



MASSACHUSETTS

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Medical Policy

Ultrasound for the Evaluation of Paranasal Sinuses

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Policy Number: 445

BCBSA Reference Number: 6.01.14A (For Plan internal use only)

NCD/LCD: NA

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Ultrasound in the evaluation of paranasal sinuses is [INVESTIGATIONAL](#).

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

HCPCS Codes

HCPCS codes:	Code Description
S9024	Paranasal sinus ultrasound

Description

Ultrasound for the evaluation of paranasal sinuses has been proposed as a diagnostic procedure used to confirm the diagnosis of and the presence of sinus fluid in cases of sinusitis in demonstrating mucosal wall thickening, focal soft tissue masses, and complex collections. Ultrasound is nonionizing and non-invasive when compared to the conventional diagnostic alternatives of radiography or sinuscopy for sinus evaluation.

Summary

Ultrasonography has been proposed as a convenient office-based alternative with the added advantage of low radiation exposure and a better discriminator between mucosal thickening and fluid retention. However, a review of the literature did not identify any published studies that adequately explored the diagnostic capabilities of ultrasonography in comparison to other imaging options. There is inadequate evidence to demonstrate that ultrasound can improve patient management or outcomes.

Policy History

Date	Action
11/2022	Annual policy review. Policy updated with literature review through October 2022. No references added. Policy statements unchanged.
3/2020	Policy updated with literature review through March 1, 2020, no references added. Policy statements unchanged.
11/2014	Language transferred from Medical Policy 007, Ultrasound.
4/2010	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
4/2009	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
1/2009	Annual policy review. No changes to policy statements.
4/2007	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Haapaniemi J. Comparison of ultrasound and x-ray maxillary sinus findings in school-aged children. *Ear Nose Throat J* 1997; 76(2):102-6.
2. Savolainen S, Eskelin M, Jousimies-Somer H et al. Radiological findings in the maxillary sinuses of symptomless young men. *Acta Otolaryngol Supp* 1997; 529:153-7.
3. Vento SI, Ertama LO, Hytonen ML et al. A-mode ultrasound in the diagnosis of chronic polyposis sinusitis. *Acta Otolaryngol* 1999; 119(8):916-20.
4. American Academy of Pediatrics. Clinical practice guideline: management of sinusitis. *Pediatrics* 2001; 108(3):798-808.

5. American Academy of Allergy, Asthma and Immunology. Parameters for the diagnosis and management of sinusitis. *Ann Allergy Asthma Immunol* 1997; 102(6 pt 2):S107-44.
6. McAlister WH, Parker BR, Kushner DC et al. Sinusitis in the pediatric population. American College of Radiology. ACR Appropriateness Criteria. *Radiology* 2000; 215(suppl):811-8.