Medical Policy

Implantable Sinus Stents for Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease

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Policy Number: 800
BCBSA Reference Number: 7.01.134
LCD/NCD: N/A

Related Policies
- Balloon Sinuplasty for Treatment of Chronic Sinusitis, #582

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

The use of implantable sinus stents for postoperative treatment following endoscopic sinus surgery and for treatment of recurrent sinonasal polyposis is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient Service</th>
<th>Coverage Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT and HCPCS codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
</tr>
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<tbody>
<tr>
<td>0406T</td>
<td>Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;</td>
</tr>
<tr>
<td>0407T</td>
<td>Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement</td>
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### HCPCS Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>S1090</td>
<td>Mometasone furoate sinus implant, 370 micrograms.</td>
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**Description**

**CHRONIC RHINOSINUSITIS**

Chronic rhinosinusitis is an inflammatory sinus condition that has a prevalence between 1% and 5% in the U.S. population.¹

**Treatment**

Endoscopic sinus surgery (ESS) is typically performed on patients with chronic rhinosinusitis unresponsive to conservative treatment. The surgery is associated with high rates of improvement in up to 90% of more appropriately selected patients. However, there are no high-quality randomized controlled trials comparing functional ESS with continued medical management or alternative treatment approaches. Because of the high success rates and minimally invasive approach, these procedures have rapidly increased in frequency, with an estimated 250,000 procedures performed annually in the United States.² They can be done either in the physician’s office under local anesthesia or in the hospital setting under general anesthesia.

ESS involves the removal of small pieces of bone, polyps, and débridement of tissue within the sinus cavities. There are a number of variations on the specific approach, depending on the disorders being treated and the preferences of the treating surgeon. For all procedures, there is substantial postoperative inflammation and swelling, and postoperative care is therefore a crucial component of ESS.

There are a number of postoperative treatment regimens, and the optimal regimen is uncertain. Options include saline irrigation, nasal packs, topical steroids, systemic steroids, topical decongestants, oral antibiotics, and/or sinus cavity débridement. Several randomized controlled trials have evaluated various treatment options, but not all strategies have not been rigorously evaluated.³⁶ A 2011 systematic review evaluated the evidence for these therapies.² Reviewers concluded that the evidence was not strong for any of these treatments but that some clinical trial evidence supported improvements in outcomes. The strongest evidence was for use of nasal saline irrigation, topical nasal steroid spray, and sinus cavity débridement.

Some form of sinus packing is generally performed postoperatively. Simple dressings moistened with saline can be inserted manually following surgery. Foam dressings are polysaccharide substances that form a gel when hydrated and can be used as nasal packs for a variety of indications.⁸ Middle meatal spacers are splint-like devices that prop open the sinus cavities post-ESS, but are not capable of drug
delivery. There is some RCT evidence that middle meatal spacers may reduce the formation of synechiae following ESS, although the available studies have significant heterogeneity in this outcome.8

Implantable sinus stents are another option for postoperative management following ESS. These implants are intended to stabilize the sinus openings and the turbinates, reduce edema, and/or prevent obstruction by adhesions. They can also be infused with medication delivered topically over an extended period of time, and this local delivery of medications may be superior to topical application in the postoperative setting.

**Summary**

Sinus stents are devices used postoperatively following endoscopic sinus surgery (ESS). These devices maintain patency of the sinus openings in the postoperative period, and/or to serve as a local drug delivery vehicle. Reducing postoperative inflammation and maintaining patency of the sinuses may be important in achieving optimal sinus drainage and may impact recovery from surgery.

For individuals who have chronic rhinosinusitis who have undergone ESS includes 2 randomized controlled trials (RCTs), a number of observational studies, and systematic reviews of these studies. Relevant outcomes include symptoms, change in disease status, morbidity, and treatment-related morbidity. The most direct evidence comes from the 2 available RCTs comparing steroid-eluting sinus stents with non-steroid-eluting stents, both of which showed some benefit with steroid-eluting stents. However, the studies had some limitations, including risk of bias. In addition, because of the comparison group used in both, these trials primarily evaluate the efficacy of topical steroids when delivered by an implanted device, but do not evaluate the efficacy of the device versus standard care. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have undergone endoscopic sinus surgery who receive implantable steroid-eluting sinus stents, the evidence includes an RCT and a single-arm study. Relevant outcomes include symptoms, change in disease status, morbidity, and treatment-related morbidity. The most direct evidence comes from the available RCT, which compared steroid-eluting stents plus topical steroids with steroids alone for individuals with recurrent polyposis after ESS. This trial is at high risk of bias due to unblinded outcome assessment. Although avoidance of repeat ESS and oral steroids may be a relevant outcome for this indication, it would be important for decisions about repeat ESS or other treatments to be standardized and prespecified or be made by a clinician blinded to treatment group. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2016</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>12/2014</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>8/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
<tr>
<td>2/04/2013</td>
<td>New policy describing ongoing non-coverage.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
References