Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Endoscopic Sinus Surgeries

Effective July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☒ No ☐
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).

For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

For Harvard Pilgrim Health Care Members:

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation – via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Researched and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here). Members may access materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

For Tufts Health Plan Members:

To obtain InterQual® SmartSheets™"

- **Tufts Health Plan Commercial Plan products:** If you are a registered Tufts Health Plan provider click here to access the Provider Website. If you are not a Tufts Health Plan provider, please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888-884-2404
- **Tufts Health Public Plans products:** InterQual® SmartSheet(s) available as part of the prior authorization process

Tufts Health Plan requires the use of current InterQual® Smartsheet(s) to obtain prior authorization.

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual® SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number indicated above, according to Plan.

Clinical Guideline Coverage Criteria

The Plan requires the use of the following InterQual Subsets or SmartSheets to obtain prior authorization for endoscopic sinus surgery:

1. Sinusotomy, Frontal, Endoscopic
2. Sinusotomy, Maxillary
3. Balloon Ostial Dilatation
4. Ethmoidectomy, Endoscopic

Note: The Plan covers nasal/sinus endoscopy, balloon dilatation, and endoscopic ethmoidectomy for members under the age of 18 when applicable InterQual criteria are met

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes – Sinusotomy, Frontal, Endoscopic

Code	Description
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed

Table 2: CPT/HCPCS Codes – Sinusotomy, Maxillary

Code	Description
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus

Table 3: CPT/HCPCS Codes – Balloon Ostial Dilatation

Code	Description
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia

Table 4: CPT/HCPCS Codes – Ethmoidectomy, Endoscopic

Code	Description
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)
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

References:

1. Hayes. Health Technology Brief. Relieva Balloon Sinuplasty (Acclarent Inc.) for Treatment of Chronic Sinusitis in Children. October 8, 2012. Update Search November 4, 2013. Update Search August 28, 2014. Last accessed March 25, 2016.
2. Hayes. Health Technology Brief. Relieva Balloon Sinuplasty (Acclarent Inc.) for Treatment of Chronic Sinusitis in Adults. October 8, 2012. Update Search November 4, 2013. Update Search August 28, 2014. 3 Endoscopic Sinus Surgeries

3. Rosenfeld RM, Piccirillo JF, Chandrasekharr SS. Clinical practice guideline (update): adult sinusitis. Otolaryngology Head Neck Surgery. 2015 Apr; 152(2 Suppl):S1-S39

Approval And Revision History

February 1, 2020: Reviewed by the Medical Policy Approval Committee (MPAC) coding updated, ICD-10 Diagnosis codes removed from MNG

Subsequent endorsement date(s) and changes made:

- June 17, 2020: Reviewed by IMPAC, renewed with no changes
- July 1, 2020: Fax number for Unify updated
- February 17, 2021: Reviewed by IMPAC, renewed with no changes
- February 16, 2022: Reviewed by IMPAC, renewed with no changes
- August 17, 2022: Reviewed by Medical Policy Approval Committee (MPAC). Addition of Ethmoidectomy to list of modifications to allow for members under 18. Addition of codes 31254 and 31255 to policy to be effective December 1, 2022.
- June 21, 2023 Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to OneCare effective January 1, 2024
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- February 21, 2024: Reviewed by MPAC, renewed without changes, effective April 1, 2024
- June 13, 2024: Reviewed by UM Committee, renewed without changes effective July 1, 2024
- June 20, 2024: Reviewed by MPAC for 2024 InterQual Upgrade, effective July 1, 2024
- February 19, 2025: Reviewed by MPAC, renewed without changes, effective April 1, 2025
- May 21, 2025: Reviewed by MPAC for 2025 InterQual Update effective July 1, 2025
- March 18, 2026; Reviewed by MPAC, renewed without changes effective May 1, 2026. Template updated.
- May 20, 2026: Reviewed by MPAC for 2026 InterQual Update, effective July 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.