Medtronic

Balloon Sinus Dilation -Commercial Payer Coverage Assessment

Coverage Criteria Referenced in	Published Medical Policy
Payer	States Covered
Aetna	Nationwide
Amerigroup	Nationwide
AmeriHealth	GA, HI, DE, PA, NJ, MD, SC, DC, LA, NE
Anthem (BCBS)	GA, CT, CA, CO, IN, KY, ME, MO NV, NH, NY, OH, VA, VT, WI
BCBS Alabama	AL
BCBS Arkansas	AR
BCBS Care First	DC, MD, VA
BCBS Federal Employee Plan	Nationwide
BCBS HCSC (Health Care Service Corporation)	IL, NM, OK, TX, MT
BCBS Idaho	ID
BCBS Kansas	KS
BCBS of Kansas City	KS
BCBS Louisiana	LA
BCBS Massachusetts	MA
BCBS Michigan	MI
BCBS Minnesota	MN
BCBS Montana	MT
BCBS Nebraska	NE
BCBS New York - Excellus	NY
BCBS New Jersey - Horizon	NJ
BCBS North Carolina	NC
BCBS North Dakota	ND
BCBS Pennsylvania -Capital Blue	PA
BCBS Pennsylvania -Independence	PA
BCBS Premera	AK, WA
BCBS Rhode Island	RI
BCBS Regence	WA, ID, UT, OR
BCBS South Carolina	SC
BCBS Tennessee	TN
BCBS Wellmark	IA, SD
Blue Grass Family Health	KY, TN
Blue Shield of California	CA
Cigna	Nationwide
Centene Health- HealthNet	GA, FL, KS, AR, AZ, MA, SC, CA, IL, IN, LA, MN, MS, MO, NH, OH TN, TX, WA, WI
Clear Health Alliance Medical Plans	IL, IA, NE, WA
Emblem Health	NY
Empire BCBS	NY
Florida Blue	FL

Geisinger Health Plan Pr	ЛА РА ЛЕ, МА, NH
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Harvard Pilgrim Health Care Plan N	AE MA NILI
	/IC, IVIA, INFI
HealthNow New York	١Y
Health Partners N	ΛN
Highmark BCBS of Delaware D	DE
Highmark BCBS of NENY N	١Y
Highmark BCBS of Pennsylvania	'A
Highmark BCBS of West Virginia W	VV
Highmark BCBS of WNY N	١Y
Humana	Nationwide
	CA, CO, GA, HI, MD, VA, DC, DR, WA
Lifewise	OR OR
Lifewise WA W	VA
Medica Health Plans N	MN, ND, SD & WI
Moda Health Plan, Inc. A	AK, OR, WA
MVP Health Care N	NH, NY, VT
PacificSource IE	D, MT, OR, WA
Paramount Health Care C	DH, MI
Presbyterian Health System A	AZ, CO, NM, TX
Priority Health N	ИΙ
Tufts Health Plan N	ЛА, NH, RI
Unicare N	Nationwide
United Healthcare N	Nationwide
United Healthcare - OXFORD Plans N	Nationwide
United Healthcare Community Plan - MA N	Nationwide
Univera Healthcare N	NY

No Medical Policy Available - Coverage cannot be assumed		
Payer	States Covered	
Avera	SD	
AvMed	FL	
BCBS Arizona	AZ	
BCBS Hawaii HMSA	HI	
BCBS Vermont	VT	
Medicare	Nationwide	
Medical Mutual	ОН	

Non-Coverage Based on Published Medical Policy		
Payer	States Covered	
BCBS Mississippi	MS	
BCBS Wyoming	WY	

Disclaimers:

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for the care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g. instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

Coverage may vary based on actual procedure(s) performed and site of service. Commercial plans will usually require prior authorization for surgical procedures, Please reference Medtronic ENT Nasal and Sinus Procedure Coding Guide.

