

Background

Chronic rhinosinusitis (CRS) is common and incurs a significant human and economic cost.
CRS is defined as: symptomatic inflammation of the paranasal sinuses and nasal cavities lasting longer than 12 weeks.

Treatments include:

Medical therapy:

- saline irrigation
- nasal corticosteroids
- oral antibiotics
- biologics

Procedures:

- balloon ostial dilation
- functional endoscopic sinus surgery (FESS)

In Louisiana Medicaid's expenditures for calendar year 2019, there were 1,102 distinct recipients of sinus surgery (either balloon ostial dilation or FESS) for a total of \$2,382,366 in professional services expenditures.

Objective

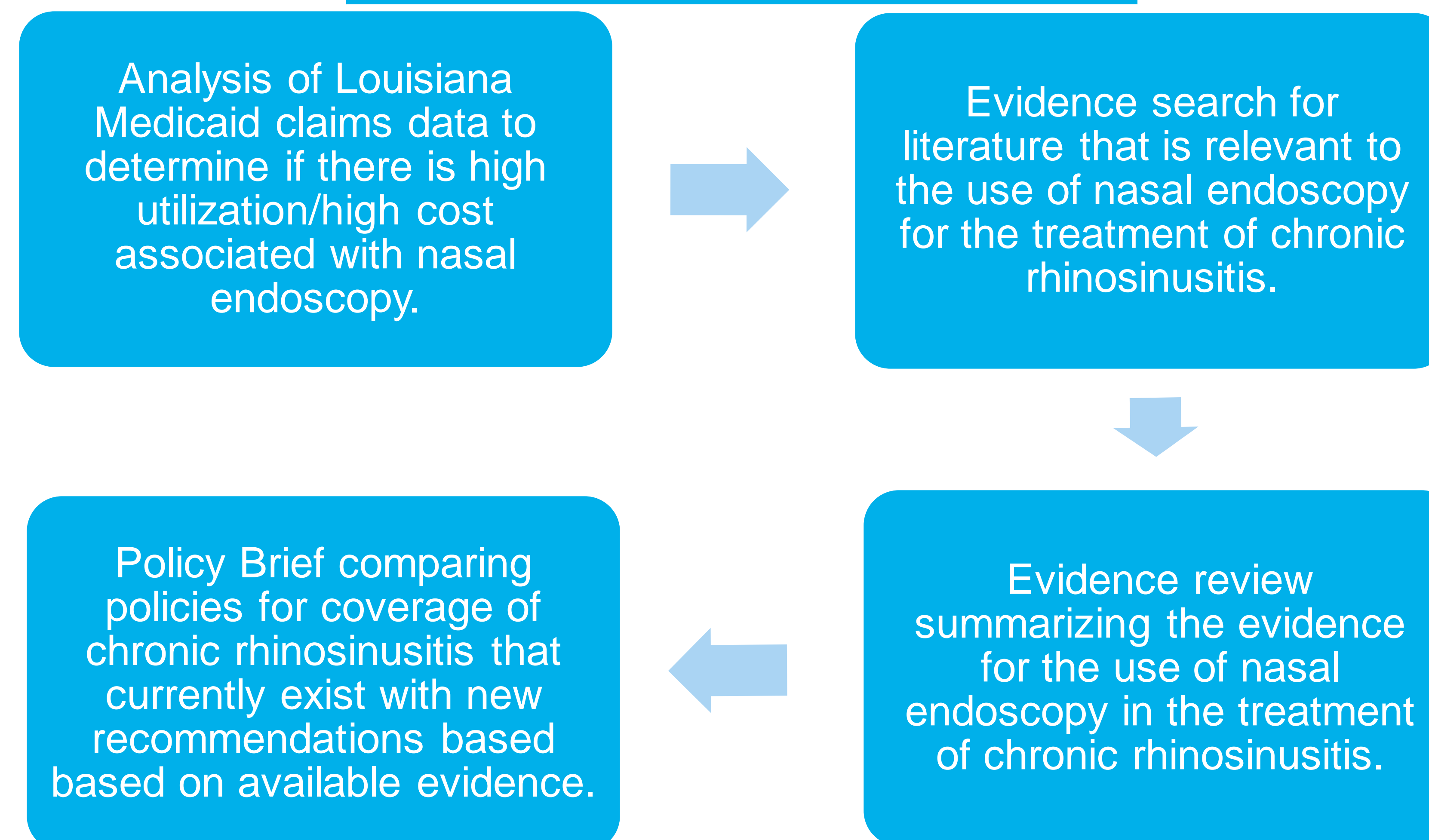
1. Review the evidence of efficacy and safety for the treatments for CRS and review current policies among insurance plans serving Louisiana's Medicaid beneficiaries.
2. Develop policy recommendations for the Louisiana Medicaid program regarding the treatment of CRS.

Methods

Evidence and guidelines for this review were collected with relevant search terms utilized from studies in peer-reviewed journals, including:

- American Journal of Otolaryngology – Head and Neck Surgery
- American Journal of Rhinology
- International Forum of Allergy and Rhinology
- Cochrane Library
- Journal of the American Medical Association

Policy Design Process:



Results

- High-quality evidence for the use of nasal irrigation and nasal corticosteroids for the relief of CRS symptoms
- Evidence of the efficacy and safety of oral antibiotics, outside of the treatment of a diagnosed bacterial infection is lacking
- Evidence about the comparative effectiveness of medications or combination medication regimens is lacking
- Endoscopic sinus surgery should be reserved for those patients refractory to medical management; evidence indicates that those with more symptom burden and/or lower quality of life at baseline may be more likely to benefit
- There is no evidence on the efficacy of balloon ostial dilation versus FESS

Policy Recommendation

Balloon ostial dilation and FESS are considered medically necessary for the treatment of CRS when all of the following criteria are met:

1. Uncomplicated chronic rhinosinusitis limited to the paranasal sinuses without the involvement of adjacent neurological, soft tissue, or bony structures that has persisted for at least 12 weeks with at least two of the following sinonasal symptoms:
 - a. Facial pain/pressure;
 - b. Hyposmia/anosmia;
 - c. Nasal obstruction;
 - d. Mucopurulent nasal discharge; and
2. Sinonasal symptoms that are persistent after maximal medical therapy has been attempted, as defined by all of the following:
 - a. Saline nasal irrigation for at least 6 weeks;
 - b. Nasal corticosteroids for at least 6 weeks;
 - c. Approved biologics for at least 6 weeks;
 - d. Antibiotic therapy when an acute bacterial infection is suspected;
 - e. Treatment of concomitant allergic rhinitis, if present; and
3. Objective evidence of sinonasal inflammation as determined by one of the following:
 - a. Nasal endoscopy; or
 - b. Computed tomography.

This policy recommendation was adopted into the Louisiana Medicaid Professional Services Provider Manual on 2/10/22.

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