



Functional Endoscopic Sinus Surgery (FESS) – Single Service

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Specialty Area: Otolaryngology

Guideline Name: Functional Endoscopic Sinus Surgery (FESS) (Single Service)

Literature review current through: 12/8/2023

Document last updated: 12/8/2023

Type: Adult (18+ yo) | Pediatric (0-17yo)

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Medical Necessity Criteria

Service: Functional Endoscopic Sinus Surgery (FESS)

General Guidelines

- **Units, Frequency, & Duration:** None
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Functional endoscopic sinus surgery (FESS) is a commonly performed surgical procedure in the United States. It is most commonly performed for inflammatory and infectious sinus disease. It may be used in addition to open surgical procedures, particularly in the case of tumor removals or complex sinonasal conditions.
- **Exclusions:** See non-indications below.

Medical Necessity Criteria

Indications

- **Functional Endoscopic Sinus Surgery (FESS)** is considered appropriate if **ANY** of the following is **TRUE**:¹⁻²
- ◆ Allergic fungal sinusitis as indicated by **ALL** of the following:
 - Presence of nasal airway obstruction; **AND**
 - CT imaging reveals positive findings (e.g., bony erosion or thinning, partial or complete opacification); **AND**
 - Positive fungal smear or culture of sinus drainage; **OR**
 - ◆ Antrochoanal polyp confirmed by CT imaging; **OR**
 - ◆ Cerebrospinal fluid (CSF) rhinorrhea; **OR**
 - ◆ Chronic sinus polyposis with nasal obstruction with failure of conservative management (e.g., saline irrigations, intra-nasal corticosteroids, antibiotics in cases of infection) for four weeks or more; **OR**
 - ◆ Mucocele documented by CT imaging; **OR**
 - ◆ Posterior epistaxis that is uncontrolled; **OR**
 - ◆ Recurrent sinusitis (four or more occurrences in 12 months) that triggers or worsens pulmonary disease (e.g., asthma, cystic fibrosis); **OR**
 - ◆ Removal of foreign body; **OR**

- ◆ Rhinosinusitis (acute complications) as evidenced by **ALL** of the following:
 - **ANY** of the following:
 - Abscess (e.g., epidural, brain, orbital, subdural, subperiosteal); **OR**
 - Cavernous sinus thrombosis; **OR**
 - Cellulitis (orbital, preseptal); **OR**
 - Frontal bone osteomyelitis; **OR**
 - Meningitis; **AND**
 - Confirmation of the above by **ANY** of the following:
 - CT imaging; **OR**
 - Diagnostic endoscopy; **OR**
 - Physical examination; **OR**
- ◆ Rhinosinusitis as evidenced by **ALL** of the following:
 - **ANY** of the following:
 - Chronic rhinosinusitis (more than 12 consecutive weeks); **OR**
 - Recurrent acute rhinosinusitis (four or more occurrences in 12 months) as evidenced by **ALL** of the following:
 - ◆ Documentation of complete resolution of symptoms between occurrences; **AND**
 - ◆ Recurrence of episodes despite conservative management (e.g., saline irrigations, intra-nasal corticosteroids, antibiotics in cases of infection); **AND**
 - ◆ **ANY** of the following:
 - CT imaging confirms **ANY** of the following:
 - Outflow tract obstruction; **OR**
 - Sinus infection; **OR**
 - Rhinosinusitis confirmed by endoscopy during at least one acute episode; **AND**
 - **ALL** of the following are **TRUE**:
 - Failure of treatment that consists of **ALL** of the following:
 - ◆ Use of a steroid nasal spray (e.g., Nasonex, Veramyst) for six or more consecutive weeks; **AND**
 - ◆ Six or more consecutive weeks of nasal saline irrigations; **AND**

