



**AMERICAN ACADEMY OF  
OTOLARYNGOLOGY–  
HEAD AND NECK SURGERY**

**AAO-HNS Statement on Reimbursement of Balloon Sinus Ostial Dilation  
(September 2014)**

The American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), with approximately 12,000 members nationwide, is the national medical association of physicians dedicated to the care of patients with disorders of the ears, nose, throat, and related structures of the head and neck. The medical ailments treated by this specialty are among the most common that afflict all Americans, old and young, including hearing loss, balance disorders, chronic ear infections, rhinological disorders, snoring and sleep disorders, swallowing disorders, facial and other cranial nerve disorders, and head and neck cancer.

Chronic rhinosinusitis (CRS) has been a significant health care problem worldwide for many years. Medical management is generally accepted as the first-line treatment for non-complicated CRS. Surgical management for patients that have failed medical management has progressed from open surgical procedures to functional endoscopic sinus surgery (FESS) to balloon sinus ostial dilation (BSOD).

The AAO-HNS supports the use of a balloon as a tool in a standard approach to sinus ostial dilation along with other indicated endoscopic surgery, and strongly encourages all payers to consider its use as a covered service.

***We remain concerned with payer policies that designate stand-alone ostial dilation as “experimental/investigational” and/or “not medically necessary” given of the significance of the available evidence indicating the contrary.***

**AAO-HNS Position Statement: *Dilation of Sinuses, Any Method (e.g., balloon, etc.)*<sup>1</sup>**

<http://www.entnet.org/Practice/Balloon-Dilation.cfm>.

According to the AAO-HNS official Position Statement, “Sinus ostial dilation (e.g. balloon ostial dilation) is an appropriate therapeutic option for selected patients with sinusitis. This approach may be used alone to dilate a sinus ostium (frontal, maxillary, or sphenoid) or in conjunction with other instruments (eg, microdebrider, forceps). The final decision regarding use of techniques or instrumentation for sinus surgery is the responsibility of the attending surgeon.”

Revised: 12/6/2010

Adopted: 6/28/2010

Reaffirmed: 12/8/2012

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<sup>1</sup> Important Disclaimer Notice (updated 7/31/14)

Position statements are approved by the American Academy of Otolaryngology—Head and Neck Surgery, Inc. or Foundation (AAO-HNS/F) Boards of Directors and are typically generated from AAO-HNS/F committees. Once approved by the Academy or Foundation Board of Directors, they become official position statements and are added to the existing position statement library. In no sense do they represent a standard of care. The applicability of position statements, as guidance for a procedure, must be determined by the responsible physician in light of all the circumstances presented by the individual patient. Adherence to these clinical position statements will not ensure successful treatment in every situation. As with all AAO-HNS/F guidance, this position statement should not be deemed inclusive of all proper treatment decisions or methods of care, nor exclusive of other treatment decisions or methods of care reasonably directed to obtaining the same results. Position statements are not intended to and should not be treated as legal, medical, or business advice.

Our Position Statements designate official policies of the AAO-HNS by drawing upon the best evidence and quality products available. They are routinely reviewed by experts of appropriate clinical committees and the Academy's Physician Policy Payment (3P) Workgroup before final approval by the Academy's Executive Committee and Board of Directors. Given the level of evidence used, process to create, and the purpose of these guidance documents, the AAO-HNS encourages all payers to consider Position Statements when establishing policy, especially when a coverage determination has the potential to impact the quality of care available to patients. For these reasons, we urge payers to incorporate the AAO-HNS' Position Statement: *Dilation of Sinuses, Any Method (e.g., balloon, etc.)* as a leading reference and basis for coverage when evaluating the use of a balloon as a tool in a standard approach to sinus ostial dilation.

#### **Updated References and New Randomized Control Trials**

Further, the AAO-HNS encourages all payers to review the list of updated and expanded references to the *Dilation of Sinuses, Any Method (e.g., balloon, etc.)* statement. More specifically, five additional peer-reviewed references have been included, which are noted in bold below. In addition, we urge consideration of three recently published randomized control trials (RCTs), also noted in bold below.

The Academy supports efforts by to develop and publish results of RCTs and additional peer-reviewed literature, which we hope private payers will take into consideration when reviewing the updated materials. Such materials, along with the ***wide spread use, clinical experience, approval by the Food and Drug Administration, and the positions of numerous other insurers demonstrate that the use of a balloon as a tool in a standard approach to a sinus ostial dilation is indeed acceptable and should be a covered service.***

Below are the updated references included in the AAO-HNS Position Statement: *Dilation of Sinuses, Any Method (e.g., balloon, etc.)*, for use in appeals with private payers.

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