PURPOSE

This policy outlines guidelines and criteria for coverage determination of ultrasound for the evaluation of paranasal sinuses.

DESCRIPTION

Sinusitis (aka rhinosinusitis) is one of the most common health care problems in the United States, affecting approximately 31 million Americans annually. Complications of acute bacterial rhinosinusitis include orbital, intracranial, or soft tissue involvement. Radiographic imaging, including computer tomography, is an accurate diagnostic tool for the detection of this condition. Paranasal sinus ultrasound has been proposed as a convenient office-based diagnostic tool to confirm the diagnosis, since it is a painless non-invasive procedure. Numerous studies have evaluated the use of ultrasonography for the detection of paranasal sinusitis. The reports note that the evidence is limited and inconclusive.

GUIDELINES/INSTRUCTIONS

SCOPE:

This policy specifically addresses the use of ultrasound for the evaluation of paranasal sinuses.

POSITION:

Investigational and Not Medically Necessary:

Paranasal sinus ultrasound is considered investigational and not medically necessary for all indications.

CODING:

When services are Investigational and Not Medically Necessary: For the following procedure code for all indications, or when the code describes a procedure indicated in the Position Statement section as investigational and not medically necessary.
HCPCS
S9024  Paranasal sinus ultrasound

ICD-10 Diagnosis
J01.00 - J01.91  Acute sinusitis
J32.0 - J32.9  Chronic sinusitis

REFERENCES

Peer Reviewed Publications:


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<td>08/09/2019</td>
<td>Dr. Tamar Springel</td>
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