- ◆ **ANY** of the following:
 - Completed course of antibiotic if bacterial infection is suspected; **AND**
 - If applicable, allergy evaluation and treatment and **ALL** of the following:
 - Diagnosis of allergic rhinitis; **AND**
 - Failure of **ANY** of the following:
 - ◆ Adjustment of environmental factors; **OR**
 - ◆ Antihistamine nasal spray (e.g., Astepro, Patanase); **OR**
 - ◆ Allergen immunotherapy (e.g., injections); **AND**
 - Post-treatment radiographic confirmation showing **ANY** of the following:
 - ◆ Infection (sinusitis) of the affected sinus(es); **OR**
 - ◆ Sinus(es) are obstructed; **OR**
 - ◆ Obstruction caused by surrounding anatomy around the affected sinus(es); **OR**
- ◆ Tumors (suspected) as confirmed by **ANY** of the following:
 - CT imaging; **OR**
 - Diagnostic endoscopy; **OR**
 - Physical examination.

Non-Indications

→ **Functional Endoscopic Sinus Surgery (FESS)** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ FESS is not considered appropriate for all other indications not listed above.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS/CPT Code	Code Description
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31240	Nasal/sinus endoscopy, surgical; with concha

	bullosa resection
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
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus

Medical Evidence

The American Academy of Otolaryngology–Head and Neck Surgery (AAO–HNS) published the following:

- *Clinical Indicators: Endoscopic Sinus Surgery, Adult* (2021): Comprehensive resource for indications for surgery and optimal medical therapy.¹
- Rosenfeld et al. (2015) updated the previous AAO–HNS guideline for *Adult Sinusitis*, stressing the importance of accurate radiographic data for surgical planning. There was no specific recommendation made for surgical intervention in chronic rhinosinusitis.³
- Rank et al. (2023) published a practice parameter with graded recommendations for the medical management of chronic rhinosinusitis with nasal polyposis with nonsurgical treatment.⁴

The American Academy of Family Physicians (AAFP) (2020) published a clinical practice guideline for adult sinusitis. It includes a number of key recommendations, including not performing imaging for uncomplicated acute rhinosinusitis and a recommended nonsurgical treatment course.⁵

The American College of Radiology (ACR) published two guidelines related to sinonasal imaging:

- *Sinonasal Disease* (2021): Maxillofacial computed tomography (CT) and magnetic resonance imaging (MRI) with and without contrast recommended as initial imaging beyond acute uncomplicated rhinosinusitis.⁶
- *Sinusitis – Child* (2018): CT without contrast is usually appropriate as initial imaging for persistent, chronic, or recurrent sinusitis or to define paranasal sinus anatomy before FESS.⁷

References

1. American Academy of Otolaryngology–Head and Neck Surgery (AAO–HNS). Clinical indicators: Endoscopic sinus surgery, adult. Published April 23, 2021. Accessed December 4, 2023. <https://www.entnet.org/resource/clinical-indicators-endoscopic-sinus-surgery-adult/>.
2. Brietzke SE, Shin JJ, Choi S, et al. Clinical consensus statement: Pediatric chronic rhinosinusitis. *Otolaryngol Head Neck Surg*. 2014;151(4):542–553. doi:10.1177/0194599814549302.
3. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical practice guideline (update): Adult sinusitis. *Otolaryngology–Head and Neck Surgery*. 2015;152(2_suppl):S1–S39. doi: 10.1177/0194599815572097.
4. Rank MA, Chu DK, Bognanni A, et al. The Joint Task Force on Practice Parameters GRADE guidelines for the medical management of chronic rhinosinusitis with nasal polyposis. *J Allergy Clin Immunol*. 2023;151(2):386–398. doi:10.1016/j.jaci.2022.10.026.
5. American Academy of Family Physicians (AAFP). Adult Sinusitis. Published April 2020. Accessed December 4, 2023. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations.html>.
6. American College of Radiology (ACR). ACR appropriateness criteria: Sinonasal disease. Published 2021. Accessed December 4, 2023. . <https://acsearch.acr.org/docs/69502/narrative>.
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Clinical Guideline Revision History/Information

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