

# Paranasal Sinus Ultrasound, Imaging 26

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Effective Date 12/2015

Next Review Date 1/2026

<u>Coverage Policy</u> Imaging 26

Version 6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details.

# **Description & Definitions:**

Paranasal Sinus Ultrasound is a non-invasive diagnostic imaging test using sound waves to see the paranasal sinuses including wall thickening and masses/tumors of soft nasal tissue.

### Criteria:

Paranasal Sinus Ultrasound current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, not medically necessary for any indication.

# **Document History:**

#### Revised Dates:

- 2025: January Procedure coding updated to align with changes to service authorizations. Annual review completed no changes.
- 2019: October

#### **Reviewed Dates:**

- 2023: March
- 2022: April
- 2021: May
- 2020: June
- 2019: February
- 2018: February
- 2017: March
- 2016: February

#### Effective Date:

December 2015

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Medically necessary with criteria:	
Coding	Description
	None
Considered Not Medically Necessary:	
Coding	Description

Coding	Description
76536	Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), real time with image documentation
S9024	Paranasal Sinus Ultrasound

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) 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 of these services as it applies to an individual member.

## **Special Notes:** \*

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- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

#### References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2024). Retrieved 12 2024, from EviCore by Evernorth: https://www.evicore.com/provider/clinical-guidelines

(2024). Retrieved 12 2024, from American College of Radiology (ACR): <a href="https://www.acr.org/Search-Results#q=Paranasal%20Sinus%20Ultrasound&first=10">https://www.acr.org/Search-Results#q=Paranasal%20Sinus%20Ultrasound&first=10</a>

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(2024). Retrieved 12 2024, from CMS: <a href="https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Paranasal%20Sinus%20Ultrasound&keywordType=all&areald=all&docType=6,3,5,1,F,P&contractOption=all&hcpcsOption=code&hcpcsStartCode=S9024&hcpcsEndCode=S9024&sortBy=title</a>

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Head and Neck Cancers. (2025). Retrieved 12 2024, from NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): <a href="https://www.nccn.org/professionals/physician">https://www.nccn.org/professionals/physician</a> gls/pdf/head-and-neck.pdf

## **Keywords:**

SHP Paranasal Sinus Ultrasound, SHP Imaging 26, real time imaging, US, face, cheekbones, head, neck

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