

**Procedure funded subject to Audit**

**Thames Valley Priorities Committee Commissioning Policy Statement**

**Policy No. TVPC21                      Rhinosinusitis**

**Recommendation made by  
the Priorities Committee:              May 2015; reviewed July 2018<sup>1</sup>**

**Date of issue:                              November 2015 / update January 2019**

Rhinosinusitis is defined as inflammation of the nose and paranasal sinuses, persistence of symptoms for more than 12 weeks is categorised as chronic rhinosinusitis (CRS). Chronic rhinosinusitis is sub-categorised by the presence or absence of nasal polyps (CRSwNP or CRSsNP respectively). Treatment entails a trial of maximum medical therapy, with surgery reserved for recalcitrant cases, with a diagnosis confirmed by radiology, after an appropriate trial of treatment

Consider endoscopic sinus surgery for patients meeting the following criteria:

1.      Diagnosis of CRS with/without NP confirmed from symptoms and ENT examination  
        AND
2.      Symptoms on optimal medical therapy have a moderate to severe impact on quality of life as assessed by a validated condition specific questionnaire (e.g. SNOT-22)  
        AND
3.      The following medical therapies have been tried with inadequate response or are contra-indicated:
  - regular use of saline douching and topical nasal steroids; AND
  - for patients with NP, medical polypectomy using a short course of oral steroids. Patients who respond well to medical polypectomy may receive repeat courses of oral steroids at 3 monthly or greater intervals. Patients who subsequently cease to respond or in whom polyps recur rapidly (requiring regular repeat courses of steroid) may be appropriate for surgery (e.g. where 3 or more courses of steroid are required per year) OR
  - for patients with CRS, treatment with oral antibiotic + douche + topical nasal steroids.

This policy statement has been informed by the [Royal College of Surgeons Commissioning Guide: Chronic Rhinosinusitis \(2016\)](#).

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<sup>1</sup> This policy has been updated with new links to recent guidance; no other changes have been made.

## **ICD10 Diagnosis Codes**

J32.- Chronic sinusitis

## **OPCS Procedure Codes**

Depending on which sinus the procedure is performed on one of the following codes is assigned:

E13.8 Other specified other operations on maxillary antrum

E14.8 Other specified operations on frontal sinus

E15.8 Other specified operations on sphenoid sinus

E17.8 Other specified operations on unspecified nasal sinus

The following codes are assigned directly after one of the codes listed above:

Y76.1 Functional endoscopic sinus surgery

Y40.3 Balloon dilation of organ NOC

Y53.4 Approach to organ under fluoroscopic control

### **NOTES:**

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>