

# Nasal Surgical Treatments (Balloon Dilation and Endoscopic)



## Medical Coverage Policy

Effective Date: 02/26/2019  
Revision Date: 02/26/2019  
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Policy Number: HCS-0309-017

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**Change Summary:** Updated Coverage Determination, Medical Terms, References

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### Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

### Description

Rhinosinusitis is an inflammatory condition of the cavities around the nasal passages (sinuses) which causes them to become swollen. It can be further classified as acute (isolated episode), recurrent acute (four or more occurrences in one year) or chronic (lasting longer than 12 weeks despite medical management). Eustachian tube dysfunction is described as failure of the functional valve of the eustachian tube to open and/or close properly, resulting in inadequate ventilation to the middle ear.

**Balloon sinus ostial dilation** is an outpatient treatment option for individuals diagnosed with recurrent acute or chronic rhinosinusitis. Endoscopic instruments are used to open the passages of the sinus ostia and paranasal spaces without cutting

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bone or removing tissue. Under local anesthesia, the surgeon inserts a small balloon through a tube placed in the nasal cavity where the blocked sinus is located. Using fluoroscopic guidance, the balloon is gradually inflated, deflated and then removed. The compression of soft bone and swollen tissue creates additional space and facilitates the drainage of mucus. The surgeon may assess the nasal passages with an endoscope following the procedure to confirm width.<sup>14</sup>

**Functional endoscopic sinus surgery (FESS)** is a minimally invasive surgical procedure intended to restore sinus ventilation and drainage by removal of diseased tissue and bone, which can facilitate the gradual resolution of mucosal disease.<sup>29</sup> FESS is generally considered a standard of care for treating recurrent acute or chronic rhinosinusitis that has not responded to medical treatment. However, because FESS does not directly treat the underlying inflammatory disorder, sinus surgery must be followed by medical management to control inflammatory processes or symptoms will invariably return.<sup>29</sup> Endoscopic sinus surgical procedures may occur in the ethmoid, frontal, maxillary and sphenoid sinuses.

**Balloon dilation of the eustachian tube (BDET)** is a procedure intended to dilate the cartilaginous portion of the eustachian tube (ET) to treat persistent dysfunction. The system includes guide and balloon catheters. The guide catheter is used to access the ET through the nose. The clinician then threads the balloon catheter through the guide catheter and inflates the balloon (via injection of saline or sterile water), which purportedly opens a pathway for mucus and air to flow through the ET. Once the ET is dilated, the balloon is deflated and removed. Examples of these devices include, but may not be limited to: Aera Eustachian Balloon Dilation System and XprESS ENT Dilation System. **(Refer to Coverage Limitations Section)**

**Drug-eluting sinus stents** are implantable devices placed to expand and prop open the sinus, support the bony structures inside the nose and are purported to prevent scar formation. Drug-eluting sinus stents (eg, mometasone furoate sinus implant), deliver a sustained, localized, controlled release of a corticosteroid which dissolves over time. Currently, the stents are being placed following surgery of the ethmoid, frontal and/or maxillary sinus cavities. Examples of these devices include, but may not be limited to: Propel, Propel Mini and Propel Contour. **(Refer to Coverage Limitations section)**

For information regarding **Sinuva sinus implant** coverage determination/limitations, please refer to Sinuva (mometasone furoate) sinus implant Pharmacy Coverage Policy.

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For information regarding **absorbable nasal implants for the repair of nasal valve collapse**, please refer to [Rhinoplasty/Septoplasty](#) Medical Coverage Policy.

### Coverage Determination

#### **Balloon Sinus Ostial Dilation**

Humana members may be eligible under the Plan for **balloon sinus ostial dilation** when the following criteria are met:

- Age 18 years or older; **AND**
- Balloon dilation is limited to the frontal, maxillary or sphenoid sinuses; **AND**
- Documentation of chronic rhinosinusitis for greater than 12 weeks **OR** documentation of recurrent acute rhinosinusitis (four or more occurrences in one year) and all of the following:
  - Documented failure of medical therapy demonstrated by persistent upper respiratory symptoms despite treatment consisting of the following:
    - A minimum of two different antibiotic courses; **AND**
    - A trial of steroid nasal spray (eg, Nasonex, Veramyst); **AND**
    - Allergy evaluation and treatment (if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls, antihistamine nasal spray (eg, Astepro, Patanase), and/or allergen immunotherapy (eg, injections) (For information regarding coverage determination/limitations, please refer to [Allergy Testing](#) and [Allergy Treatment](#) Medical Coverage Policies); **AND**
    - Nasal saline irrigation; **AND**
  - Radiographic confirmation, of the affected sinus(es), showing objective evidence of sinusitis or obstructive anatomy (eg, air fluid levels, mucosal thickening or swelling, opacification, concha bullosa, pansinusitis, etc.)

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**Balloon sinus ostial dilation used adjunctively during functional endoscopic sinus surgery (FESS) in the *same* sinus cavity is considered integral to the primary procedure and not separately reimbursable.**

**Functional Endoscopic Sinus Surgery (FESS)**

Humana members may be eligible under the Plan for **FESS** for the following indications:

- Acute complications of rhinosinusitis confirmed by CT scan or diagnostic endoscopic exam, consisting of one of the following:
  - Abscess (epidural, intracerebral, orbital, subdural, subperiosteal); **OR**
  - Cavernous sinus thrombosis; **OR**
  - Cellulitis (orbital, preseptal); **OR**
  - Frontal bone osteomyelitis; **OR**
  - Meningitis; **OR**
- Allergic fungal sinusitis and all of the following:
  - Nasal airway obstruction; **AND**
  - Positive findings on CT scan (eg, bony erosion or thinning, partial or complete opacification); **AND**
  - Positive fungal smear or culture of sinus drainage; **OR**
- Cerebrospinal fluid rhinorrhea; **OR**
- Chronic sinus polyposis unresponsive to medical treatment for one month or more (eg, antibiotics, nasal steroids); **OR**
- Documentation of chronic rhinosinusitis for greater than 12 weeks **OR** documentation of recurrent acute rhinosinusitis (four or more occurrences in one year) and all of the following:
  - Documented failure of medical therapy demonstrated by persistent upper

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respiratory symptoms despite treatment consisting of the following:

- A minimum of two different antibiotic courses; **AND**
- A trial of steroid nasal spray (eg, Nasonex, Veramyst); **AND**
- Allergy evaluation and treatment (if symptoms are consistent with allergic rhinitis and have not responded to appropriate environmental controls, antihistamine nasal spray (eg, Astepro, Patanase), and/or allergen immunotherapy (eg, injections) (For information regarding coverage determination/limitations, please refer to [Allergy Testing](#) and [Allergy Treatment](#) Medical Coverage Policies); **AND**
- Nasal saline irrigation; **AND**
  - Radiographic confirmation, of the affected sinus(es), showing objective evidence of sinusitis or obstructive anatomy (eg, air fluid levels, mucosal thickening or swelling, nasal polyposis, opacification, concha bullosa, pansinusitis, etc.); **OR**
- Foreign body removal; **OR**
- Mucocoeles; **OR**
- Posterior epistaxis, uncontrolled; **OR**
- Recurrent sinusitis (four or more occurrences in one year) that triggers or aggravates pulmonary disease (eg, asthma, cystic fibrosis); **OR**
- Tumors, suspected, via CT scan, diagnostic endoscopy or physical examination

Humana members may be eligible under the plan for **repeat balloon sinus ostial dilation or FESS** following failure of a previous sinus surgical procedure.

### Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **balloon sinus ostial dilation** for any indications other than those listed above including anyone under the age of 18

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years old. This is considered experimental/investigational as it is not identified as widely used and generally accepted for any other proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **functional endoscopic sinus surgery (FESS)** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **balloon dilation of the eustachian tube (eg, Aera Eustachian Balloon Dilation System, XprESS ENT Dilation System)** for any indications. This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **drug-eluting sinus stents (eg, Propel, Propel Mini, Propel Contour)** for any indications. These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

### Background

Additional information about **chronic sinusitis, chronic rhinosinusitis and eustachian tube dysfunction** may be found from the following websites:

- [American Academy of Allergy, Asthma and Immunology](#)
- [American Academy of Otolaryngology-Head and Neck Surgery](#)
- [National Library of Medicine](#)

### Medical Alternatives

Alternatives to **balloon sinus ostial dilation** and **functional endoscopic sinus surgery** include, but may not be limited to, the following:

- Sinus surgery (conventional)

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Alternatives to **balloon dilation of the eustachian tube** include, but may not be limited to, the following:

- Tympanostomy tube(s)

Physician consultation is advised to make an informed decision based on an individual's health needs.

### Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	
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	

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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	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	<b>No additional reimbursement when used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity</b>
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	<b>No additional reimbursement when used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity</b>

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31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	No additional reimbursement when used adjunctively during functional endoscopic sinus surgery (FESS) in the same sinus cavity
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	
69799	Unlisted procedure, middle ear	Not Covered if used to report any procedure outlined in Coverage Limitations section
CPT® Category III Code(s)	Description	Comments
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	Not Covered Deleted Code Effective 12/31/2018
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	Not Covered Deleted Code Effective 12/31/2018
HCPCS Code(s)	Description	Comments
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Not Covered
S1090	Mometasone furoate sinus implant, 370 micrograms	Not Covered

Click [here](#) to view ICD-10-CM code(s) associated with this medical coverage policy.

**Medical Terms**     **Abscess** – A swollen area within the body tissue, containing an accumulation of pus.

**Asthma** – Respiratory condition marked by spasms in the lungs, causing difficulty in breathing.

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**Catheter** – A hollow flexible tube for insertion into a body cavity, duct or vessel to allow the passage of fluids or distend a passageway.

**Cavernous Sinus Thrombosis** – Blood clot in the cavity at the base of the brain that contains a vein, several nerves and other structures.

**Cellulitis** – Infection and inflammation of layers of skin and the underlying tissue.

**Cerebrospinal Fluid Rhinorrhea** – Discharge of cerebrospinal fluid through the nose, usually due to skull fracture.

**Chronic** – Persisting over a long period of time or marked by frequent recurrence.

**Concha Bullosa** – Air filled cavity within a nasal turbinate.

**Corticosteroid** – Class of hormones that are involved in a wide range of physiological processes, including the regulation of inflammation.

**Cystic Fibrosis** – Hereditary disorder that causes the production of abnormally thick mucus, leading to blockages in the lungs and other areas around the body.

**Epistaxis** – Bleeding from the nose.

**Endoscope** – An illuminated, usually fiberoptic, flexible or rigid tubular instrument for visualizing the interior of a hollow organ or part for diagnostic or therapeutic purposes; typically has one or more channels to enable passage of instruments (eg, forceps or scissors).

**Endoscopic** – Examination or procedure performed with an endoscope (lighted examination tube).

**Eustachian Tube** – Narrow passage that links the nasopharynx (back of the nose) to the middle ear.

**Fluoroscopic** – Performed under specialized (fluorescent) X-ray, making it possible to see internal organs or body parts in motion.

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**Immunotherapy** – Prevention or treatment of a disease with substances that stimulate the immune response (reaction of cells and fluids of the body to the presence of a substance that is not recognized as part of the body itself).

**Meningitis** – An infection of the membranes covering the brain and spinal cord.

**Mucocele** – Epithelial lined, mucus containing sacs that completely fill a paranasal sinus.

**Mucus** – Thick, slippery fluid produced by the membranes that line certain organs of the body, including the nose, mouth, throat and vagina.

**Opacification** – Blockage often diagnosed when a cavity appears grey or white on CT scan when it should be black.

**Opaque** – Impervious to light rays, X-rays or other electromagnetic radiation; neither translucent nor transparent.

**Osteomyelitis** – Serious bone infection that is caused by bacteria or germs.

**Ostia** – Opening into a vessel or cavity of the body.

**Pansinusitis** – Occurs when all the sinus cavities in the face are infected and inflamed.

**Paranasal** – Any of the paired sinuses in the bones of the face adjacent to the nasal cavity that are lined with mucous membrane and are continuous with the lining of the nasal cavities.

