If one does not exist, Medica's Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, on [medica.com](https://www.medicare.com) applies.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, quote outpatient surgery or inpatient hospital benefits.
 - For investigative indications, not covered.
 - **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
 - **Reminder:** Members can use non-Medica Service Area providers. Refer to [Out-of-MSA Benefits](#).
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Government Programs, Continued

Select,

Quote outpatient surgery benefits.

Signature

- **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
 - Medicare supplement. Medicare is the primary payer.
 - Follows Medicare guidelines.
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Document
history

The document history for the past 12 months is outlined below.

Date	Description
10.17.22	Updated to new template.

Individual and Family Business (IFB)

Introduction

This section applies to all Individual and Family Business (IFB) members.

Benefits

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
 - If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
 - **Clinic POS:** Also quote office visit benefits when done in the clinic.
 - For investigative indications, not covered.
 - **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).
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Document history

The document history for the past 12 months is outlined below.

Date	Description
10.17.22	Updated to new template.

Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

Coverage depends on the servicing provider.

Employer	Provider	Coverage
Mayo Medical Plan	Mayo provider	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• Drug eluting stents: If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to Drug Eluting Stents.
Mayo Medical Plan	Non-Mayo provider	<ul style="list-style-type: none">• A Coverage Policy, <i>Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis</i>, is on medica.com.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.• Drug eluting stents: If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to Drug Eluting Stents.

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Medica Health Plan Solutions (MHPS), Continued

All others

A Coverage Policy, *Endoscopic Balloon Sinuplasty Ostial Dilation for Treatment of Chronic Sinusitis*, is on [medica.com](https://www.medica.com).

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
- **Clinic POS:** Also quote office visit benefits when done in the clinic.
- For investigative indications, not covered.
- **Drug eluting stents:** If used with balloon sinuplasty, different benefits apply to drug-eluting stents. Refer to [Drug Eluting Stents](#).

Document history

The document history for the past 12 months is outlined below.

Date	Description
10.17.22	Updated to new template.
10.17.22	<i>Mayo Medical Plan</i> – Updated to provider table.

Applicability

Business Segments		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
Specific Clients/Products		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
Platform or System		
<input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
Departments		
<input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other:		
Approved By	Document Owner	Date
A-Z Review Team	KN Technical Writers	2.25.21