

Paranasal Sinus Ultrasound

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

Purpose:

This policy addresses Paranasal Sinus Ultrasound.

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 is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

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

Document History:

Revised Dates:

- 2019: October

Reviewed Dates:

- 2024: March

Imaging 26

- 2023: March

Cancer of the upper aerodigestive tract. (2018, June). Retrieved Feb 2024, from National Institute for Health And Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/guidance/NG36/chapter/recommendation>

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.

Keywords:

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