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SMR/ Turbinectomy /Functional endoscopic sinus surgery (FESS)

Guidelines

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A. Definition:

i. Functional endoscopic sinus surgery (FESS).

In FESS, a surgeon inserts an endoscope equipped with a camera and light into the nose and guides it to the sinuses. This allows the surgeon to see inside the sinuses and use surgical instruments that fit inside the endoscope to address problems in the sinuses. This minimally invasive procedure may be used to remove polyps within the nose, tumors, or other obstructions that interfere with airflow and sinus drainage.

i. Turbinectomy (Not covered under Enaya Policy)

Turbinates are thin bones in the nose. They are covered with a mucous membrane. As air is inhaled and passes through the nose, the turbinates' filter, warm, and humidify it. Allergies, sinus infections, and upper respiratory infections can cause inflammation and enlargement of the turbinate mucous membrane. Enlarged turbinate can obstruct airflow and make it harder to breathe. To treat enlarged turbinate, a surgeon may remove the affected turbinates' or parts of them, reposition them, or use laser or radiofrequency ablation to reduce the size of the enlarged mucous membrane. Depending on the specific procedure used, surgery may require a small incision, or it may be done using an endoscope.

i. Balloon sinus dilation.

Also known as sinus ostial dilation or balloon ostial dilation, this minimally invasive procedure is used to treat chronic sinusitis. The surgeon inserts a thin, flexible tube called a catheter into the nose and guides it into the sinuses. At the end of the catheter is a deflated balloon. When the balloon is positioned within the blocked portion of the sinuses, the surgeon inflates it, deflates it, then reinflates it. This stretches out and opens the affected part of the sinus, which improves drainage and airflow. The balloon and catheter are removed after the procedure.

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B. Indications:

- i. Chronic rhinosinusitis (longer than 12 weeks) with/without nasal polyps (CRSwNP) with persistent symptoms that have failed maximal medical treatment (i.e., 6 weeks of saline irrigations, a course of at least 5 to 7 days of antibiotics if bacterial infection is suspected, and 6 weeks of intra-nasal corticosteroids) and objective evidence of disease by CT imaging*
- ii. Recurrent acute rhinosinusitis (RARS) (4 or more documented episodes within 12 continuous months), that has failed maximal medical treatment (i.e., saline irrigations, antibiotics if bacterial infection is suspected, and intra-nasal corticosteroids) and objective evidence of disease by CT imaging*
- iii. Antrochoanal polyp documented by radiology (CT*)
- iv. Any other pathology related to but not limited to orbit, skull base, cranial nerves, pituitary, abscess etc documented by radiology. (CT/MRI*)
- v. Benign and malignant sino-nasal neoplasms

C. Coding:

i. ICD 10 Codes

Code	Code Description
C11.0/ C12	Malignant neoplasm of nasopharynx and pyriform sinus
C30.0/ C31.9	Malignant neoplasm of nasal cavity and accessory sinuses
D10.6	Benign neoplasm of nasopharynx
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
J32.0/ J32.9	Chronic sinusitis
J33.0/ J33.9	Nasal polyps
J34.0	Abscess, furuncle, and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
C11.0/ C11.9	Malignant neoplasm of nasopharynx
C30.0/ C31.9	Malignant neoplasm of nasal cavity and accessory sinuses
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.2	Chronic ethmoidal sinusitis
J33.0	Polyp of nasal cavity [Antro-hyphenchoanal]
J33.8	Other polyp of sinus [Antro-hyphenchoanal]
J34.1	Cyst and mucocele of nose and nasal sinus [mucocele causing sinusitis]
B49	Unspecified mycosis [fungus ball]
C11.0/ C12	Malignant neoplasm of nasopharynx and pyriform sinus

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Code	Code Description
C30.0/ C31.9	Malignant neoplasm of nasal cavity and accessory sinuses
D10.6	Benign neoplasm of nasopharynx
D14.0	Benign neoplasm of middle ear, nasal cavity, and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
G96.0	Cerebrospinal fluid (CSF) rhinorrhea
J33.0/ J33.9	Nasal polyps
J34.0	Abscess, furuncle, and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.89	Other specified disorder of nose and nasal sinuses

ii. CPTs

Code	Code Description
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed [general Draf procedures]
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)

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iii. DRGs

Code	Type	Code Description
31201	Inpatient	IP Other Ear, Nose, Mouth & Throat Procedures
31202	Inpatient	IP Other Ear, Nose, Mouth & Throat Procedures W/CC
31203	Inpatient	IP Other Ear, Nose, Mouth & Throat Procedures W/MCC
31121	Inpatient	IP Sinus & Mastoid Procedures
31122	Inpatient	IP Sinus & Mastoid Procedures W/CC
31123	Inpatient	IP Sinus & Mastoid Procedures W/MCC
32120	Day Case	AP Sinus & Mastoid Procedures
32210	Day Case	AP Complex Ear, Nose, Mouth & Throat Procedures
32220	Day Case	AP Moderately Complex Ear, Nose, Mouth & Throat Procedures
32230	Day Case	AP Rhinoplasty
32240	Day Case	AP Non-Complex Nose Procedures
33110	Day Case	AP Other Ear, Nose, Mouth & Throat Procedures

*Abnormal CT findings should include evidence of obstruction and infection with a detailed description of the abnormal findings in each sinus, or quantification of the extent of disease as a percent of opacification, or the use of a scale such as the Modified Lund-Mackay Scoring System. The CT scan needs to be recent (within the last 1-2 months), and it must be taken at the completion of therapy. Submission of CT scan images can be requested.

Abnormal CT findings may include air fluid levels, air bubbles, greater than 3 mm of mucosal thickening, pansinusitis, diffuse opacification, Modified Lund-MacKay score of 2 or greater, mucosal thickening described as moderate, moderate-to-severe, or severe (not minimal or mild), ostiomeatal complex obstruction, fronto-ethmoid recess, and sphenoid-ethmoid recess obstruction (not a complete list).

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