**Polyp** – Any growth or mass protruding from a mucous membrane that is generally benign.

**Polyposis** – The presence of several polyps.

**Rhinorrhea** – The free discharge of thin nasal mucus.

**Rhinosinusitis** – Inflammation of the nasal passages and sinus cavities; usually caused by allergies or an infection. Symptoms may include runny nose, facial pain, decreased

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sense of smell, toothaches and congestion. Rhinosinusitis may be acute or chronic.

**Sinusitis** – Symptomatic inflammation of the paranasal sinuses.

**Sinus Ostia** – Opening that connects a sinus to the nasal cavity and has a higher percentage of cilia than the surrounding mucosa.

**Sinus Surgery** – Excision and removal of diseased sinus tissue, creating improved drainage from the sinus cavities.

**Turbinate** – Long, narrow, curled shelf of bone that protrudes into the breathing passage of the nose.

**Tympanostomy Tube** – A small tube inserted into the eardrum that ventilates the middle ear and prevents the accumulation of fluid behind the eardrum.

## References

1. American Academy of Allergy, Asthma & Immunology (AAAAI). The diagnosis and management of rhinosinusitis: a practice parameter update. <http://www.aaaai.org>. Published October 2014. Accessed February 1, 2019.
2. American Academy of Allergy, Asthma & Immunology (AAAAI). The diagnosis and management of sinusitis: a practice parameter update. <http://www.aaaai.org>. Published December 2005. Accessed February 1, 2019.
3. American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). Clinical consensus statement: balloon dilation of the sinuses. <http://www.entnet.org>. Published February 1, 2018. Accessed February 1, 2019.
4. American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). Clinical consensus statement: pediatric chronic rhinosinusitis. <http://www.entnet.org>. Published October 1, 2014. Accessed February 1, 2019.
5. American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). Clinical practice guideline (update): adult sinusitis. <http://www.entnet.org>. Published April 1, 2015. Accessed February 1, 2019.
6. American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS).

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Position statement: dilation of sinuses, any method (e.g., balloon, etc.).

<http://www.entnet.org>. Published June 28, 2010. Updated March 12, 2017.

Accessed February 1, 2019.

7. American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). Position statement: sinus endoscopy. <http://www.entnet.org>. Published March 2, 1990. Updated December 8, 2012. Accessed February 1, 2019.
8. American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS). Position statement: the use of biomaterials in sinonasal procedures. <http://www.entnet.org>. Published September 26, 2015. Accessed February 1, 2019.
9. American Academy of Pediatrics (AAP). Clinical practice guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. <http://www.aap.org>. Published June 24, 2013. Accessed February 1, 2019.
10. American College of Radiology (ACR). Appropriateness Criteria. Sinonasal disease. <https://www.acr.org>. Published 2009. Updated 2017. Accessed February 1, 2019.
11. American Rhinologic Society (ARS). Position Statement. Drug eluting implants. <http://www.american-rhinologic.org>. Published September 24, 2016. Accessed February 1, 2019.
12. American Rhinologic Society (ARS). Position Statement. Ostial balloon dilation. <http://www.american-rhinologic.org>. Published January 8, 2015. Updated March 14, 2017. Accessed February 1, 2019.
13. ClinicalKey. Benninger MS, Stokken JK. Acute rhinosinusitis: pathogenesis, treatment and complications. In: Flint PW, Haughey BH, Lund V, et al. *Cummings Otolaryngology*. 6<sup>th</sup> Ed. Philadelphia, PA: Elsevier; 2015:724-730.e2. <http://www.clinicalkey.com>. Accessed January 29, 2019.
14. ClinicalKey. Lai D, Stankiewicz JA. Primary sinus surgery. In: Flint PW, Haughey BH, Lund V, et al. *Cummings Otolaryngology*. 6<sup>th</sup> Ed. Philadelphia, PA: Elsevier; 2015:752-782.e3. <http://www.clinicalkey.com>. Accessed January 29, 2019.

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15. ClinicalKey. O'Reilly RC, Levi J. Anatomy and physiology of the eustachian tube. In: Flint PW, Haughey BH, Lund V, et al. *Cummings Otolaryngology*. 6<sup>th</sup> Ed. Philadelphia, PA: Elsevier; 2015:2027-2037.e4. <http://www.clinicalkey.com>. Accessed January 29, 2019.
16. ECRI Institute. Emerging Technology Evidence Report. Standalone balloon sinus dilation for treating chronic rhinosinusitis in adults. <https://www.ecri.org>. Published January 11, 2007. Updated July 20, 2016. Accessed January 11, 2019.
17. ECRI Institute. Emerging Technology Evidence Report. Steroid-eluting sinus implants (Propel and Propel Mini) for maintaining patency after sinus surgery. <https://www.ecri.org>. Published December 15, 2012. Updated March 17, 2017. Accessed January 11, 2019.
18. ECRI Institute. Product Brief. Acclarent Aera eustachian tube balloon dilation system (Acclarent, Inc.) for treating persistent eustachian tube dysfunction. <https://www.ecri.org>. Published January 3, 2017. Updated March 6, 2018. Accessed January 11, 2019.
19. ECRI Institute. Product Brief (ARCHIVED). Propel (Intersect ENT, Inc.) steroid eluting implant for maintaining sinus patency after ethmoid sinus surgery. <https://www.ecri.org>. Published April 18, 2012. Updated January 6, 2015. Accessed January 11, 2019.
20. Hayes, Inc. Health Technology Brief. Acclarent eustachian tube balloon dilation for the treatment of chronic eustachian tube dysfunction in adults. <http://www.hayesinc.com>. Published July 13, 2017. Updated July 5, 2018. Accessed January 11, 2019.
21. Hayes, Inc. Health Technology Brief. Bielefeld eustachian tube balloon dilation system for the treatment of chronic eustachian tube dysfunction in adults. <http://www.hayesinc.com>. Published July 20, 2017. Updated July 6, 2018. Accessed January 11, 2019.
22. Hayes, Inc. Health Technology Brief. Propel and Propel Mini bioabsorbable steroid-releasing sinus implants for treatment of chronic rhinosinusitis in adults. <http://www.hayesinc.com>. Published August 24, 2017. Updated August 14,

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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2018. Accessed January 11, 2019.

23. Hayes, Inc. Health Technology Brief (ARCHIVED). Relieva balloon sinuplasty (Acclarent Inc.) for chronic sinusitis in adults. <http://www.hayesinc.com>. Published October 4, 2012. Updated August 28, 2014. Accessed January 11, 2019.
24. Hayes, Inc. Health Technology Brief (ARCHIVED). Relieva balloon sinuplasty (Acclarent Inc.) for chronic sinusitis in children. <http://www.hayesinc.com>. Published October 8, 2012. Updated August 28, 2014. Accessed January 11, 2019.
25. Hayes, Inc. Medical Technology Directory. Balloon sinuplasty for treatment of chronic rhinosinusitis. <http://www.hayesinc.com>. Published September 15, 2016. Updated October 31, 2018. Accessed January 11, 2019.
26. Hayes, Inc. Medical Technology Directory (ARCHIVED). Enhancements to endoscopic sinus surgery. <http://www.hayesinc.com>. Published March 16, 2005. Updated February 5, 2009. Accessed January 2, 2018.
27. Hayes, Inc. Prognosis Overview. Propel Contour bioabsorbable steroid-releasing sinus implant. <http://www.hayesinc.com>. Published December 11, 2017. Accessed January 11, 2019.
28. Hayes, Inc. Search & Summary. Eustachian tube balloon dilation for the treatment of chronic eustachian tube dysfunction. <http://www.hayesinc.com>. Published May 25, 2017. Accessed January 11, 2019.
29. MCG Health. Functional endoscopic sinus surgery. 22<sup>nd</sup> edition. <http://www.mcg.com>. Accessed December 18, 2018.
30. MCG Health. Sinuplasty. 22<sup>nd</sup> edition. <http://www.mcg.com>. Accessed December 18, 2018.
31. UpToDate, Inc. Allergic fungal rhinosinusitis. <http://www.uptodate.com>. Updated December 2018. Accessed January 29, 2019.

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32. UpToDate, Inc. Chronic rhinosinusitis: management. <http://www.uptodate.com>. Updated December 2018. Accessed January 29, 2019.
33. UpToDate, Inc. Eustachian tube dysfunction. <http://www.uptodate.com>. Updated December 2018. Accessed January 29, 2019.